

AM '23

FMA Annual Meeting 2023



House of Delegates Handbook

Florida Medical Association, Inc.
July 28-30, 2023
at the Hyatt Regency Orlando

First House – Saturday, July 29, 2023
8–9:30 a.m.

Second House – Sunday, July 30 2023
8 a.m.–noon



Notice: This information is published for members of the FMA House of Delegates. The reports contained herein are preliminary and are subject to necessary changes. They will be official only after they, or some modification of or substitute for them, have been acted on by the 2023 House of Delegates.

Annual Meeting 2023

July 28-30 • Hyatt Regency in Orlando, Florida



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**FMA Annual
Meeting 2023**

General Information



Speakers' Letter

Speaker: Ashley Norse, MD | Vice Speaker: Mark Rubenstein, MD

1430 Piedmont Dr E, Tallahassee, FL 32308 | (850) 224-6496

TO: Members of the 2023 House of Delegates

We look forward to seeing you July 28-30 at the Hyatt Regency Orlando for the 2023 FMA Annual Meeting. The content of this Delegate Handbook includes general information including 2023 delegate rosters, announced candidates for 2023 elective office, candidate bios, reference committee agendas and resolutions. A Handbook Addendum, if needed, will be available on Friday, June 23, 2023.

Meetings of the House of Delegates (House)

The House is scheduled to meet in two sessions in Windermere W-X

Saturday, July 29, 8:00 a.m. - 9:30 a.m.

Sunday, July 30, 8:00 a.m. - 12:00 noon

New Delegate Orientation

If you are a new or first year returning delegate we encourage you to attend New Delegate Orientation from 4:30 p.m. – 5:30 p.m. on Friday, July 28 in Regency Q (*location subject to change*).

Rules and Order of Business

The Rules and Order of Business for the House are set forth in this Handbook.

Reference Committees

Online Reference Committee testimony will take place June 26 – July 7. Delegates are invited to submit written testimony during those weeks. The following week, Reference Committees will meet virtually, review the submitted testimony, and craft recommendations based on the testimony. This will act as the starting place for Reference Committees to begin in-person debate on Saturday, July 29.

Reference Committees are scheduled to meet on Saturday, July 29, from 10:00 a.m. - 11:30 a.m. The policy of the House of Delegates restricts attendance at Reference Committee meetings to FMA members, other Doctors of Medicine or Osteopathy who are guests of the association, staff to assist the reference committees, and individuals invited by FMA officers to the Reference Committee itself.

As a reminder, the primary purpose of a Reference Committee is to provide members an opportunity to appear and be heard and thus have a voice in the business of the FMA. Members who are interested in any report or resolution should attend the Reference Committee meeting to which the resolution is assigned. Reference Committees have the added advantage of time for robust discussion leading to thoughtful deliberation in crafting recommendations, thereby mitigating the need for long discussions during the House. Members interested in particular resolutions, may request the Chair of a Reference Committee defer those items so they can participate in the discussion. All resolutions should have a sponsor present to address the Reference Committee to which it is assigned. At the conclusion of each Reference Committee, a report will be compiled and available on our website, July 29, prior to the second session of the House.



Speakers' Letter

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Resolutions

Resolutions that were received by the FMA prior to June 2 have been assigned to one of four reference committees and are included as part of this Handbook. Resolutions received after 5:00 p.m. on June 2 and prior to 11:00 a.m., July 28 are considered 'late' and will be sent to the Credentials and Rules Committee for review. Sponsors of late resolutions are required to attend the Credentials and Rules Committee meeting on Friday, July 28 at 2:00 pm in Celebration 11 to discuss the reason for the late submission. If accepted, the late resolution(s) will be assigned and distributed to the appropriate Reference Committee.

Credentials and Standing Rules Committee

The Speaker has appointed the following members to serve on the Credentials and Rules Committee. This Committee is responsible for determining whether to accept late filed resolutions, providing the roll call report to the House of Delegates and monitoring the distribution of election ballots and electronic voting devices to voting delegates. The Committee is also responsible for counting ballots and providing election results to the Speaker. The Committee is scheduled to meet on Friday, July 28 at 2:00 pm in Celebration 11.

Credentials and Rules	
Diana Twiggs, M.D., Chair	Fl. Academy of Family Physicians
Catherine Madaffari, M.D.	Duval
Thomas Peters, M.D.	Duval
John Mahoney, M.D.	Capital
Jeffrey Stricker, D.O.	Fl. Society of Dermatologic Surgeons

Delegate Registration and Check In- Windermere Foyer

Friday, July 28, 2023	12:00 p.m. – 5:00 p.m.
Saturday, July 29, 2023	6:30 a.m. – 4:00 p.m.
Sunday, July 30, 2023	6:30 a.m. – 10:00 a.m.

Elections

Elections in contested races will be held by electronically beginning at 2:00 p.m. on Saturday July 29, and end at 8:00 a.m. Sunday July 30. If run-off races are necessary, they will be conducted after the start of the House.

We are available at any time to assist the members of the Florida Medical Association in this process. Please do not hesitate to contact us at communications@flmedical.org.

FMA Liability for Damages

The policy* concerning FMA liability for the attendance by members of the Florida Medical Association at any meetings of its House of Delegates, Board of Governors, Executive Committee, Councils and



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Committees, or any other meetings or conferences of any nature: The responsibility of such member for travel to and from such meeting is the member's sole responsibility, and any such member shall not be considered to be involved in or be performing any business of or for FMA except and only during the time he is physically present in an official meeting room in an official meeting of the Committee, Council, Executive Committee, Board of Governors, or House of Delegates in which he is participating as such a member.

*Board of Governors, October 1970.

Handwritten signature of Ashley Norse, MD in black ink.

Ashley Norse, M.D.

Speaker

Handwritten signature of Mark Rubenstein, MD in black ink.

Mark Rubenstein, M.D.

Vice Speaker

2023 FMA HOUSE OF DELEGATES ORDER OF BUSINESS

FIRST MEETING - Saturday, July 29, 2023

Windermere W-X

8:00 – 9:30 a.m.

Call to Order

Invocation

Pledge of Allegiance

National Anthem

Recognition of Distinguished Guests

Memorial Service

Remarks from the Speaker of the House – Ashley Norse, M.D.

Adopt the Rules, Order of Business

Introduction of Members of Credentials and Rules Committee

Report from the Credentials and Rules Committee Introductions

Late Resolutions and Emergency Resolutions

Reference Committee Updates

FMA President's Annual Address – Joshua Lenchus, D.O.

Report from the FMA Treasurer – Charles Chase, D.O.

Report from the AMA – Corey Howard, M.D.

Report from the Council on Legislation – James St. George, M.D.

Report from FMA PAC – Charles Chase, D.O.

Nominations for Uncontested Election - FMA President-elect

Uncontested Elections – FMA Officers

Uncontested Elections – FMA Board of Governors

Installation of the 147th President – Jason Goldman, M.D.

Announcements

The House will recess until Sunday morning, July 30, 2023 at 8:00 a.m.

FMA CELEBRATION

Saturday, July 29, 2023 6:30 p.m. – 9:00 p.m.

A "South Beach" Celebration event for Jason Goldman, M.D. the 147th FMA President.

2022 FMA HOUSE OF DELEGATES ORDER OF BUSINESS

Second Meeting – Sunday, July 30, 2023

Windermere W-X

8:00 a.m. – 12:00 p.m.

Call to Order

Report of Credentials and Rules Committee

Announcements

Reference Committee I Report - Health, Education and Public Policy*

David Paulus Symposium Winners

Reference Committee II Report - Finance and Administration*

Election Results – Runoff race if needed

Reference Committee III Report – Legislation*

Reference Committee IV Report – Medical Economics*

Candidates for Elective Office 2024

Closing Remarks

Adjournment **

*Order of Reference Committees are subject to change

** At the conclusion of the House of Delegates, the newly seated Board of Governors should plan to assemble for a photograph, followed by lunch and a post-convention Board of Governors meeting.

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Meeting 2023**

House of Delegates

Board of Governors Delegates

County Medical Society Delegates

Specialty Medical Society Delegates

Rosters effective June 7, 2023

Delegate rosters received after June will be included in the Handbook Addendum.

BOG/Past Presidents/County Medical Society	Delegate Name	Delegate Type
21 of (23) Delegate Positions Filled - Board Of Governors	Rebekah Ann Bernard, MD	Board of Governors Delegate
	Charles Joseph Chase, DO	Board of Governors Delegate
	Lisa Anne Cosgrove, MD	Board of Governors Delegate
	Daniel Campbell Daube, Jr., MD	Board of Governors Delegate
	Mark Alan Dobbertien, DO	Board of Governors Delegate
	Roger Lee Duncan, III, MD	Board of Governors Delegate
	Jason Michael Goldman, MD, FACP	Board of Governors Delegate
	Ryan Chaloner Winton Hall, MD	Board of Governors Delegate
	Edward Dubois King, MD	Board of Governors Delegate
	Ajoy Kumar, MD	Board of Governors Delegate
	Alexander David Lake, DO	Board of Governors Delegate
	Joshua D. Lenchus, DO, FACP	Board of Governors Delegate
	Alma Brown Littles, MD	Board of Governors Delegate
	Rudolph Guy Moise, DO	Board of Governors Delegate
	Douglas R. Murphy, Jr., MD	Board of Governors Delegate
	Ashley Booth Norse, MD	Board of Governors Delegate
	Nitesh Nandlal Paryani, MD	Board of Governors Delegate
	Pareshkumar Bhaichandbhai Patel, MD	Board of Governors Delegate
	Naresh Hemantkumar Pathak, MD, FACP	Board of Governors Delegate
	Sanjay Jaykumar Pattani, MD	Board of Governors Delegate
	Mark Allen Rubenstein, MD	Board of Governors Delegate
2 Delegate Positions Filled - Past President	Vincent A. DeGennaro, MD	Past President Delegate
	Michael Louis Patete, MD	Past President Delegate
18 of (30) Delegate Positions Filled - Alachua CMS	Angeli Maun Akey, MD	County Delegate
	Christopher John Balamucki, MD	County Delegate
	Thomas Bart Berger Benton, MD	County Delegate
	Brittany Sorensen Bruggeman, MD	County Delegate
	Kristin Alexandra Dayton, MD	County Delegate
	Carl A. Dragstedt, IV, DO	County Delegate
	Gary William Gillette, MD	County Delegate
	Colleen Kays Gutman, MD	County Delegate
	Carolyn Kluwe Holland, MD	County Delegate
	Norman Stuart Levy, MD	County Delegate
	Adam Carl Means, MD	County Delegate
	Maureen Anne Novak, MD	County Delegate
	Steven Allen Reid, MD	County Delegate
	Charles Edwin Riggs, Jr., MD	County Delegate
	Eric Isunza Rosenberg, MD	County Delegate
	Dale Frank Syfert, MD	County Delegate
	Althea Patricia Tyndall-Smith, MD	County Delegate
	William Henry Warrick, III, MD	County Delegate
15 of (16) Delegate Positions Filled - Broward CMS	Abram Berens, MD	County Delegate
	Kutty Kunsan Chandran, MD	County Delegate
	Aaron Elkin, MD	County Delegate
	Shahnaz Fatteh, MD	County Delegate
	Vania Enid Fernandez, MD	County Delegate
	Ann Marie Font, MD	County Delegate
	Linda Joette Kaplan, MD	County Delegate
	Jason Lincoln Kelly, MD	County Delegate
	Lloyd Ian Maliner, MD	County Delegate

	Aeyal Oren, DO	County Delegate
	Arthur Edward Palamara, MD	County Delegate
	Norman Henry Pevsner, MD	County Delegate
	Ramsey Kay Pevsner, DO	County Delegate
	Seeth Vivek, MD	County Delegate
	Antonio Ham Wong, MD	County Delegate
11 of (11) Delegate Positions Filled - Capital CMS	John Temple Bailey, DO	County Delegate
	Andrew Hicks Borom, MD	County Delegate
	Jana M. Bures-Forsthoefel, MD	County Delegate
	David Jerry Dixon, Jr., DO	County Delegate
	Michael William Forsthoefel, MD	County Delegate
	Rohan Abraham Joseph, MD	County Delegate
	Fang Sarah Ko, MD	County Delegate
	John Patrick Mahoney, MD	County Delegate
	John Lee Meade, MD	County Delegate
	Helen Travis Paulson, MD	County Delegate
	Hugh Edward VanLandingham, MD	County Delegate
3 of (2) Delegate Positions Filled - Clay CMS	Yan G. Makeyev, MD	County Delegate
	Jason Joseph Phillips, MD	County Delegate
	John Joseph Zapp, MD	County Delegate
	Peter Cavanaugh Jansen, MD	Alternate County Delegate
	Kerry Vaughn Rifkin, MD	Alternate County Delegate
7 of (8) Delegate Positions Filled - Collier CMS	Jose Miguel Baez, MD, FACP	County Delegate
	George Brinnig Brinnig Jastrzebski, MD	County Delegate
	Alexandra Rose Grace, DO	County Delegate
	Glenn Edward Groat, MD	County Delegate
	Erik Douglas Hiester, DO	County Delegate
	Zubin Pachori, MD	County Delegate
	Gary D. Swain, MD	County Delegate
	Rafael Christopher Haciski, MD	Alternate County Delegate
	Rebecca Jean Witherell, MD	Alternate County Delegate
18 of (19) Delegate Positions Filled - Dade CMS	Carmel Jean Barrau, MD	County Delegate
	Rose Berkun, MD	County Delegate
	Jeffrey Sherwood Block, MD	County Delegate
	Adriana Maria Del Valle Bonansea-Frances, MD	County Delegate
	Juan Carlos Cendan, MD	County Delegate
	Steven Falcone, MD	County Delegate
	Rafael J. Fernandez, MD	County Delegate
	Eugene Shyh-Shing Fu, MD	County Delegate
	Raul Grosz, MD	County Delegate
	Julie Lynn Kantor, MD	County Delegate
	Damaris Mafut, DO	County Delegate
	Jorge Luis Marcos, MD	County Delegate
	Antonio Mesa, DO	County Delegate
	Barbara Ann Montford, MD	County Delegate
	Estelamari Rodriguez, MD	County Delegate
	Jose David Suarez, MD	County Delegate
	Audrea Olivia Vaughan, DO	County Delegate
	Stephen Edward Vernon, MD	County Delegate
20 of (23) Delegate Positions Filled - Duval CMS	Cynthia Sinha Anderson, MD	County Delegate

	Suny Mariel Caminero, MD	County Delegate
	Marie Lynn Crandall, MD	County Delegate
	Elizabeth Louise DeVos, MD	County Delegate
	Ferdinand Joseph Formoso, DO	County Delegate
	Tra'chella Johnson Foy, MD	County Delegate
	Julie Clift Greenwalt, MD	County Delegate
	Sunil Nalin Joshi, MD	County Delegate
	Steven B. Kailes, MD	County Delegate
	Ali Kasraeian, MD	County Delegate
	James Knox Kerr, III, MD	County Delegate
	Glenn William Knox, MD, JD	County Delegate
	Catherine Constance Madaffari, MD	County Delegate
	Aakash Mukesh Modi, MD	County Delegate
	John Michael Montgomery, MD, MPH, FAAFP, CPE	County Delegate
	Thomas Guy Peters, MD	County Delegate
	Malleswari Sivanaga Ravi, MD	County Delegate
	Todd Larrieu Sack, MD, FACP	County Delegate
	James Kevin St. George, MD	County Delegate
	Daniel Alexander Thimann, MD	County Delegate
8 of (8) Delegate Positions Filled - Emerald Coast CMA	Steven Jay Clark, MD	County Delegate
	Neal Patrick Dunn, MD	County Delegate
	Steven Eric Finkelstein, MD	County Delegate
	Jacob Andrew Martin, MD	County Delegate
	Khurram Nazir, MD	County Delegate
	Huy Bao Nguyen, MD	County Delegate
	Toni Lynn Pennington, MD	County Delegate
	Jeffrey R. Pyne, DO	County Delegate
7 of (7) Delegate Positions Filled - Escambia CMS	Hillary O'Shea Hultstrand, MD	County Delegate
	Erin Connor Mayfield, DO	County Delegate
	Ellen W. McKnight, MD	County Delegate
	George Tipton D McKnight, MD	County Delegate
	Maureen O'Hara Padden, MD	County Delegate
	Anthony Gilbert Pietroniro, MD	County Delegate
	Karen Guthrie Snow, MD	County Delegate
	Charles Allen Mayfield, MD	Alternate County Delegate
	Shannon Boudreaux Scheufler, MD	Alternate County Delegate
	Sanda Aung Tan, MD	Alternate County Delegate
	William Joseph Whibbs, MD	Alternate County Delegate
24 of (35) Delegate Positions Filled - Hillsborough CMS	Scott Richards Anderson, MD	County Delegate
	Kimberly O'Connor Biss, MD, FACOG	County Delegate
	Madelyn Espinosa Butler, MD	County Delegate
	Lili Anna Buzsaki, MD	County Delegate
	Damian Eduardo Caraballo, IV, MD	County Delegate
	Michael Allen Cromer, MD	County Delegate
	Eva Marie Crooke, MD	County Delegate
	Brandon Ian Faza, MD	County Delegate
	Rosemarie Elizabeth Garcia Getting, MD	County Delegate
	Diane Therese Gowski, MD	County Delegate
	John Robert Hamill, Jr., MD	County Delegate
	Rebecca Lynn Johnson, MD	County Delegate
	Carlos Lamoutte, MD	County Delegate
	Neil Joseph Manimala, MD	County Delegate

	Rosebel Monteiro, MD	County Delegate
	Michael Brandon Morgan, MD	County Delegate
	Michael James Murphy, MD	County Delegate
	C. Christopher Pittman, MD	County Delegate
	Rodney Richard Randall, MD	County Delegate
	Radhakrishna Kanthawara Rao, MD	County Delegate
	Bruce Dennis Shephard, MD	County Delegate
	Joel Charles Silverfield, MD	County Delegate
	Nam Duy Tran, MD	County Delegate
	Michael Andrew Zimmer, MD, MACP	County Delegate
11 of (11) Delegate Positions Filled - Lee CMS	Fadi Abu Shahin, MD	County Delegate
	Stuart Alan Bobman, MD	County Delegate
	Scott Raymond Caesar, MD	County Delegate
	Daniel De La Torre, MD	County Delegate
	Lucia K. Huffman, MD	County Delegate
	Lucia K. Huffman, MD	County Delegate
	Cherrie Rulka Morris, MD	County Delegate
	Mary Magno Mouracade, MD	County Delegate
	Florentino Enrique Palmon, MD	County Delegate
	Magali Van Den Bergh, MD	County Delegate
	Tracy Vo, DO	County Delegate
7 of (7) Delegate Positions Filled - Manatee CMS	Alfonso Luis Espinel, MD	County Delegate
	Ian Michael Kahane, MD	County Delegate
	Jennifer R. McCullen, MD	County Delegate
	James L. Milam, MD	County Delegate
	Kinga Zosia Porter, DO	County Delegate
	Aaron Matthew Sudbury, MD	County Delegate
	Anna Maria Widmyer, MD	County Delegate
7 of (7) Delegate Positions Filled - Marion CMS	Odest Frank Cannon, Jr., MD	County Delegate
	Claudia Jane Emmons, MD	County Delegate
	Rena Abraham Harrington, MD	County Delegate
	Erin McClary Hutchins, DO	County Delegate
	Rakesh Prashad, MD	County Delegate
	Sushil Rao Puskur, MD	County Delegate
	David Charles Willis, MD	County Delegate
1 of (1) Delegate Positions Filled - Nassau CMS	Mark Nicholas Brinkman, DO	County Delegate
18 of (20) Delegate Positions Filled - Palm Beach CMS	Jose Francisco Arrascue, MD	County Delegate
	Stephen Babic, MD	County Delegate
	Shawn Bonifacio Baca, MD	County Delegate
	Saulis Marius Banionis, MD	County Delegate
	Andrew Ross Berkman, MD	County Delegate
	Dawn Marie Davanzo, MD	County Delegate
	Michelle Marie Falcone, MD	County Delegate
	Allison H. Ferris, MD	County Delegate
	Yehuda Herschman, MD	County Delegate
	Marc Jay Hirsh, MD	County Delegate
	James Thomas Howell, MD	County Delegate
	Heather M. Johnson, MD	County Delegate
	Claudia Elia Mason, MD	County Delegate
	Emanuel Newmark, MD	County Delegate

	Vicki Diana Norton, MD	County Delegate
	Alan Barth Pillersdorf, MD, FACS	County Delegate
	Martha Mercedes Rodriguez, MD	County Delegate
	Jay Richard Trabin, MD	County Delegate
22 of (47) Delegate Positions Filled - Phys Soc of Central FL	Puja Aggarwal, MD, MBA	County Delegate
	Basher M. Atiquzzaman, MD	County Delegate
	Neha Govindlal Bhanusali, MD	County Delegate
	Anna Chamoun, MD	County Delegate
	Andrew John Cooke, MD	County Delegate
	Megan Bevis Core, MD	County Delegate
	Melanie Kaye Cross, MD	County Delegate
	Shelley Coleman Glover, MD	County Delegate
	Samuel Jean, MD	County Delegate
	Benjamin Matthew Kaplan, MD	County Delegate
	Wendy Ann Lavezzi, MD	County Delegate
	Stephen Ernest J Mandia, MD	County Delegate
	Divya Kochhar Navani, MD	County Delegate
	Elizabeth Dorothy Nelson, MD	County Delegate
	Shanedelle Norford, MD	County Delegate
	Kavita Malhotra Pattani, MD	County Delegate
	Sanjay Jaykumar Pattani, MD	County Delegate
	Jocelyn Pichardo, MD	County Delegate
	Srinivas Seela, MD	County Delegate
	Clifford Allen Selsky, MD	County Delegate
	Nikita Bhakta Shah, DO	County Delegate
	Kevin Mark Sherin, MD, MPH	County Delegate
6 of (5) Delegate Positions Filled - Polk CMS	James Judson Booker, IV, MD	County Delegate
	Ralph J. Nobo, Jr., MD	County Delegate
	Debra L. Seoane, MD	County Delegate
	Sergio B. Seoane, MD	County Delegate
	Arvind Bunty Soni, MD	County Delegate
	Dale Evelyn Wickstrom-Hill, DO	County Delegate
2 of (2) Delegate Positions Filled - Santa Rosa CMS	Kacey Anne Montgomery, MD	County Delegate
	Deborah Doster Viglione, MD	County Delegate
	Clark Stephen Metzger, Sr., MD	Alternate County Delegate
9 of (9) Delegate Positions Filled - Sarasota CMS	Jody G. Abrams, MD	County Delegate
	William Brodie Adams, MD	County Delegate
	Nicole Garofola Bentze, DO	County Delegate
	Sean Matthew Daley, MD	County Delegate
	Sean Gerard Downing, MD	County Delegate
	Jonathan David Dreier, MD	County Delegate
	Katarzyna Ewa Piotrowska, MD	County Delegate
	Sheri Lynn Weinstein, MD	County Delegate
	H. Cory Scott Weitzner, MD	County Delegate
5 of (5) Delegate Positions Filled - St. Johns CMS	Daniel Joseph Donofrio, MD	County Delegate
	Joanna Lee McGetrick, MD	County Delegate
	Ross Quinn Osborn, MD	County Delegate
	Marc Philips Sokolay, MD	County Delegate
	Eva Danuta Villanueva, MD	County Delegate
	Teresa Marie Brennan, DO	Alternate County Delegate

	Michael Christopher Hanes, MD	Alternate County Delegate
5 of (9) Delegate Positions Filled - Volusia CMS	Michael Andrew Diamond, MD	County Delegate
	William Campbell Douglass, III, MD	County Delegate
	Benjamin Jay Peck, MD	County Delegate
	Rebecca Ann Peck, MD	County Delegate
	Jan Richard Rhodes, MD	County Delegate

Specialty Society Delegate Roster	Delegate Name
13 of (16) Delegate Positions Filled - FL Acad. of Family Physicians	Noureen Akbar, MD
	Liudmila Buell, MD
	Lupita Catrina Gallardo, MD
	E. Coy Irvin, Jr., MD
	Dennis Ronald Mayeaux, MD
	Lolita Tina Ontiveros, MD
	Elizabeth Brooke Shepard Orr, MD
	Matthew Duane Rensberry, MD
	George Andrew W Smith, MD
	Trishanna Crystal Sookdeo, MD
	Diana Ruth Twiggs, MD
	Natasha Verma, MD
	Hailon Wong, MD
3 of (11) Delegate Positions Filled - FL Ch. Am. Acad. of Pediatrics and Fl. Pediatric Soc.	Thresia B. Gambon, MD
	Sarah Marie Marsicek, MD
	Jamee Michel Walters, MD
21 of (21) Delegate Positions Filled - FL Ch. Am. College of Physicians	Ankush Kumar Bansal, MD
	Daniel Sergio Bendetowicz, MD
	Christopher Lawrence Bray, MD
	Vanessa Aquino Cabaron, MD
	George Douglas Everett, MD
	Manning H. Hanline, Jr., MD, FACP
	Stuart Benson Himmelstein, MD, FACP
	Himangi Kaushal, MD
	Mario Jorge Madruga, MD
	Ghania Masri, MD
	Benjamin Mena, MD
	Cristina I. Pravia, MD
	Omar Hafeez Qazi, MD
	Michelle Lynn Rossi, MD, FACP
	Scott Edward Sears, MD
	Natalia V. Solenkova, MD
	Elisa Marie Sottile, MD
	Sabrina Nichole Taldone, MD
	Joyce Marian Thomas, MD
	Claudio Daniel Tuda, MD
	Richard Joseph Wyderski, MD
7 of (7) Delegate Positions Filled - FL Ch. Am. College of Surgeons	John Hulse Armstrong, MD
	Christopher Garnet Ducoin, MD
	William Alan Liston, MD
	Mark George McKenney, MD
	Tony Minh Nguyen, DO

	Jay Alan Redan, MD
	Jason Paul Wilson, MD
5 of (10) Delegate Positions Filled - FL College of Emergency Physicians	Curtis Blake Buchanan, MD
	Jon Scott Mettert, DO
	Jeremy Kent Selley, DO
	Debra Sue Williams, MD, FACEP, CPE
	Zachary Wayne Wilson, MD
1 of (1) Delegate Positions Filled - FL Geriatrics Soc.	Gregory Allen Sullivan, MD
1 of (1) Delegate Positions Filled - The Florida Society for Post-Acute and Long-Term Care Medicine (Previously FDMA)	Robert G. Kaplan, MD
11 of (14) Delegate Positions Filled - American College of Obstetricians & Gynecologists (ACOG) District XII (Florida)	Christina Stough Adams, MD
	Veronica Marie Alvarez-Galiana, MD
	Guy Ieshua Benrubi, MD
	Victor M. Feldbaum, MD
	Cole Douglas Greves, MD
	Karen Eloise Harris, MD
	Maritza Amaly Rivera Montalvo, MD
	Bradley Harmon Sipe, MD
	Anna Edouardovna Varlamov, MD
	Maureen Whelihan, MD
	Samuel Brian Wolf, DO
9 of (9) Delegate Positions Filled - FL Orthopaedic Soc.	Mark S. Bromson, MD
	Julio Gonzalez, MD
	Aaron John Guyer, MD
	Lawrence Steven Halperin, MD
	John Fletcher Lovejoy, III, MD
	Christopher John Matthews, MD
	John Charles Nordt, III, MD
	David Jason Oberste, MD
	Kevin Brian Shrock, MD
5 of (8) Delegate Positions Filled - FL Psychiatric Soc.	Debra Marie Barnett, MD
	Colleen Elizabeth Bell, MD
	Carolyn Marina Drazinic, MD
	Gregory Louis Iannuzzi, MD
	Rigoberto Rodriguez, MD
1 of (1) Delegate Positions Filled - FL Pulmonary Soc.	Jeffrey Mark Berman, MD
5 of (10) Delegate Positions Filled - FL Radiological Soc., Inc.	Kimberly Michelle Beavers, MD
	Deborah Leslee Pevsner, MD
	Manuel Silva Rose, MD
	Ravichandra Kumar Sandrapaty, MD

	Jeffrey Alan Stone, MD
1 of (1) Delegate Positions Filled - FL Soc. of Addiction Medicine	John Gabriel Symeonides, MD
3 of (3) Delegate Positions Filled - FL Soc. of Dermatologic Surgeons	Jeffrey Blake Stricker, DO
	Jeremy Alexander Sunseri, MD
	Jon Ryan Ward, MD
5 of (5) Delegate Positions Filled - FL Acad. of Dermatology	Amy Jane Derick, MD
	Shawna Ann Flanagan, MD
	Brad Peter Glick, DO
	Clifford Warren Lober, MD, JD
	Cynthia Jill Yag-Howard, MD
3 of (3) Delegate Positions Filled - FL Soc. of Nephrology	Nabeel Aslam, MD
	Jaime Ann Baynes-Fields, DO
	Ashok Dattu Sastry, MD
6 of (6) Delegate Positions Filled - FL Soc. of Ophthalmology	Courtney Elise Bovee, MD
	Luxme Hariharan, MD, MPH
	Krishna Siddheswara Kishor, MD
	Darby Douglas Miller, MD
	Joseph T. Nezgoda, MD
	Javier Antonio Perez, MD
4 of (4) Delegate Positions Filled - FL Soc. of Pathologists	Khaled Algashaamy, MD
	Marilyn Yuanxin Ma Bui, MD
	Lizardo Cerezo, MD
	Carmen Rosa Gomez-Fernandez, MD
4 of (5) Delegate Positions Filled - FL Urological Soc.	James Eugene Alver, MD
	Edward Dubois King, MD
	Justin Lewis Parker, MD
	Eduardo Puente, MD
2 of (2) Delegate Positions Filled - FL Vascular Soc.	Inkyong Kim Parrack, MD
	Charles Stuart Thompson, MD

Specialty Society Delegate

Specialty Society Delegate

Specialty Society Delegate

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Specialty Society Delegate

Special Section Delegate	Delegate Name	Description
3 of (4) Delegate Positions Filled - Resident & Fellow Section	Glenn Edward Garcia, Jr., MD	
	Leah Kemble, DO	UCF/HCA GME Consortium-Gainesville
	Alexander David Lake, DO	HCA - Residency Program Bayonet Point

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**FMA Annual
Meeting 2023**

**PROCEDURES
OF THE
FMA HOUSE OF DELEGATES**

Last Updated 2/7/2023

The logo for the FMA Annual Meeting 2023 features the letters 'AM' in a large, bold, white font. A smaller '23' is positioned to the right of the 'M'. The background is a dark teal color with a subtle, wavy pattern.

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**FMA Annual
Meeting 2023**

INTRODUCTION

This booklet, "Procedures of the House of Delegates," was originally adopted by the FMA House of Delegates in May 1993 as the official method of procedure in handling and conducting the business brought before the House. The following, serving as Speaker and Vice Speaker, have been responsible for its current preparation.

Ashley Norse, M.D.
Speaker

Mark Rubenstein, M.D.
Vice Speaker

Your Speakers have attempted to clarify confusion of parliamentary procedure typically encountered by the House. It is anticipated that revisions of this section will be required as the House modifies its conduct of business, and other parliamentary procedures may merit consideration in the future.

This outline of procedures of the House is offered as a guide in the hope that it will contribute to the efficient operation of the FMA House of Delegates. A similar publication was adopted by the AMA House of Delegates in 1969. Your Speakers have used the AMA publication in its most recent edition (1999) as a guide in developing this booklet. Appreciation is hereby expressed to the leadership of the AMA.



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Preface

The House of Delegates transacts its business according to a blend of rules imposed by its Charter and Bylaws, established by tradition, decreed by its presiding officer, and guided by the most current edition of the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure*. No rigid codification of its rules exists. The purpose of parliamentary law is to aid an assembly in the orderly, expeditious, and equitable accomplishment of its desires. Any compulsive adherence to an inflexible set of directives may thwart rather than abet such an objective.

The majority opinion of the House in determining what it wants to do and how it wants to do it should always be the ultimate determinant. It is the obligation of the Speaker to sense the will of the House, to preside accordingly, and to make rulings always subject to challenge from and reversal by the assemblage. The following outline of procedures is offered as a guide, subject to reasonable modification, in the hope that adherence to its principles will facilitate the work of the House by reducing confusion and misunderstanding.



Business of the House of Delegates

The business of the House of Delegates (House) is established by a blend of tradition and requirements of the Charter and Bylaws, and includes:

1. Setting policy for the FMA by acting on recommendations from the Board of Governors (Board) and resolutions presented by component county medical societies, recognized specialty medical societies, special sections, and delegates;
2. Hearing addresses and reports from the Treasurer, Speaker, and outgoing and incoming Presidents;
3. Presenting awards recognizing distinguished work by members of the FMA and others as decided by the FMA; and
4. Electing FMA officers, Board members and AMA delegates/alternates.

Additional presentations may be arranged by the Speaker or by request of a member of the House with unanimous consent of the House for discussion.

Agenda of the House of Delegates

The Speaker is responsible for preparing the agenda and assuring consideration and completion of its business within the allotted time. The Speaker may discourage unscheduled presentations, not because of any lack of merit to the presentations, but because of the need to conserve time for regular business.

Reports

Reports are routinely received as business of the House when they come from the Board and, at times, councils, and committees. Except under special circumstances, such reports are referred to appropriate Reference Committees so that hearings may be held on the substance thereof.

Recommendations contained in reports for action by the House are placed at the beginning of the report. The Speaker may request acceptance of a report by unanimous consent or by a vote without referral, but a motion to refer is always in order.

Fiscal Note: All reports introduced in the House whose implementation necessitates an expenditure of funds must include a fiscal note supplied by the Board, council, or committee submitting the report. No report requiring finances may be considered by the House without the attachment of a fiscal note. The FMA Division of Finance can assist sponsors with the development of fiscal information, but requests of



this nature should be forwarded well in advance of the deadline of submitting reports.

Resolutions

Business is introduced into the House through the presentation of resolutions by voting delegates on behalf of their county or specialty medical society, special section or individually. In order to be considered as regular business each resolution must be submitted to the FMA Headquarters Office no later than sixty (60) days prior to commencement of the session at which it is to be considered.



Fiscal Note: All resolutions introduced in the House whose implementation necessitates an expenditure of funds must include a fiscal note. No resolution requiring finances may be considered by the House without the attachment of such fiscal note. The Division of Finance can assist sponsors with the development of fiscal information, but requests of this nature should be forwarded well in advance of the deadline of submitting resolutions. The Board adopted policy that fiscal notes are an estimate of the cost to implement a given resolution and all resolutions adopted by the House will be referred to the FMA Committee on Finance and Appropriations for fiscal considerations.

Submitting Resolutions

Resolutions received by close of business (5 p.m. EST) on **May 12, 2023**, will be published in the Delegate Handbook. Resolutions received after **May 12th** but prior to 5 p.m. EST on **June 2nd** will be published in the Handbook Addendum. Resolutions received after **June 2nd** but **prior to 11:00 a.m. on July 28th** will be considered late and referred to the Credentials and Standing Rules Committee for review.

Resolutions should not be late-filed unless they are from a section conducting business the same weekend as the Annual Meeting or address an urgent or time-sensitive issue that arises after the **June 2nd** deadline. If a resolution is late the sponsor is required to attend the Credentials and Standing Rules Committee to testify why it is late and its importance for consideration by the House. The Credentials and Standing Rules Committee meets on **Friday July 28, 2023**. If accepted, the Speaker will assign it to the appropriate Reference Committee for consideration.

Emergency Resolutions

Resolutions received later than 11:00 a.m. on **Friday, July 28, 2023** will be considered an emergency resolution and must be distributed to the members of the House; a 2/3 vote is required for consideration as business of the House. The Speakers will determine a time to hold debate on such resolutions and a majority vote is required for its passage.

Structure of Resolutions

The essential element of a resolution is its portion expressed as one or more "Resolved" sections setting forth its specific intent. It may carry with it an introductory statement or preamble explaining the rationale of the resolution. This may also be accomplished by a series of "whereas" statements.

It is not necessary for a resolution to have a preamble or whereas when the full significance of the resolved portion seems apparent. If such introductory statements are supplied, they should identify the problem briefly, and advise the House as to the timeliness or urgency of the problem, the effect of the issue upon the FMA and indicate if the action called for is to set new FMA policy or is contrary to current



FMA policy.

It is a general principle of the common law that an assembly, in adopting a resolution, formally adopts only the "Resolved" section. It follows that the important matter before the House is to state in a free-standing "Resolved" precisely that upon which it wishes to act. It is not necessary to amend the title or language of the introductory portions of a resolution unless it is the desire of the House to do so. On occasion the introduction to a resolution will contain detailed sets of guidelines, rules, regulations, or principles which the resolution proposes to approve. In such circumstances, it may be entirely appropriate to amend this related material to bring it into conformity with the will of the House.

In general, the question which will ultimately be before the House is the adoption or other disposition of a specific "Resolved" or a series of "Resolves." It is time-consuming, unnecessary (except as indicated above) and, therefore, usually out-of-order to propose formal amendments to the working of accessory statements or the language of the Reference Committee report in making its recommendations.

Experience has shown that some resolutions suffer from imprecision, inaccuracy, and grammatical or structural defects. Early submission of resolutions allows time for the Speaker to review and advise the sponsors on improvement in form.

When preparing resolutions, close attention should be given to the following:

1. The title of the resolution should appropriately reflect the action for which it calls.
2. Information contained in the resolution should be checked for accuracy. Inflammatory statements or other language that reflects poorly upon the FMA will not be permitted.
3. The Resolves should stand alone and not refer back to the prefatory statement (such as "RESOLVED that the FMA support such programs or policies") since the House adopts only the Resolves and the whereases do not appear in the Proceedings.
4. Fiscal notes should be added, when appropriate, and should set forth the estimated cost, if any, of the policy, program or action proposed by a resolution.

Presentation of Resolutions

At the appropriate time, the Speaker will call for the introduction of resolutions. Resolutions which have complied with the deadline dates are regarded as officially received and distributed in the Delegate Handbook or Handbook Addendum. Opportunity is given during Reference Committee hearings for the sponsor to make changes if they wish. Similar opportunity exists for the withdrawal of any resolution without vote when desired by the sponsor.



The Speaker assigns resolutions to Reference Committees in advance of the first session of the House. If, after review of a resolution, the Speaker determines it to be identical or substantially similar to an existing policy, it is placed on the Reaffirmation Consent Calendar. The Reaffirmation Consent Calendar is presented during the first session of the House and members have the opportunity to publicly extract an item for placement in a Reference Committee.

The Credentials and Standing Rules Committee reviews all late resolutions and makes recommendations to the Speaker whether to accept or reject them for consideration. If considered, the Speaker assigns it to a Reference Committee. Sponsors, or a representative, must be present at the Credentials and Standing Rules Committee for the late resolution to be considered.

Credentials and Standing Rules

The Speaker shall appoint at least three members of the House to review and approve a Delegate's ability to participate in deliberations of House business and render a vote. The Speaker shall designate one of the members as Chair, who shall report at each session the number of delegates officially registered and whether a quorum is present.

Reference Committees

Reference Committees are groups of at least five delegates, who are not current officers or members of the Board of Governors, selected by the Speaker to conduct open hearings on matters of business of the House of Delegates. All members of the Reference Committee are voting members. Having heard discussion on the subject before it, the Committee draws up a report with recommendations to the House for disposition of its items of business.

Online testimony will be open to delegates on **Monday, June 26th at 9:00 a.m. EST** and close on **Friday, July 7th at 9:00 p.m. EST**. Delegates may submit testimony on any properly filed resolution. Delegates who choose to submit testimony must indicate their support or opposition of each respective resolution. The Reference Committees will meet in executive session during the week of **July 10-14, 2023** to create a Reference Committee report. The reports will be published online prior to the start of the FMA Annual Meeting. Delegates will have the opportunity to debate the committee's recommendation during in-person Reference Committee hearings on **July 29, 2023**.

Reference Committee hearings are open to delegates, all members of the FMA staff, MDs or DOs who are guests of the FMA, and others invited by a FMA officer or the Reference Committee itself. Any FMA member is privileged to speak on a resolution or report under consideration. Non-member physicians, guests, or interested outsiders may, upon recognition by the Chair, be permitted to speak. The Chair is privileged to call upon anyone attending the hearing if, in his/her opinion, the individual called upon



may have information which would be helpful to the Committee. Equitable hearings are the responsibility of the Committee Chair, and the Committee may establish its own rules on the presentation of testimony with respect to limitations of time, repetitive statements, and the like. It is recommended that Reference Committee Chairs **not** ask for an expression of the sentiments of those attending the hearing by an informal vote on particular items (e.g., “straw polls” are prohibited).

The Committee members may ask questions to be sure that they understand the opinions being expressed or may answer questions if a member seeks clarification; however, the Committee members should not enter into arguments with the speakers or express opinions during the hearings. It is the responsibility of the Committee to listen carefully and evaluate all the opinions presented so that it may provide the voting body with a carefully considered recommendation.

The Reference Committee hearing is the proper forum for discussion of controversial items of business. In general, delegates who have not taken advantage of such hearings for the presentation of their viewpoints or the introduction of evidence should be reluctant to do so from the floor of the House. It is recognized, however, that the concurrence of Reference Committee hearings creates difficulties in this respect, as does service by delegates on other Reference Committees, and there is never compulsion for mute acceptance of Reference Committee recommendations at the time of the presentation of its report. If a delegate wants to testify at more than one hearing, Chairs of the various Reference Committees should make every effort to accommodate them by adjusting the Reference Committee agenda.

Following the open hearings, the members of all four Reference Committees will separately meet in executive session for deliberation and construction of their report. They may call into such executive session anyone whom they may wish to hear or question.

Minority reports from Reference Committees are in order.

Reference Committee Reports

Reference Committee reports comprise the bulk of the official business of the House. Reports should be constructed swiftly and succinctly after completion of the hearings so that they may be processed and made available to the delegates as far in advance of formal presentation as possible.

Reference Committees have wide latitude in their efforts to facilitate expression of the will of the majority on the matters before them and to give credence to the testimony they hear.

They may amend resolutions, consolidate kindred resolutions by constructing substitutes, and they may recommend the usual parliamentary procedure of disposition of the business before them, such as adoption, rejection, amendment, referral, and the like.



Basically, at the time of the Reference Committee report, each report or resolution which has been accepted by the House as its business is the matter which is before the House for disposition together with the Reference Committee recommendations in this respect. In the event that a number of closely related items of business have been considered by the Reference Committee and a consolidation or substitution has been proposed by the Committee, the Reference Committee substitute will be the matter before the House for discussion.

Your Speakers recommend that each item referred to the Reference Committee be reported to the House as follows:

1. Identify the resolution by number and title, and reports by council or committee name or letter of Board report.
2. State concisely the Reference Committee's recommendation.
3. Comment, as appropriate, on the testimony presented at the hearings.

We suggest that Reference Committee reports not contain a direct motion. The Chair will open for discussion the matter which is the immediate subject of the Reference Committee report. The effect is to permit full consideration of the business at hand, unrestricted to any specific motion for its disposal. Any appropriate motion for amendment or disposition may be made from the floor. In the absence of such a motion, the Chair will state the question in accordance with the recommendation of the Reference Committee. Examples of five common variants employing this procedure are as follows:

1. The Reference Committee is reporting on informational material provided to the House which encompasses no specific proposals for action. The Reference Committee expresses appreciation of the report and recommends that the matter be filed for information. The Chair declares the original matter to be before the House for discussion. In the absence of any other motion from the floor, the Chair places the question on the adoption or approval of the Reference Committee recommendation to file for information. When it appears that there is no debate, the Chair may declare "it is filed" without the necessity of a formal vote. Such a statement records the action and concludes such an item of business.
2. The Reference Committee is reporting on a resolution which, in its opinion, should be rejected or not adopted, and it so recommends. The Chair places the resolution before the House for discussion. In the absence of other motions from the floor, the Chair, at the appropriate time, places the question on adoption of the resolution, worded in the affirmative, making it clear that the Reference Committee has recommended a vote in the negative.



3. The Reference Committee is reporting on a resolution or report which it feels should be referred for further consideration to the Board, or through the Board to an appropriate council or committee (for study and report back or for action), and it so recommends. The Chair places the original matter before the House for discussion. It may be that the House prefers to adopt this matter, amend it, postpone it, or table it, any one of which it is free to do, or the House may wish to follow the Reference Committee's recommendation.

If there is no motion from the floor, the Chair will put the motion on the recommendation of the Reference Committee "to refer." If this fails to pass, the motion is then on the adoption of the original resolution or report.

4. The Reference Committee is reporting on a resolution or report which it wishes to amend by addition, deletion, alteration, or substitution. In order to permit the normal procedures for parliamentary handling, the matter which is placed before the House for discussion is the amended version as presented by the Reference Committee together with the recommendation for its adoption. It is then in order for the House to apply to this Reference Committee version amendments of the first and second degree in the usual fashion. Such procedure is clear and orderly and does not preclude the possibility that someone may wish to restore the matter to its original unamended form. This may be accomplished quite simply since it may be moved to amend the Reference Committee version by restoring the original language.
5. The Reference Committee is reporting on two or more kindred resolutions or reports, and it wishes to recommend a consolidation into a single resolution, or it wishes to recommend adoption of one of these items in its own right and as a substitute for the rest. For orderly handling, the matter before the House for consideration is the recommendation of the Reference Committee of the substitute or consolidated version. A motion to adopt this substitute is a main motion and is so treated. If the Reference Committee's version is not adopted, the entire group of proposals has been rejected, but it is in order for any delegate to then propose consideration and adoption of any one of the original matters.

Consent Calendar

All items in a Reference Committee's report to the House are placed on a consent calendar. This means that any item that is not extracted for discussion by the House will remain on the consent calendar with a waiver of debate and approval of the recommendation for that item. All items appearing in the Reference Committee's report are grouped according to the recommendation of the Reference Committee as follows:

For adoption;



For adoption as amended or substituted;
For referral to the Board of Governors (with directive to act or report back to House);
For not adoption;
For filing or reaffirmation of policy.

When the Reference Committee report is presented, the Speaker will remind delegates that all items are on the consent calendar and that delegates have the right to extract any item they wish to discuss without the need for a second, debate, or vote on permission to extract it. When all items have been extracted, the remaining items not extracted will be considered as a package for adoption of the Reference Committee's recommendations. Each extracted item will then be considered individually by the House.

Form of Action upon Reports and Resolutions

There should be clear understanding of the precise effect of the language used in disposing of items of business.

In the interest of clarity, the following recommendations are offered so that the House may accomplish its intent without misunderstanding:

1. When the House wishes to acknowledge that a report has been received and considered, but that no action upon it is either necessary or desirable, the appropriate proposal for action is that the report be **FILED**. For example, a report which explains a government program or regulations, or clarifies the issues in a controversial matter, may properly be filed for information. This does not have the effect of placing the FMA on record as approving or accepting responsibility for any of the material in the report.
2. When a report offers recommendations for action, these recommendations may be **ADOPTED**, **APPROVED**, or **ACCEPTED**, each of which has the effect of making the FMA responsible for the matter. In the interest of clarity, the use of the terms "accepted for information" or "approved in principle" should be avoided.
3. When the House does not wish to assume responsibility for the recommendation of a report in its existing form, it may take action to refer back to committee, to refer elsewhere, to reject the report in its entirety or in specific part, or to adopt as amended (**Amend and Adopt**).

Parliamentary Procedure in the House of Delegates

In a large assembly, it is necessary to insist that each individual speaking to an issue be recognized by the Speaker, be at a microphone, and be properly identified by stating the delegate's name, whether or



not he/she is speaking as an individual or on behalf of their group, and whether they rise in support or opposition to the question at hand.

In the absence of specific provisions to the contrary in the Bylaws of the FMA or in this manual of "Procedures of the House of Delegates," the House shall be governed by the most current edition of the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure*.

A few comments on specific procedures may be helpful.

- A. **The motion to REFER:** If it is desired that a matter be referred to the Board or through the Board to the appropriate council or committee, it should be specifically indicated if a report back to the House is desired at a definite time. Without such a directive, the matter of reporting back and its timing is up to the body receiving the referral. If the motion to **REFER** is adopted, all pending or adopted amendments as well as the subject are referred. All referrals to specific councils or committees are made through the Board.

The motion to REFER FOR DECISION: When the House refers an item of business to the Board for decision, the House delegates to the Board the decision as to what action is appropriate. Once the Board determines the appropriate action, whether affirmative or negative, the Board subsequently will inform the House by written communication to the delegates prior to the next meeting and may use other appropriate means such as FMA publications.

- B. **The motion to RECONSIDER:** If a motion to **RECONSIDER** is sustained, debate resumes on the motion which is being reconsidered. Any member may offer the motion to be reconsidered.
- C. **The motion to AMEND something already adopted:** Not infrequently it becomes desirable, on the basis of afterthought or further consideration, to modify an action which has already been taken. If the modification is a simple addition to the action taken, rather than a substantive change, it is not necessary to **RECONSIDER**. A motion to **AMEND** the previous action is in order, and it becomes a main motion.
- D. **The motion to VOTE IMMEDIATELY:** A motion to vote immediately is the same as the older form, **PREVIOUS QUESTION**, and has the effect of closing debate on a pending motion. It requires a 2/3 affirmative vote to sustain such a motion. It is, in effect, a statement by the assembly that it has heard enough and wishes to vote on the matter at hand at once. It applies only to the immediately pending question unless the delegate making the motion to vote immediately qualifies the motion by specifically stating that it applies to all pending questions. A motion to **VOTE IMMEDIATELY** on all pending matters will only be accepted if the Speaker rules that both sides have been heard on **ALL** pending matters. In the event such latter motion prevails, the House must act without further debate on the item of business and all pending



amendments in proper order of precedence.

The Speaker will not recognize the motion to vote immediately or terminate the debate as being "in order" if it is added at the conclusion of a significant discussion of the immediately pending question. At the option of the Speaker, a motion to **VOTE IMMEDIATELY** will not be accepted until the House has heard at least one speaker representing each side of the issue.

- E. **WITHDRAWAL of a Resolution:** Occasionally the sponsor of a resolution becomes persuaded that his/her resolution is somehow inappropriate or inaccurate. At any time prior to acceptance of the resolution as the business of the House, with referral to a Reference Committee, the sponsor may withdraw his resolution, and it does not become the business of the House. After referral to a Reference Committee, it is the business of the House.

At the time of the Reference Committee hearings, the sponsor may become persuaded that he/she would like to withdraw the resolution and may suggest to the Reference Committee that withdrawal would be preferable to other action. If the Reference Committee agrees, and the sponsor concurs, it may recommend to the House in its report on the matter that **LEAVE TO WITHDRAW** be accorded by the House. The Speaker, having confirmed approval by the sponsor, places the question on granting **LEAVE TO WITHDRAW**. A majority vote in the affirmative accomplishes withdrawal. If there is more than one resolution, withdrawal can be accomplished by a consent calendar requiring a single vote.

- F. **The motion to POSTPONE or DEFER CONSIDERATION of a question:** Such deferment may take two forms - (1) Postpone to a certain time and (2) Table.
1. **To a certain time** is of higher rank than referral, and a lesser rank than limiting debate, and can be amended as to the definite time for consideration, with debate limited to brief discussion of the time or reason for postponement, requiring a majority vote to enact.
 2. **Table** is the same motion as "postpone temporarily", is the highest-ranking subsidiary motion to be applied to a main motion, requires a 2/3 vote and can have no other motions applied to it. It can be applied to a motion even after it has been determined that debate on the motion has been terminated which would, in effect, temporarily postpone that vote on the main motion and allow the motion to be brought from the table for resumption of debate. When such debate is resumed, if the vote to terminate debate has been previously decided, it would simply require that the vote, at that time, be taken without further debate.

Bylaws



The Bylaws may be amended by submission to the Board of proposed amendments by the House, component county medical societies, councils, committees or the Board itself, followed by study by the Board of Governors; and the report of the Board of Governors shall be submitted to the House and the appropriate Reference Committee.

After the report of the Reference Committee, it shall require a majority vote of the delegates seated to pass such an amendment. The amendment as submitted to the House shall not be modified or substantially altered by the Reference Committee or by the House. Minor changes in grammar or phraseology may be made, provided they do not alter the intent or purpose of the amendment. Bylaws amendments adopted by the House will become effective upon adjournment of the House at which the amendment is adopted.

Charter

The Charter may be amended by resolution adopted in the same manner as an amendment to the Bylaws.



Elections of FMA Officers and Board of Governors

FMA officers and non-appointed members of the Board are elected by the House. The House does not have a nominating committee. Members announce their candidacy and run for office. The lengths of terms and limits on numbers of terms served are specified in the Bylaws for each elected office. Nominations for office are made from the floor of the House during one of its sessions. Except for the President-Elect, nominating speeches are waived in uncontested elections. Voting in contested elections is by secret ballot, using electronic voting devices or paper ballots, whichever the Speaker deems appropriate, on the morning of the final session of the House. A majority vote is required for election, and run-offs are held during the final session.

Election of Delegates to the American Medical Association

The FMA has seventeen (17) delegate & seventeen (17) alternate delegate seats in the AMA House of Delegates. In 2023, nine (9) delegate seats and nine (9) alternate delegate seats are up for election for a two-year term. The first nine (9) candidates receiving the most votes will be elected as AMA delegates and the next nine (9) receiving votes in descending order will become alternate delegates.

Each candidate running for a seat on the AMA Delegation is allowed a one-minute speech to be submitted for viewing on the FMA website. Portions beyond one minute will be truncated. Videos can be uploaded in .mp4, .mov, or .m4v formats, or in the case of phone users any format your phone records. All video will be trimmed to 1 minute, sized to 1920 x 1080 pixels and posted for review. You may upload your video here <https://flmd.us/up>. All materials, including the video are due by June 2, 2023.

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American Institute of Parliamentarians Standard Code of Parliamentary Procedure				
BASIC RULES				
<i>Order of precedence¹</i>	<i>Can interrupt?</i>	<i>Requires a Second?</i>	<i>Debatable?</i>	<i>Amendable?</i>
Privileged Motions				
1. Adjourn	No	Yes	Yes ²	Yes ²
2. Recess	No	Yes	Yes ²	Yes ²
3. Question of privilege	Yes	No	No	No
Subsidiary Motions				
4. Table	No	Yes	No	No
5. Close debate	No	Yes	No	No
6. Limit or Extend debate	No	Yes	Yes ²	Yes ²
7. Postpone to a certain time	No	Yes	Yes ²	Yes ²
8. Refer to committee	No	Yes	Yes ²	Yes ²
9. Amend	No	Yes	Yes ³	Yes
Main Motions				
10. a. The main motion	No	Yes	Yes	Yes
b. Specific main motions				
Adopt in-lieu-of	No	Yes	Yes	Yes
Amend a previous action	No	Yes	Yes	Yes
Ratify	No	Yes	Yes ³	Yes
Recall from committee	No	Yes	Yes ²	No
Reconsider	Yes ⁴	Yes	Yes ²	No
Rescind	Yes	Yes	Yes	No
INCIDENTAL MOTIONS				

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<i>No order of precedence</i>	<i>Can interrupt?</i>	<i>Requires a Second?</i>	<i>Debatable?</i>	<i>Amendable?</i>
Motions				
Appeal	Yes	Yes	Yes	No
Suspend the rules	No	Yes	No	No
Consider informally	No	Yes	No	No
Requests				
Point of order	Yes	No	No	No
Inquiries	Yes	No	No	No
Withdraw a motion	Yes	No	No	No
Division of question	No	No	No	No
Division of assembly	Yes	No	No	No

- 1 Motions are in order only if no motion higher on the list is pending. Thus, if a motion to close debate is pending, a motion to amend would be out of order; but a motion to recess would be in order, since it outranks the pending motion.
- 2 Restricted.
- 3 Is not debatable when applied to an undebatable motion.
- 4 A member may interrupt the proceedings but not a speaker.

2023 FMA House of Delegates - Privilege of the Floor

The privilege of the floor shall be restricted to:

FMA members who are seated delegates

Members of the Board of Governors

FMA Past Presidents

AMA Delegates and Alternate Delegates

FMA Council and Section Chairs

Presidents of the County Medical Societies

Members of the Specialty Society Section

AMA General Officers

Annual Meeting 2023

July 28-30 • Hyatt Regency in Orlando, Florida



Reference Committee Meetings

Saturday, July 29, 2023

10:00 am – 11:30 am

Reference Committee I Health, Education, and Public Policy

Reference Committee I

Jason Wilson, M.D., Chair	Fl. Ch. Am. College of Surgeons
George Brinnig Jastrzebski, M.D.	Collier
George Everett, M.D.	Fl. Ch. Am. College of Physicians
Rohan Joseph, M.D.	Capital
Brence Sell, M.D.	Fl. Society of Anesthesiologists
Joyce Thomas, M.D.	Fl. Ch. Am. College of Physicians
Sheri Weinstein, M.D.	Sarasota

Reference Committee II Finance and Administration

Reference Committee II

Catherine Kowal, M.D., Chair	Fl. Society of Rheumatology
Rafael Fernandez, M.D.	Dade
Michael Forsthoefel, M.D.	Capital
Cristina Pravia, M.D.	Fl. Ch. Am. College of Physicians
John Zapp, M.D.	Clay

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Reference Committee III Legislation & Miscellaneous

Reference Committee III

Michael Cromer, M.D., Chair	Hillsborough
John Bailey, D.O.	Capital
Christopher Bray, M.D.	Fl. Ch. Am. College of Physicians
Tra'Chella Johnson Foy, M.D.	Duval
Jason Kelly, M.D.	Broward
Jon Ward, M.D.	Fl. Society of Dermatologic Surgeons
Stacie Wenk, D.O.	Hillsborough

Legislation Committee IV Medical Economics

Reference Committee IV

Daniel Thimann, M.D., Chair	Duval
Christina Adams, M.D.	ACOG District XII
Shawn Baca, M.D.	Palm Beach
Andrew Cooke, M.D.	Physicians Society of Central Florida
David Dixon, D.O.	Capital
Huy Nguyen, M.D.	Emerald Coast
Rebecca Peck, M.D.	Volusia

Reaffirmation Calendar

1 The Speaker, in consultation with FMA staff, have reviewed all resolutions submitted for consideration
2 by the 2023 House of Delegates and have determined the following resolution to be a reaffirmation of
3 existing FMA policy or action already taken. The Speaker therefore recommends reaffirming the
4 following resolution:
5

5 **RESOLUTION TO REAFFIRM:**

23-201	Referral of Resolutions to the FMA Board of Directors	South Florida Caucus, Florida Chapter Division of the American Academy of Emergency Medicine, and the Florida College of Emergency Physicians
23-310	Appropriate Deployment of Nursing Resources	South Florida Caucus

Resolution 23-201

Referral of Resolutions to the FMA Board of Governors

Palm Beach County Medical Society, South Florida Caucus, Florida Chapter Division of the American Academy of Emergency Medicine and the Florida College of Emergency Physicians

- 1 Whereas, The purpose of the HOD at the FMA Annual Meeting is to set the priorities of the FMA and its
- 2 policies to reflect the will of the HOD in a democratic manner; and
- 3
- 4 Whereas, Resolutions at the FMA sometimes are referred to the FMA Board of Governors; and
- 5
- 6 Whereas, When the Board of Governors meets to discuss the intent and make decisions of the referred
- 7 resolutions from the prior Annual Meeting, the Board would be best served if it has all pertinent
- 8 information regarding the resolution; and
- 9
- 10 Whereas, The author of the resolution has the unique perspective of the purpose of the resolution: and
- 11
- 12 Whereas, The author of the resolution should be invited to the meeting to discuss the resolution to help
- 13 the Board make the proper recommendations; therefore be it
- 14
- 15 RESOLVED, That the FMA Board of Governors is obliged to invite the author of the resolution to discuss
- 16 the intent of the resolution, virtually or in person, whichever is the preference of the author.

Fiscal Note:

Description	Amount	Budget Narrative
0 staff hours	\$0	This is already FMA policy
Total	\$0	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: II – Finance & Administration

Resolution 23-310
Appropriate Deployment of Nursing Resources
South Florida Caucus

1 Whereas, legislation was filed in 2023 that would enable Autonomous Practice Advanced Practice
2 Registered Nurses to practice specialty medicine in the State of Florida;

3
4 Whereas, there is little evidence that legislation passed in 2021 that expanded access to primary care
5 through autonomous practice has alleviated the access to care challenges facing patients in medically
6 underserved areas of our state;

7
8 Whereas, there is well-documented evidence of a growing nursing shortage in Florida with hospitals
9 facing critical shortages in staffing and being forced to greatly expand their budgets to secure nursing
10 staff necessary to maintain operations;

11
12 Whereas, the ability of nurses to be redeployed in specialty medical practices will further impact the
13 nursing crisis;

14
15 Whereas, data illustrates that nurses often over-utilize diagnostic and therapeutic services when
16 compared to physicians that have additional training and expertise in differential diagnosis; Therefore
17 be it,

18
19 Resolved, that the FMA will actively lobby against efforts to expand Florida Statute
20 64.0123, Autonomous practice by an advanced practice registered nurse, to eliminate the current
21 restriction in the law that limits autonomous practice to primary care practice, including family
22 medicine, general pediatrics, and general internal medicine, as defined by board rule.

Fiscal Note:

Description	Amount	Budget Narrative
0 additional staff hours	\$0	FMA staff are already working on this issue.
Total	\$0	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation & Miscellaneous



In Memoriam FMA Physician Members

Peter Alan Drew, MD ALACHUA
Herbert Eugene Ward, Jr., MD

John Dennis Woods, MD BAYS

Michael Kenneth Wheeler, MD BREVARD

Jack Sheldon Burks, MD BROWARD
Moises J. Katz, MD, FACC
Neil Marshal Lewis-Levine, DO

Daniel J. Van Durme, MD CAPITAL

Lance Andre Maki, MD CENTRAL
FLORIDA

Jarrett Charles Black, MD CHARLOTTE

Carmine Philip Errico, MD COLLIER

Henry Irwin Glick, MD DADE
Lourdes Margarita Landron-Garcia, MD
Ralph Lewis Sacco, MD

Robert Farish Percy, MD DUVAL
Ronald Lanny Van Heertum, MD
Sara Elizabeth Zieverink, MD

Dumitru-Dan Teodorescu, MD FLDIRECT

Peter Andrew Donelan, MD HILLSBOROUGH

Leonardo Porto Machado, MD LAKE-SUMTER

Randall Clark, MD LEE
Robert S. Liebman, DO
Robert A. Renza, DO

Eldridge McCormick, MD MANATEE
George VanBuren, MD



In Memoriam FMA Physician Members

Jose Estigarrabia, MD
Andre Renard, MD
Ruel Norval Wright, MD

Justin Porto, DO MARION
Richard Edward Promin, MD

Ralph William Buchanan, Jr., MD OUT OF STATE
Robert Kenneth Hillier, MD
James Junichi Murata, MD
Raymond Kevin Ryan, MD

John Richard Peralo, MD PALM BEACH
Donald David Sheffel, MD

Edward Martin Kasper, MD PINELLAS
Frank Parisi, MD
Vincent David Perron, MD
Andrew David Rackstein, MD

Harry James Beecham, III, MD SANTA ROSA
Frank Schmermund Pettyjohn, MD

Martin Kevin Dineen, MD VOLUSIA

Florida Medical Association, Inc.

Past Presidents - In Memoriam

1874	Abel S. Baldwin, M.D., Jacksonville (2 terms)	1905	J. M. Jackson, M.D., Miami
1876	Thomas M. Palmer, M.D., Monticello	1906	John MacDiarmid, M.D., Deland
1877	Francis P. Wellford, M.D., Jacksonville	1907	W. P. Lawrence, M.D., Tampa
1878	R. D. Murray, M.D., Key West	1908	J. F. McKinistry, M.D., Gainesville
1879	Richard P. Daniel, M.D., Jacksonville	1909	Henry E. Palmer, M.D., Tallahassee
1880	Charles J. Kenworthy, M.D., Jacksonville	1910	J. D. Love, M.D., Jacksonville
1881	George W. Betton, M.D., Tallahassee	1911	A. H. Freeman, M.D., Ocala
1882	R.B.S. Hargis, M.D., Pensacola	1912	John S. Helms, M.D., Tampa
1883	Emil T. Sabal, M.D., Jacksonville	1913	P. C. Perry, M.D., Jacksonville
1884	John P. Wall, M.D., Tampa	1914	F. C. Moor, M.D., Tallahassee
1885	N. D. Phillips, M.D., Gainesville	1915	R. H. McGinnis, M.D., Jacksonville
1886	Joseph Y. Porter, M.D., Key West	1916	E. W. Warren, M.D., Palatka
1887	J. W. Hicks, M.D., Orlando	1917	Ralph N. Greene, M.D., Coral Gables
1888	R. A. Lancaster, M.D., Gainesville (2 terms)	1918	F. J. Walter, M.D., Daytona
1890	Thomas P. Gary, M.D., Ocala	1919	William E. Ross, M.D., Jacksonville
1891	J. Harris Pierpont, M.D., Pensacola	1920	W. P. Adamson, M.D., Tampa
1892	Sheldon Stringer, M.D., Brooksville	1921	S.R.M. Kennedy, M.D., Pensacola
1893	Frank H. Caldwell, M.D., Sanford	1922	L. M. Anderson, M.D., Lake City
1894	J. D. Rush, M.D., Apalachicola	1923	H. Marshall Taylor, M.D., Jacksonville
1895	C. B. Sweeting, M.D., Key West	1924	John C. Vinson, M.D., Fort Myers
1896	H. K. DuBois, M.D., Port Orange	1925	John S. McEwan, M.D., Orlando
1897	R. B. Burroughs, M.D., Jacksonville	1926	H. Mason Smith, M.D., Tampa
1898	R. P. Izlar, M.D., Ocala	1927	John A. Simmons, M.D., Arcadia
1899	J. Harrison Hodges, M.D., Gainesville	1928	Frederick J. Waas, M.D., Jacksonville
1900	W. H. Hughlett, M.D., Cocoa	1929	Henry C. Dozier, M.D., Ocala
1901	A. J. Wakefield, M.D., Jacksonville	1930	Julius C. Davis, M.D., Quincy
1902	J. Harris Pierpont, M.D., Pensacola	1931	Gaston H. Edwards, M.D., Orlando
1903	DeWitt Webb, M.D., St. Augustine	1932	Gerry R. Holden, M.D., Jacksonville
1904	E. N. Liell, M.D., Jacksonville	1933	William M. Rowlett, M.D., Tampa
		1934	Homer L. Pearson Jr., M.D., Miami
		1935	Herbert L. Bryans, M.D., Pensacola

1936	Orion O. Feaster, M.D., St. Petersburg	1970	James T. Cook Jr., M.D., Marianna
1937	Edward Jelks, M.D., Jacksonville	1971	Floyd K. Hurt, M.D., Jacksonville
1938	W. Henry Spiers, M.D., Orlando	1972	William J. Dean, M.D., St. Petersburg
1939	Leigh F. Robinson, M.D., Fort Lauderdale	1973	Joseph Von Thron, M.D., Cocoa Beach
1940	J. Sal Turberville, M.D., Century	1974	Thad Moseley, M.D., Jacksonville
1941	Walter C. Jones, M.D., Miami	1975	Vernon B. Astler, M.D., Fletcher, NC
1942	Gilbert S. Osincup, M.D., Orlando	1976	Jack A. MaCris, M.D., St. Petersburg
1943	Eugene G. Peek Sr., M.D., Ocala	1977	Louis C. Murray, M.D., Orlando, FL
1944	John R. Boling, M.D., Tampa (2 terms)	1978	O. William Davenport, M.D., Miami
1946	Shaler Richardson, M.D., Jacksonville	1979	Richard S. Hodes, M.D., Tampa
1947	William C. Thomas Sr., M.D., Gainesville	1981	Sanford A. Mullen, M.D., Jacksonville
1948	Joseph S. Stewart, M.D., Miami	1982	Robert E. Windom, M.D., Sarasota
1949	Walter C. Payne Sr., M.D., Pensacola	1984	Frank C. Coleman, M.D., Tampa
1950	Herbert E. White, M.D., St. Augustine	1985	Luis M. Perez, M.D., Sanford
1951	David R. Murphy Jr., M.D., Tampa	1992	A. Frederick Schild, M.D., Miami
1952	Robert B. McIver, M.D., Jacksonville	1993	Arthur L. Eberly, M.D., Lighthouse Point
1953	Frederick K. Herpel, M.D., Wt Palm Beach	1994	Dick Van Eldik, M.D., Gainesville
1954	Duncan T. McEwan, M.D., Orlando	1995	Alvin E. Smith, M.D., Ormond Beach
1955	John D. Milton, M.D., Coral Gables	1998	Harold G. Norman Jr., M.D., Coral Gables (Honorary Pres.)
1956	Francis H. Langley, M.D., St. Petersburg	2007	Karl M. Altenburger, M.D., Ocala
1957	William C. Roberts, M.D., Panama City	2008	Edward R. Annis, M.D., Miami (Honorary Pres.)
1958	Jere W. Annis, M.D., Lakeland	2009	James B. Dolan, M.D., Ponte Vedre Beach
1959	Ralph W. Jack, M.D., Miami		
1960	Leo M. Wachtel, M.D., Jacksonville		
1961	S. Carnes Harvard, M.D., Brooksville		
1962	Robert E. Zellner, M.D., Orlando		
1963	Warren W. Quillian, M.D., Coral Gables		
1964	Samuel M. Day, M.D., Jacksonville		
1965	H. Phillip Hampton, M.D., Tampa		
1966	George S. Palmer, M.D., Tallahassee		
1967	W. Dean Steward, M.D.		
1968	Jack Q. Cleveland, M.D., Coral Gables		
1969	Henry J. Babers, M.D., Gainesville		

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AM '23

June 7, 2023

TO: Members, House of Delegates
SUBJECT: FMA Liability for Damages

FMA Liability for Damages

The policy* concerning FMA liability for the attendance by members of the Florida Medical Association at any meetings of its House of Delegates, Board of Governors, Executive Committee, Councils and Committees, or any other meetings or conferences of any nature: The responsibility of such member for travel to and from such meeting is the member's sole responsibility, and any such member shall not be considered to be involved in or be performing any business of or for FMA except and only during the time he is physically present in an official meeting room in an official meeting of the Committee, Council, Executive Committee, Board of Governors, or House of Delegates in which he is participating as such a member.

*Board of Governors, October 1970.



FMA Annual Meeting 2022

REPORT OF ACTIONS FROM THE 2021 HOUSE OF DELEGATES AND UPDATES

Action on Recommendations from the Board of Governors – pgs.2-4

Action of 2022 Resolutions – pgs. 5-29

Resolutions Referred to the Board of Governors:

Resolution 22-105, Minimal Credentialing in Post-Acute and Long-Term Care Medicine
The Florida Society for Post-Acute and Long-Term Care Medicine

Resolution 22-106, Requirement for Minimal Education Standards for Medical Directors
The Florida Society for Post Acute and Long-Term Care Medicine

Resolution 22-108, Promoting and Supporting Clinical Research
Collier County Medical Society, Raymond Phillips, M.D.

Resolution 22-113, End the Monopoly on Certifying Physicians by ABMS
Ellen McKnight, M.D.

Resolution 22-115, Amend Prescription Off-Label Policy
Liudmila Buell, M.D.

Resolution 22-202, Disenfranchisement of FMA Members
Jon Ward, M.D.

Resolution 22-303, Transparency of Costs for Prescribers
Medical Student Section

Resolution 22-306, Artificial Intelligence
Medical Student Section

Resolution 22-310, Prevention of Surprise Hospital Outpatient Billing
Steven Babic, M.D.

Resolution 22-313, Electronic Prescribing
Melanie Cross, M.D.



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Action on Recommendations from the Board of Governors

Board Recommendation A-1 2014 FMA Policy Review – Reaffirmation and Sunset

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

Board Recommendation A-2 Resolution 21-108, Education of Physicians and Patients on the Dangers of Automatic Prescription Refills

House Action: **Resolution not adopted**

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.

Board Recommendation A-3 Resolution 21-109, Kratom Risk and Safety

House Action: **Resolution adopted with 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.

Policy Compendium: P 130.027

During the 2023 Session, the Florida Legislature passed HB 179, the Florida Kratom Consumer Protection Act. Signed by Governor DeSantis, this law prohibits the sale of any kratom product to a person under 21 years of age.

Board Recommendation B-1: Bylaws Amendment, Chapter III, House of Delegates, Section 6. Delegates to the House of Delegates

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of the American Medical Association

House Action: Not adopted

The House of Delegates shall elect from the active members of the Association representatives to the accordance with the Constitution and Bylaws of that body and these bylaws in such manner that one-half of the ~~delegates~~ representatives to which the Association is entitled are elected each year. In the event the Association is entitled to an odd- number of ~~delegates~~ representatives, the majority of the ~~delegates~~ representatives (half plus one) shall be elected the first year and the remainder shall be elected the next year. Each ~~delegate~~ representative shall be elected for a two-year term. The ~~delegates~~ representatives shall be elected by secret ballot in such a manner that the candidates with the highest number of votes cast shall be elected to fill the number of delegate seats available for election that year. Notwithstanding the two year term for which delegates are elected, beginning with the Association's Annual Meeting in 1999, delegates elected as ~~r~~ Representatives to the House of Delegates of the American Medical Association shall assume office immediately upon adjournment of the House of Delegates at which they were elected.

Shortly after the adjournment of the FMA House of Delegates, the representatives to the House of Delegates of the American Medical Association shall decide, by secret ballot, who shall serve as a delegate and who shall serve as an alternate delegate until the next meeting of the FMA House of Delegates.

~~There shall also be elected an equal number of alternate delegates. The candidates with the next highest order of votes cast shall be elected as alternate delegates, provided that one alternate delegate seat shall be filled by a member of the Young Physicians Section.~~

~~Early in the electoral year, the delegates and alternate delegates~~ The representatives to the American Medical Association shall also meet and elect by secret ballot the officers of the delegation, who may be either delegates or alternate delegates to the American Medical Association.

Board Recommendation D-1: Resolution 21-304, Pharmacies

House Action: Resolution adopted with substitute language

RESOLVED, That the FMA supports legislation that would enhance communication, drug pricing transparency and software interoperability between payors, PBMs, and clinician EHRs.

RESOLVED, That the FMA supports legislation or regulatory action to require that in the event a patient

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~~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.~~

Policy Compendium: 300.034

During the 2023 session, the Florida legislature passed the Prescription Drug Reform Act (SB 1550). Signed into law by Governor DeSantis, this bill enacts comprehensive reforms of the pharmacy benefit manager system. The legislation requires PBMs to obtain a certificate of authority for an administrator under the Florida Insurance Code and makes them subject to existing and enhanced requirements. This Act better regulates contractual relationships between PBMs and pharmacy benefits plans and programs, and between PBMs and pharmacy providers by prohibiting PBMs from forcing patients to use mail-in or PBM-owned pharmacies, amongst other significant reforms. In another win for patients, SB 1550 amends Florida's statute relating to step-therapy protocols to prohibit a PBM from forcing a patient to undergo "step therapy" when the patient switches insurance companies.



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Resolution 22-101 Restoring Trust in Public Health Interventions Emerald Coast Medical Association

House Action: Not adopted

RESOLVED, The FMA rescind Resolution 21-105 encouraging all healthcare practitioners and medical support staff receive the COVID-19 vaccine; and be it further

RESOLVED, The FMA affirms the position of the state surgeon general recognizing natural immunity as equivalent to vaccine immunity; and be it further

RESOLVED, The FMA affirms the position of the state surgeon general in recommending against the use of COVID-19 vaccines in healthy children; and be it further

RESOLVED, The FMA publicly thank our FMA PAC endorsed gubernatorial candidate Ron DeSantis and the state surgeon general for having the courage to follow the science by declaring the wearing of cloth masks by both health care workers and the general public as ineffective; and be it further

RESOLVED, The FMA through its delegation to the AMA urge an end to all COVID-19 vaccine mandates and end the requirements for healthcare workers and patients to wear masks routinely in hospitals and healthcare facilities nationwide, except in the case of infectious diseases in which situations fitted N95 masks are appropriate.

Resolution 22-102 Support for State Surgeon General on Treatment of Gender Dysphoria Emerald Coast Medical Association

House Action: Withdrawn

RESOLVED, The FMA adopt the Florida Surgeon General's stance on the Treatment for Gender Dysphoria for Children and Adolescents in which social, medical, and surgical transitioning is not recommended; and be it further

RESOLVED, The FMA send a letter to Governor DeSantis, the FMA PAC endorsed gubernatorial candidate, thanking him for this important policy to protect children from predatory clinicians and social media trends in our state.

Resolution 22-103

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**Rejection of the Premise that the American Medical System is Racist
Emerald Coast Medical Association**

House Action: Not adopted

RESOLVED, The FMA issue a statement that systemic racism and structural inequities do not exist in the American Health Care System; and be it further

RESOLVED, The FMA oppose any diversity, equity, and inclusion language that could impact physicians through either legislation or rulemaking at the Dept. of Health; and be it further

RESOLVED, That the FMA through its delegation to the AMA advocate this position when issues involving healthcare disparities and diversity, equity, and inclusion initiatives are raised.

Resolution 22-104

**Implementing Intimate Partner Violence Education in Middle School Curricula
Medical Student Section**

House Action: Adopted as amended

*RESOLVED, That our FMA ~~actively promotes~~ **support** the teaching of intimate partner violence detection for medical students.*

[Policy Compendium: 140.017](#)

Resolution 22-105

**Minimal Credentialing in Post-Acute and Long-Term Care Medicine
The Florida Society for Post-Acute and Long-Term Care Medicine**

House Action: Referred to the Board of Governors for study and report back; Board of Governors recommends that the 2023 House of Delegates not adopt Resolution 22-105

RESOLVED, That the Florida Medical Association promotes a professional standard that all health care providers practicing in the Post-Acute and Long-Term Care (PALTC) setting will present, at a minimum, proof of identification, i.e., a current government issued photo identification (e.g., driver's license), a current state issued professional license, and, as appropriate, a current DEA certificate.

[October 2022:](#) The 2022 House of Delegates referred Resolution 22-105 Minimal Credentialing in Post-Acute and Long-Term Care (PALTC) Medicine, to the Board of Governors for study and report back. The

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Board referred this resolution to the Council on Medical Education, Science, and Public Health to study and make a recommendation. The Council invited the author of the resolution, Florida Society for Post-Acute and Long-Term Care Medicine (FMDA) to provide background and information regarding this resolution. Dr. Maria Gonzalez and Dr. Robert Kaplan appeared before the Council to represent FMDA. The Council ultimately concluded that there should be a standard credentialing process for all healthcare professionals who provide care to patients in post-acute care and long-term care facilities, to include at a minimum providing proof of identification at least once. Thus, the Council unanimously voted to recommend adoption of the resolution as submitted. The Board of Governors had multiple questions regarding this resolution. The Board was unsure how to enforce the policy should the resolution pass. Several members were unclear about the intent of the resolution. It was noted that the intent of the resolution was a preventative measure and garnering FMA support would be the first step for the Post-Acute and Long-Term Care Medicine group. While the Board agreed with the intent of the resolution, it voted to recommend that the 2023 House of Delegates does not adopt this resolution as the Board has no authority to implement the action.

Resolution 22-106

Requirement for Minimum Education Standards for Medical Directors The Florida Society for Post-Acute and Long-Term Care Medicine

House Action: Referred to the Board of Governors for study and report back; **Board of Governors recommends that the 2023 House of Delegates not adopt Resolution 22-106**

RESOLVED, That the Florida Medical Association support and encourage all initiatives (Federal, State and Local) to promote minimum education standards for physicians serving in the role of Medical Director in Post-Acute and Long-Term Care, to include the completion of a specified number of initial and maintenance education credits within a defined time period.

October 2022: The 2022 House of Delegates referred Resolution 22-106 Requirement for Minimum Education Standards for Medical Directors, to the Board of Governors for study and report back. The Board referred this resolution to the Council on Medical Education, Science, and Public Health. The Council invited the author of the resolution, Florida Society for Post-Acute and Long-Term Care Medicine (FMDA) to provide background and information regarding this resolution. Dr. Maria Gonzalez and Dr. Robert Kaplan appeared before the Council to represent FMDA. The Council ultimately concluded that medical directors working in post-acute and long-term care facilities should achieve specific, relevant education and training to support their work in such facilities. The Council further determined that the specialty society would be in the best position to specify what this content should be. Because there was a degree of vagueness in the resolution, the Board of Governors agreed that there was not sufficient clarity on how the standards would apply. The Board of Governors voted to recommend that the 2023

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House of Delegates does not adopt Resolution 22-106.

Resolution 22-108
Promoting, Supporting Clinical Research
Collier County Medical Society, Raymond Phillips, M.D.

House Action: Referred to the Board of Governors for study and report back; the Board of Governors recommends that the 2023 House of Delegates not adopt Resolution 22-108.

RESOLVED That the FMA develop and promulgate an educational campaign directed to the public and medical community to clarify how clinical research is performed in the U.S.; and be it further

RESOLVED, That the FMA promote clinical research by facilitating the identification of clinical research activity in component society areas to create a community-based resource for interested public and medical community members; and be it further

RESOLVED, That the FMA provide physicians conducting clinical research in their communities with the tools necessary to promote the importance of clinical research and reinforce the trust-building needed for vibrant participation of the public and the medical community; and be it further

RESOLVED, That the FMA formulate an Action Plan for Promoting Clinical Research (APPCR) that can be carried through to component societies, including but not limited to:

- a. Identifying physicians involved in clinical research*
- b. Facilitating the formation of research networks*
- c. Creating a website for listing clinical trials, case studies and involved physicians*
- d. Coordination of the participation of graduate medical education programs*
- e. Coordination of the participation and resources of community hospitals, clinics, medical foundations, and pharmaceutical stakeholders.*

October 2022: The 2022 House of Delegates referred Resolution 22-108 Promoting, Supporting Clinical Research, to the Board of Governors for study and report back. The Board referred this resolution to the Council on Medical Education, Science, and Public Health. The Council discussed the resolution and found it to be well intentioned and well written. However, the Council ultimately determined that the actions recommended by the resolves were overly broad, difficult to quantify, and outside the scope of the FMA's mission and activities. That, coupled with the significant fiscal note, led the Council to recommend that the resolution not be adopted. There was also discussion that other groups and organizations, particularly Florida's medical schools, are better positioned to achieve these objectives. The Board of Governors agreed with the Council's findings. It was noted that this was too broad of a



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resolution and that the author should narrow this request to increase the chances of the resolution passing at a future time. The Board of Governors voted to recommend that the 2023 House of Delegates not adopt Resolution 22-108.

Resolution 22-109
Elder Abuse in Florida
Kevin Sherin, M.D., The Physicians Society of Central Florida

House Action: Adopted

RESOLVED, That the FMA 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; and be it further

RESOLVED, That 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; and be it further

RESOLVED, That the FMA review existing legislation on elder protection and develop advocacy strategies for further strengthening laws to further protect Florida's elderly.

October 2022: The 2022 House of Delegates adopted Resolution 22-109. The Council on Legislation studied this resolution in conjunction with the Board of Governors. The Board of Governors voted to adopt the following action statement:

Resolved, That the FMA advocate for the enforcement of existing laws on elder abuse and that the FMA gather information on existing reporting of cases of elder abuse.

Policy Compendium: 290.003

Policy Compendium: 290.004

Resolution 22-110
Physician Online Ratings
Mark Trolice, M.D.

House Action: Adopted



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RESOLVED, that the Florida Medical Association 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.

[Policy Compendium: 390.003](#)

The FMA staff has identified best practices for physicians who are dealing with negative online reviews and has posted the information on the FMA website along with entities that can assist physicians in addressing such matters.

Resolution 22-111

Ethics Resolution

American College of Obstetricians and Gynecologists, District XII, Broward County Medical Society, Florida Society of Ophthalmology

House Action: Not adopted

Resolved, That current FMA policy 175.003 be revised to include World Medical Association's (WMA's) policies with regard to medical ethics that have all been approved by the AMA Delegation according to the AMA Code of Medical Ethics, by the following revised statement by addition:

"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), FMA's, and World Medical Association's (WMA's) Principles of Medical Ethics."

Resolution 22-112

Support for Gender Affirming Care for Florida Transgender and Gender Non-conforming Youth and Adolescents

Leah Kemble, M.D.

House Action: Substitute language adopted including title change

Freedom to Practice Evidence-Based Medicine

RESOLVED, That the FMA 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.

[Policy Compendium: 400.012](#)

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Resolution 22-113

**End the Monopoly on Certifying Physicians by the American Board of Medical Specialties
Ellen McKnight, M.D.**

House Action: Referred to the Board of Governors for study and report back; the Board of Governors recommended adopting substitute language in lieu of the original resolution

RESOLVED, The FMA formally petition the governor and the surgeon general to add the National Board of Physicians and Surgeons (NBPAS) to the currently approved certifying entities in the state of Florida recognizing that we must finally end the monopoly on certifying physicians by ABMS/AOA; be it further

RESOLVED, The FMA will send a representative(s) to the next meeting of the Florida board of medicine to voice support for recognizing NBPAS as an approved certifying entity in the State of Florida; therefore be it further

RESOLVED, The FMA will formally request a change to 458.3312, by replacing the word “formal” with “initial” as follows: Specialties.

*—A physician licensed under this chapter may not hold himself or herself out as board certified unless the physician received **initial** recognition as a specialist from a specialty board of the American Board of Medical Specialties or other recognizing agency that has been approved by the board...*

May 2023: At the October 2022 Board of Governors meeting, the Board of Governors heard a presentation from representatives from the NBPAS. At the January 2023 Board of Governors meeting, the Board of Governors heard a presentation from representatives from the ABMS. The Board of Governors debated this resolution at length. Some members of the Board felt that this issue should belong solely to the specialty societies, while others felt that the NBPAS devalues specialty certification. An amendment carried to recommend that the 2023 House of Delegates adopt the below language in lieu of the original resolution:

RESOLVED, That 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.

Resolution 22-114

Opioid Epidemic and Settlement with Pharmaceutical Companies

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Florida Society of Addiction Medicine

House Action: Adopted as amended

RESOLVED, That our Florida Medical Association (FMA) amend policy P-125.00, "DRUGS-ABUSE," to add a new section P-125.006 to read as follows:

P-125.006: Opioid Epidemic and Settlement with Pharmaceutical Companies

- 1. Our 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.*
- 2. Our Florida Medical Association will work with the Florida Society of Addiction Medicine and other medical societies to provide education and outreach to physicians and other clinicians about the contents of the Agreement and opportunities to work with state and local officials to support the core principles of the Agreement.*

Policy Compendium: 135.017

Resolution 22-115 Amend Prescription Off-Label Policy Liudmila Buell, M.D.

House Action: Referred to the Board of Governors for decision; **the Board of Governors voted to not adopt this policy change**

RESOLVED, to amend P130.025 as follows:

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 the interference by ~~non-medical~~ any 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.*

October 2022: The 2022 House of Delegates referred Resolution 22-115 Amend Prescription Off-Label Medication, to the Board of Governors for decision. The Board referred this resolution to the Council on Medical Education, Science, and Public Health to study and make a recommendation. The Council



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discussed the resolution at length, including the fact that physicians frequently prescribe medications off-label in a variety of clinical situations. The Council and Board of Governors agreed that the FMA should always stand in favor of the sanctity of the physician-patient relationship. However, the Board was not in favor of this amendment, noting that it was a nuanced change that had a political undertone based on actions that occurred during the COVID-19 pandemic. The Board of Governors voted to not adopt this resolution. It is important to note that P 130.025 is still FMA policy, however the language will not change.

**Resolution 22-201
PAC Participation
Andrew Borom, M.D.**

House Action: Not adopted

RESOLVED, That any County or specialty Medical society wishing to put forward a resolution to the floor of the FMA House of Delegates be required to have a minimum participation percentage in the FMA PAC of 20% of its overall membership, and 100% of its Delegation; and be it further

RESOLVED, That any individual wishing to put forth a resolution to the FMA HOD is required to be an FMA PAC member at the \$10,000 club level in the current election cycle.

**Resolution 22-202
Disenfranchisement of FMA Members
Jon Ward, M.D.**

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

RESOLVED, The FMA change the bylaws to create a new section referred to as the Unaffiliated Section to represent its members who are not a county medical society member; and be it further

RESOLVED, That all 67 counties in Florida be allocated one voting delegate position and additional delegate position based on the current one per forty member ratio; and be it further

RESOLVED, That these Unaffiliated Section delegate positions be awarded through the FMA membership office on a first come, first serve basis; and be it further

RESOLVED, That societies that encompass more than one county retain its single delegate per county and each county within its area continue to be represented in the one per forty ratio in these calculations; and be it further

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RESOLVED, That societies that encompass more than one county must fill its delegate allocation based on the county of practice or residence of its members, and be it further

RESOLVED, That after the roster submission deadline 60 days prior to the annual meeting that any unfilled position any county, specialty, or other section may be filled by the FMA membership office on a first come, first serve basis.

January 2023: This resolution was referred to the Board of Governors for study and report back. The Board of Governors referred this resolution to the Committee on Bylaws, Policies, and Procedures. The Committee carefully considered the resolves in resolution 22-202 and agreed that a mechanism was needed to provide representation in the FMA House of Delegates for FMA members that worked or resided in a county that did not have an active county medical association. A proposed bylaws amendment was drafted by the Committee on Bylaws, Policies, and Procedures and was approved by the Board of Governors. This proposed amendment (Attachment I) will be submitted to the House of Delegates at the 2023 Annual Meeting for consideration. While discussing the proposed bylaws amendment, the Committee felt that the process for selecting these delegates should be decided by the Board of Governors and set forth in the FMA policies and procedures rather than in the bylaws. The Board of Governors voted to craft a draft of the process it would recommend and approve such at the May board meeting and include such in the report to the House of Delegates on Resolution 22-202.

May 2023: The Board of Governors voted to adopt the proposed process for selecting delegates from unrepresented counties. This process can be found in Board Report B, and in Attachment II of this document. This process will go into effect if the 2023 House of Delegates adopts the proposed amendment to the bylaws.

Resolution 22-203

**Improving the Process of Submitting Resolutions to the Florida Medical Association Annual Meeting
Ellen W. McKnight, M.D.**

House Action: Resolution withdrawn

RESOLVED, The FMA shall allow delegates to submit commentary to the reference committees before the annual meeting, but the reference committees shall be prohibited from issuing recommendations for or against the resolutions until the in-person reference committee has convened; be it further

RESOLVED, The FMA shall prohibit the reference committees from adopting substitution language to a resolution unless agreed to by the author of the resolution. The reference committee can still make any other appropriate recommendations including the recommendation not to adopt. This shall not prohibit any delegate from offering substitution language during floor debate in the house of delegates.



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**Resolution 22-204
FMA Delegate Pledge
Diane Gowski, M.D.**

House Action: Not adopted

RESOLVED, FMA delegates will annually pledge allegiance to "best serve" the healthcare needs of our Florida citizens, regardless of any conflicting AMA or WHA policies. This is to occur at the beginning of the annual meeting of FMA delegates.

**Resolution 22-205
Do No Harm to Colleagues
Diane Gowski, M.D.**

House Action: Not adopted

RESOLVED, That FMA delegates will annually pledge to " DO NO HARM " toward colleagues and to maintain professional collegiality and respectful behavior toward each other. This is to occur at the beginning of the annual FMA delegates meeting.

**Resolution 22-208
Prior Authorization and other Advocacy Support of Opinions of the AMA, FMA, and County Medical Societies
Broward County Medical Association**

House Action: Adopted as amended

RESOLVED, That the Florida Medical Association join other State Medical Societies and the AMA and support and publicize this case about prior authorization by providing an Amicus Brief and or 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.

RESOLVED, That 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.



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The FMA through its participating in the AMA Litigation Center filed an amicus brief in this case. Unfortunately, the United States Court of Appeal for the Second Circuit upheld the unfavorable ruling of the trial court. The Court's opinion is attached in Attachment III.

Resolution 22-302 Expanding the Use of Naloxone in Florida Communities Medical Student Section

House Action: Adopted as amended

RESOLVED, That our Florida Medical Association supports legislation that increases use and availability of opioid antagonists, including naloxone in Florida communities; and be it further

RESOLVED, That our Florida Medical Association supports legislation to promote the development and implementation of opioid antagonists, including naloxone as a community-based intervention to prevent lethal opioid overdose.

Policy Compendium: [130.028](#)

During the 2023 legislative session, the FMA supported HB 783, which requires Florida's colleges and universities to have emergency opioid antagonists available in residence halls and dormitories for use by campus law enforcement. This bill was signed into law by Governor DeSantis and will take effect on July 1, 2023.

Resolution 22-303 Improving Price Transparency of Medical Goods and Services Medical Student Section

House Action: Referred to the Board of Governors for decision; the Board of Governors voted to reaffirm existing policies P 235.017 and P 260.044 in lieu of adopting this resolution

RESOLVED, That the FMA supports legislation that requires hospitals and insurers to provide transparent pricing information for common goods and medical services offered.

RESOLVED, That the FMA supports legislation to promote the development and implementation of universal price transparency tools.

October 2022: The 2022 House of Delegates referred Resolution 22-303 to the Board of Governors for decision. The Board of Governors referred this resolution to the Council on Legislation. The Council

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reviewed this resolution at length and determined that existing policy P 235.017 and P 260.044 be should be reaffirmed in lieu of adopting Resolution 22-303. The Board of Governors agreed with this recommendation and voted to reaffirm P 235.017 and P 260.044 in lieu of adopting Resolution 22-303.

**Resolution 22-304
Public Availability of Pregnancy-Related Care
Medical Student Section**

House Action: **Substitute language adopted in lieu of Resolution 22-304 and 22-315**

RESOLVED, That the FMA reaffirm policy P5.002.

RESOLVED, The FMA oppose legislation that would pursue criminal charges against physicians who provide medically appropriate termination of pregnancy.

RESOLVED, 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.

Original Resolution 22-304:

RESOLVED, That our FMA oppose any government regulation or legislative action on the content of the individual clinical encounter between a patient and physician without a compelling and evidence-based benefit to the patient, a substantial public health justification, or both; and be it further [copied from AMA H373.995]

RESOLVED, That our FMA amend policy P 255.005 "Availability of Contraceptives for Recipients of Public Assistance" to read as follows:

PUBLIC AVAILABILITY OF PREGNANCY-RELATED CARE ~~CONTRACEPTIVES FOR RECIPIENTS OF PUBLIC ASSISTANCE~~ *The Florida Medical Association supports legislation that ensures all persons should have access to appropriate forms of pregnancy-related care, including contraception and abortion, regardless of financial means, and that persons receiving public assistance should have all appropriate forms of pregnancy-related care ~~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*



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pregnancy-related care ~~contraceptives~~, and pregnancy-related care ~~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 pregnancy-related care ~~contraceptives~~.

Original Resolution 22-315:

RESOLVED, That the Florida Medical Association reaffirm P5.002 and make a public statement stating such within 2 weeks of the official announcement of the 2022 Supreme Court of the United States decision on Thomas E. Dobbs, State Health Officer of the Mississippi Department of Health v. Jackson Women’s Health Organization (“Dobbs v. Jackson”) should the draft majority opinion publicized on 3 May 2022 stand; and be it further

RESOLVED, That the Florida Medical Association support efforts by other medical societies to oppose actions by the Florida Legislature, now and in the future, to block abortion services, including but not limited to cases of rape, incest, or risk to the life of the pregnant person, to criminalize such pregnancy termination against the pregnant person and/or physician, and to interfere with the professional relationship between a physician and patient, the expertise and medical judgment of said physician, and the autonomy and justice of said patient; and be it further

RESOLVED, That 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.

[Policy Compendium: P 5.002, 5.004](#)

Resolution 22-305 Cultural Competency Curriculum in the State of Florida Medical Student Section

House Action: Not adopted

RESOLVED, That the FMA support legislation requiring the implementation of cultural competency training in medical education, postgraduate and continuing medical education through the creation of CME modules for medical students, residents, and attending physicians.

Resolution 22-306



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Artificial Intelligence Medical Student Section

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

RESOLVED, That our FMA support legislation that prevents AI programs and AI-derived algorithms from becoming the sole determinants of clinical decision making; and it further

RESOLVED, That our FMA support legislation preventing healthcare entities from being reimbursed for medical decision making performed by AI programs and AI-derived algorithms alone; and be it further

RESOLVED, That our FMA support legislation requiring a physician to endorse/sign-off/approve of any reimbursable action taken by an AI program or AI-derived algorithm; and be it further

RESOLVED, That our FMA 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.

January 2023: This resolution was referred to the Board of Governors by the 2022 House of Delegates for decision. The Board of Governors referred this resolution to the Council of Medical Economics and Practice Innovation. The Council discussed the resolution and supported its provisions. The Council believed that the resolution was carefully drafted and would place the FMA at the forefront of an issue of growing importance. The Board of Governors agreed with the Council's findings voted to adopt Resolution 22-306.

Policy Compendium: P 220.017

Resolution 22-307
Ivermectin
Diane Gowski, M.D.

House Action: **Not adopted**

RESOLVED, That the FMA supports legislation to allow Ivermectin, a safe and effective medication, to be dispensed without prescription medication. In our state to allow Florida citizens access here to this.

Resolution 22-308
Employed Physicians Non-Compete Contracts
Palm Beach Medical Society, Broward County Medical Association



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House Action: Adopted as amended

RESOLVED, That the FMA seeks 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.

Policy Compendium: P 283.024

Resolution 22-309

Corporate Practice of Medicine

Palm Beach County Medical Society, Broward County Medical Association, Florida Chapter Division of the American Academy of Emergency Medicine

House Action: Substitute language adopted

RESOLVED, That FMA will seek legislation for the further restriction of the corporate practice of medicine by amending Florida Statute 458.327, limiting ownership of physician practices or groups to physicians only. Specifically, an amendment prohibiting any person (or entity) other than a physician (or group of physicians or non-profit organization) licensed pursuant to Florida law from:

- 1. Employing a physician*
- 2. Directing, controlling, or interfering with a physician's clinical judgment.*
- 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; and*
 - d. Decisions relating to the physician or non-physician staffing, office personnel and hours of practice; And be it further**

RESOLVED, That the Florida Medical Association bring a resolution to the American Medical Association at the next possible meeting to seek similar legislation or regulation, prohibiting the corporate practice of medicine at a federal level.

RESOLVED, That the FMA support legislation that would ensure that all employed Florida-licensed physicians retain independent medical judgment in providing care to patients, and that employers may

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not unreasonably interfere with, control, or otherwise direct the professional judgment of an employed physician; and be it further

RESOLVED, That the FMA assist employed physicians who have had the exercise of their professional judgment improperly interfered with by their employer obtain an appropriate remedy.

Policy Compendium: P 400.013

Resolution 22-310
Prevention of Hospital Out-Patient Status Surprise Billing
Steven Babic, M.D.

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

RESOLVED, That the FMA and AMA seek legislation to ensure that the patient, upon hospital admission, be notified if their insurer has remanded them to outpatient status and must be presented with an estimate of their responsibility for out-of-pocket expenses post discharge. Failure of the insurers or Medicare to so notify the patient upon admission will result in the patient being assigned to in patient status.

January 2023: The 2022 House of Delegates referred Resolution 22-310 to the Board of Governors for decision. The Board of Governors referred this resolution to the Council on Medical Economics and Practice Innovation for study. The Council determined that it would not be feasible to have private insurers and/or Medicare provide this information to patients upon admission. The Board agreed with the Council's findings and voted to not adopt Resolution 22-310.

Resolution 22-311
Dedicated On-Site Physician Requirement for Emergency Departments
Palm Beach County Medical Society, Florida Chapter Division of the American Academy of
Emergency Medicine

House Action: **Adopted as amended**

RESOLVED, That the Florida Medical Association, in order to promote safety, truth and transparency in the services available to patients seeking emergency medical care, seek 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

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physician with training and experience in emergency medical care, 24 hours a day, 7 days a week, whose primary duty is dedicated to patients who seek emergency medical care in that specific ED, whether it serves the general population or a special population. Physician collaboration with a non-physician practitioner will not fulfill this requirement; and be it further

RESOLVED, That to fully promote truth and transparency, non-physician practitioners need to clearly state their credentials at the time of service in the Emergency Department; be it further

RESOLVED, That the adequate supervision of non-physician practitioners in the emergency department requires that the supervising physician may only supervise 1 (one) non-physician practitioner at a time, to provide true supervision and appropriate care to the emergency patient. At any given time, there cannot be a ratio exceeding 1:1 of real time and on-site physicians to non-physician practitioners working in the emergency department; be it further

RESOLVED, That the Florida Medical Association advocate for similar legislation or regulation, promoting truth and transparency for patients, regarding availability and scope of emergency medical services at all health care facilities and seeking appropriate designations, at a Federal level with the American Medical Association.

[Policy Compendium: P 360.009](#)

**Resolution 22-312
Home and Birth Safety Center
Emerald Coast Medical Association**

House Action: Adopted amended substitute language

RESVOLVED, That the Florida Medical Association support administrative change or legislation to establish that unsupervised or supervised midwives practicing independently at home or in birthing centers be required to have a consulting Board Certified Obstetrician by the American Board of Obstetricians and Gynecologists practicing within 30 minutes of travel time and within a 30-50 mile radius to a receiving hospital where there is a written transfer agreement between the birthing center and midwife, and the physician has active medical staff privileges in Obstetrics.

RESOLVED, The Florida Medical Association 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



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American Osteopathic Board of Obstetrics and Gynecology with privileges at the hospital designated for emergency transfer.

*RESOLVED, 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.*

[Policy Compendium: P 283.025](#)

Resolution 22-313
Electronic Prescribing Requirements
Melanie Cross, M.D.

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

RESOLVED, That the FMA seek legislation that restores physicians' choice to prescribe in the manner they choose; and be it further

RESOLVED, That the FMA seek legislation that adds or restores options that traditionally exist for physicians to prescribe, including phone-in prescriptions and written or typed prescriptions in paper form.

[May 2023:](#) Prior to becoming law, the FMA made arguments against mandatory electronic prescribing and fought it vigorously (the FMA was able to get some exceptions). The legislature's perspective was that electronic prescribing enhances patient safety. Given that federal law requires electronic prescribing for controlled substances with certain exceptions, the Board of Governors did not feel it was in the best interest to adopt this resolution.

Resolution 22-314
Opposition to License Free Gun Carry
Megan Core, MD, Florida Chapter Division of the American Academy of Emergency Medicine, and
the Florida College of Emergency Physicians

House Action: **Adopted substitute language**

RESOLVED, That the FMA actively and openly oppose any such legislation that would reduce or eliminate the current requirements to obtain a license in order to carry a concealed firearm weapon or firearm, with requirements for licensure to include formalized training in gun use and safety.

RESOLVED, The FMA support the current requirements to obtain a concealed weapon or firearm license.



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[Policy Compendium: P 190.009](#)

**Resolution 22-316
Anti-Abortion
Diane Gowski, M.D.**

House Action: Not adopted

RESOLVED, That the FMA will support pro-life legislation to work toward banning the practice of abortion in the state of Florida.

**Resolution 22-401
Preventing EHR Refill Errors
Shawn Baca, M.D., Palm Beach County Medical Society, Broward County Medical Association**

House Action: Substitute language adopted

RESOLVED, That the FMA advocate for regulation that improves EHR operability thereby requiring that all EHR systems be programmed to review all prescription changes and updates and make any necessary revisions prior to transmitting the refill request, if and when appropriate, to the prescribing pharmacy, ensuring that all pharmacy records remain consistent with the patient's EHR chart; and be it further

RESOLVED, That the FMA establish an ad hoc committee to investigate, work with pharmaceutical representatives and other interested parties, to investigate the extent and effect of EHR refill errors and make recommendations for remediation, and be it further resolved; and be it further

RESOLVED, That the FMA refer these recommendations to the Florida Delegation to the American Medical Association (AMA) to be drafted as a resolution to be brought to the House of Delegates for action.

RESOLVED, that the FMA study and report on electronic refill errors which are created by problems with poor EHR functionality and pharmacy business practices; and be it further

RESOLVED, that 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.

[Policy Compendium: P 305.030](#)



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The FMA has consulted with the Board of Pharmacy on the issue of electronic refill errors and is working with other entities to document reported problems. We will present our findings to the appropriate entities for preventative action.

Resolution 22-402 Formation of Unions

Steven Babic, M.D., Palm Beach County Medical Society, Broward County Medical Association

House Action: Substitute language adopted

~~RESOLVED, That the FMA recognize that employed physicians are not “supervisors” and therefore employed physician unions are not in violation of anti-trust laws; and be it further~~

~~RESOLVED, That the FMA actively explore and facilitate the formation of a union for employed physicians for protection of our patients and fellow physicians.~~

RESOLVED, that the FMA form a subcommittee to explore and facilitate the formation of unions where appropriate.

January 2023: Joshua Lenchus, D.O., President and Chair of the Board of Governors stated that Resolution 22-402 Formation of Unions called for the FMA to form a subcommittee to explore and facilitate the formation of unions where appropriate. Dr. Lenchus recommended appointing Douglas Murphy, M.D., Andrew Cooke, M.D., and John Montgomery, M.D. to this subcommittee. The Board voted to accept Dr. Lenchus’ recommendations.

Policy Compendium: P 480.007

Resolution 22-403 Strategy for Proactive Tort Reform Relief

Dade County Medical Association and Broward County Medical Association

House Action: Adopted

RESOLVED, That the Florida Medical Association 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.



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[Policy Compendium: P 475.025](#)

Resolution 22-404

FMA Stakeholder Engagement in First Coast Options (FCSO) Policy Process Florida Society of Rheumatology, Florida Academy of Dermatology, Florida Gastroenterological Society

House Action: Adopted

RESOLVED, That our 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

RESOLVED, That our FMA 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; and be it further

RESOLVED, That our 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; and be it further

RESOLVED, That our 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; and be it further

RESOLVED, That our 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.

[Policy Compendium: P 325.028](#)

[In response to Resolution 22-403, the FMA convened a task force composed of representatives from the](#)



FMA Annual Meeting 2022

Florida Hospital Association, The Doctors Company and the Florida Justice Reform Institute. The task force conducted a thorough examination of past tort reform efforts in Florida, reviewed legal rulings that impacted these reforms and control future efforts, and studied the likely positions of key legislators in regard to tort reform legislation for the 2023 session. The task force composed a list of potential tort reform measures and examined each measure for its probable impact on the medical liability system, the likelihood of being able to pass such a measure and the resources and effort that would be necessary to get the measure enacted into law. After several meetings, many hours of research and consultations with other experts on Florida's tort system, the task force concluded that the best option would be to seek a legislative repeal of the Supreme Court's decision in the *Franks v. Bowers* case and allow physicians to enter into binding arbitration agreements (including a cap on noneconomic damages) with their patients. Despite extensive lobbying by the members of the task force, the concept was not included in HB 837, the civil remedies bill that was signed into law by Governor DeSantis.

**Resolution 22-405
Medicaid Expansion
Hillsborough County Medical Association**

House Action: Not adopted

RESOLVED, that the Florida Medical Association seek legislation that will enable Florida to apply for statewide expansion of Medicaid under the Affordable Care Act.

**Resolution 22-406
Restrictive Covenants & Physician Non-Compete Clauses
Polk County Medical Society**

House Action: Not adopted

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

**Resolution 22-407
Uncompensated Care Reimbursement for Physicians
Northeast Florida Delegation**

House Action: Adopted

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.



FMA Annual Meeting 2022

[January 2023](#): The Council on Medical Economics and Practice Innovation discussed the complexity of addressing this issue. The Council discussed cooperating with hospitals to seek out a potential solution. The Council additionally discussed the possibility of improved ER diversion programs and programs that would reduce uninsured rate, thereby reducing uncompensated care under EMTALA. The Council, in conjunction with the Board of Governors concluded that including physicians in the Low Income Pool would not likely succeed. Instead, it could be problematic and create a number of issues for physicians. The Board of Governors stated the FMA should consider fostering a summit with stakeholders, including physicians, hospitals, lawmakers, taxing districts, AHCA, and commercial payors.

Policy Compendium: P 385.014

Resolution 22-408 Physicians for the Protection of Private Information Northeast Florida Delegation

House Action: Adopted

RESOLVED, That the Florida Medical Association 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 Contact Status making them easier to work with and opt out off; and be it further

RESOLVED, The FMA 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.

Policy Compendium: P 55.014

The FMA published an article in its Thursday newsletter, FMA News, on the AMA Masterfile and how to opt out of this system.

Resolution 22-409 Fair Compensation for Resident's Work Northeast Florida Delegation

House Action: Adopted

RESOLVED, That the Florida Medical Association (FMA) study and report back to determine if there is a

The logo consists of the letters 'AM' in a large, bold, white sans-serif font. A smaller '22' is positioned to the right and slightly below the 'M', also in white. The background is a dark teal color with a subtle grid pattern.

FMA Annual Meeting 2022

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.

There is not a need to change Florida Statute §456.47 in order to allow for the supervision of residents via telehealth for billing purposes. This will require a change at the federal level, specifically 42 CFR § 415.172 - Physician fee schedule payment for services of teaching physicians.

Policy Compendium: P 456.007



FMA Annual Meeting 2022

Attachment I

CHAPTER III HOUSE OF DELEGATES

Section 5. DETERMINATION OF DELEGATES

Commencing with the annual meeting of the House of Delegates to be held in 2003 and continuing with the House of Delegates meeting to be held each year thereafter, delegates and alternate delegates to the House of Delegates shall be selected by the component societies in accordance with the procedures set forth in this Section 5.

Each chartered county medical society shall be entitled to select annually and to send to each meeting of the House of Delegates one delegate for every forty active members of the Association within that society, and one for any fraction over and above the last complete unit of forty, as shown on the Association's records on December 31 of the preceding calendar year, provided that each component society holding a charter from the Association shall be entitled to at least one delegate.

The officers of the Association and the elected members of the Board of Governors shall be delegates to the House of Delegates and shall not be considered when determining the number of delegates to which a chartered county medical society is entitled.

Each specialty society and each representative society recognized by the FMA shall be entitled to select annually and send to each meeting of the House of Delegates one delegate for every forty active members, or any fraction thereof, of the specialty society or representative society who are members of the Association who shall be entitled to vote. Each delegate must be an active member of the Association.

Each county in Florida that does not have an active chartered component medical society and that does not participate in a regional county medical society shall be entitled to select annually and send to each meeting of the House of Delegates one delegate for every forty active members of the FMA who reside or practice in that county. The process for determining the selection of delegates for each unrepresented county shall be determined by the FMA Board of Governors.

The Specialty Society Section, the Young Physicians Section and the Florida Medical Association Alliance shall be entitled to select annually and send to each meeting of the House of Delegates one delegate who shall be entitled to vote. The Resident and Fellow Section shall be entitled to select annually and send to each meeting of the House of Delegates four delegates who shall be entitled to vote. The Medical Student Section shall be entitled to select one delegate from each medical school in the state of Florida, who shall be entitled to vote. No delegate may represent more than one organization entitled to representation in the House of Delegates.

The logo consists of the letters 'AM' in a large, bold, white sans-serif font. A smaller '22' is positioned to the right and slightly below the 'M', indicating the year 2022.

**FMA Annual
Meeting 2022**

The House of Delegates shall have the power to determine its own membership and by three-fourths vote of those delegates present in official session refuse to seat any delegate or alternate delegate.



FMA Annual Meeting 2022

Attachment II

Selection of Delegates from Unrepresented Counties

Pursuant to Chapter III, Section 5 of the FMA Bylaws, each county in Florida that does not have an active chartered component medical society and that does not participate in a regional county medical society (collectively referred to here as “unrepresented counties”) shall be entitled to select annually and send to each meeting of the House of Delegates one delegate for every forty active members of the FMA who reside or practice in that county.

The process for determining how the delegates from unrepresented counties are selected is to be determined by the FMA Board of Governors.

To encourage participation and ensure a fair and transparent process, the Board of Governors adopts the following rules for the process of determining delegates from unrepresented counties:

- FMA staff will determine the number of delegates that each unrepresented county is entitled to at the same time it makes the determination for represented counties.
- At a date determined by the Speaker, an email will be sent out to each active FMA member residing or practicing in every unrepresented county notifying them of the upcoming FMA Annual Meeting, of the opportunity to serve as a delegate to the FMA House of Delegates from their county, and the number of delegates their unrepresented county is entitled to (each county will be entitled to at least one delegate, even if there are less than 40 active FMA members who reside or practice in the county).
- The email will ask them to reply by a set date if they wish to serve as a delegate (at their own expense) from the unrepresented county.
- If the number of self-nominations is equal to or lesser than the number of delegates the unrepresented county is entitled to, the self-nominated individual(s) shall be the designated delegate(s) to the FMA House of Delegates from the unrepresented county.
- If the number of self-nominations is greater than the number of delegates the unrepresented county is entitled to, an email will be sent at a date to be determined by the Speaker to each active FMA member who resides or practices in the unrepresented county with a link to an online survey (JotForm, SurveyMonkey, Doodle, etc.). The survey will contain the names of the self-nominated candidates and instruct the member to vote for the number of candidates that the unrepresented county is allotted. FMA Staff will tally the votes and the delegates from that unrepresented county will be the candidate(s) with the most votes.
- In case of a tie vote, the FMA General Counsel will conduct a random, blind drawing witnessed by at least two FMA staff members to determine who the delegate will be.

AM
'23

**FMA Annual
Meeting 2023**

Elections

Annual Meeting 2023

July 28-30 • Hyatt Regency in Orlando, Florida



Open Seats and Announced Candidates FMA Elected Offices 2023

FMA members wishing to announce their intent to run for elected office should contact the FMA by phone at 1-800-762-0233 and ask for Brittany Jackson or by email at bjackson@flmedical.org. Elections will begin on July 29th and run through July 30th at 7:59 am (Eastern time).

FMA Officers

Elected Seats Expiring in 2023

<u>Office</u>	<u>Term</u>	<u>Incumbents</u> (term expires July 30, 2023)	<u>2023 Announced Candidates</u>
President-Elect	1 yr.	Jason Goldman, M.D.	Lisa Cosgrove, M.D.
Vice President	1 yr.	Lisa Cosgrove, M.D. (1 st term)	Ashley Norse, M.D. (1 st term)
Secretary	1 yr.	Alma Littles, M.D. (1 st term)	Alma Littles, M.D. (2 nd term)
Treasurer	1 yr.	Charles Chase, D.O. (2 nd term)	Charles Chase, D.O. (3 rd term)
Speaker	1 yr.	Ashley Norse, M.D. (3 rd term)	Mark Rubenstein, M.D. (1 st term)
Vice Speaker	1 yr.	Mark Rubenstein, M.D. (3 rd term)	Ankush Bansal, M.D. Clifford Lober, M.D. Sanjay Pattani, M.D.

FMA Board of Governors

Elected Seats Expiring in 2023

<u>Office</u>	<u>Term</u>	<u>Incumbents</u> (term expires August 5, 2022)	<u>Announced Candidates</u>
District H	3 yr.	Edward King, M.D. (1 st term)	Chuck Riggs, M.D. (1 st term)
Medical Specialties	2 yr.		
YPS	2 yr.	Nitesh Paryani, M.D.	Michelle Falcone, M.D. (1 st term)

Annual Meeting 2023

July 28-30 • Hyatt Regency in Orlando, Florida



Last update 5/30/2023

AMA Delegation

Elected Seats Expiring in 2023

In 2023, nine (9) delegate seats and nine (9) alternate delegate seats are up for election for a two-year term. Voting will be for nine (9) delegates. The first nine (9) candidates receiving the most votes will be elected as AMA delegates and the next nine (9) receiving votes in descending order will become alternate delegates. Following are the incumbent AMA Delegates and Alternates whose terms expire in 2023 and announced candidates for a new two-year term (2023-2025).

<u>Incumbent AMA Delegates</u> <i>Terms expiring July 30, 2023</i>	<u>2023 AMA Announced Candidates</u> <i>2-yr term expiring 2025</i>
Ankush Bansal, M.D.	Shawn Baca, M.D.
Lisa Cosgrove, M.D.	Ankush Bansal, M.D.
Mark Dobbertien, D.O.	Rebekah Bernard, M.D.
Michelle Falcone, M.D.	Andrew Cooke, M.D.
Jason Goldman, M.D.	Lisa Cosgrove, M.D.
Corey Howard, M.D.	Mark Dobbertien, D.O.
Joshua Lenchus, D.O.	Aaron Elkin, M.D.
Alan Pillersdorf, M.D.	Michelle Falcone, M.D.
<u>Incumbent AMA Alternate Delegates</u> <i>Terms expiring July 30, 2023</i>	Jason Goldman, M.D.
Shawn Baca, M.D.	Ryan Hall, M.D.
Courtney Bovee, M.D.	Karen Harris, M.D.
Andrew Cooke, M.D.	Corey Howard, M.D.
Aaron Elkin, M.D.	Thomas Peters, M.D.
Ryan Hall, M.D.	Alan Pillersdorf, M.D.
Karen Harris, M.D.	Michael Zimmer, M.D.
James St. George, M.D.	
Michael Zimmer, M.D.	



FMA Elections 2023

Lisa Ann Cosgrove, M.D.

Candidate: President-Elect, AMA Delegation

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE:

Board Certified Pediatrics, Private Practice

LOCATION:

Duval County

SERVICE TO THE FMA:

FMA Board of Governors Vice President 2022-present
FMA Board of Governors Secretary 2019- 2022
AMA Florida Delegate 2021-present
AMA Florida Alternate Delegate 2019-2021
FMA Board of Governors Specialty Society Representative 8/2017-2018
FMA Board of Governors District D representative 8/2010 to 8/2016
FMA Board of Governors Primary Care Representative 8/2008 to 8/2010
FMA Foundation Committee member 2005 to present
FMA "Eagle" 2004 Constitutional Amendment
FMA Board of Governors IMG Representative August 2003-2004
FMA Rules and Credentials Chair 2002, 2003,2004
FMA Rules and Credentials Member 1999-2004
FMA IMG Section Secretary 2001,2002,2003
FMA Delegate for Florida Pediatric Society 2005 to 2008
FMA Delegate for Brevard County 1995 to 2004

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

AAP Board of Governors 2018-2021
FCAAP President 2010-2012
FCAAP 1st Vice President 11/2009 to 5/2010
FCAAP 2nd Vice President 6/2008 to 11/2009
Brevard County Medical Society President 2008
Brevard County Medical Society Board of Governors 1995-1998 and 2004 to 2007
Brevard County Medical Society Secretary 1998
AMA Member 1985 to 2003
FMA PAC Member 1996 to present

COMMUNITY LEADERSHIP SERVICE:

BCBS Physicians advisory Board 1/2009 to 2010
AAP Quality Improvement Network Steering committee member 1/2009 to present
Florida Medicaid Pharmacy and Therapeutics Board Member and Chair 1/06 to 6/09

Florida Immunization Coalition Champion 2005 to 2007
Florida PROS (Pediatric Research in Office Setting) Coordinator 1996-2000
Florida Chapter AAP ADHD Workshop Steering Committee Member 1996
Florida Chapter of AAP HIV/Adolescent Health Team Leader 1996
Florida Chapter of AAP Regional Representative 2005-2007
Chair of CHAC (Children's Health Advisory Committee) State of Florida 2004 to 2006
Florida Chapter of AAP School Health Committee 2003 to 2005
Partnership for Promoting Physical Activity and Healthful Nutrition Committee Member 2002 - 2004
Chairperson Perinatal Committee Cape Canaveral Hospital 1996 to 2000
Credentials Committee Cape Canaveral Hospital 2004 to 2005
Bylaws Committee Cape Canaveral 1998, 2000, 2004
Neonatal and Infant Mortality Review Board January 1996 to 1998
Perinatal Healthcare Coalition January 1995 to 1996
Future Planning Committee Cape Canaveral Hospital 1995 to present

ADDITIONAL PERSONAL INFORMATION:

I am a single mom of three fine men and four grandchildren. I enjoy cruising and spending time with my friends. Most of all I enjoy my family time and will be looking forward to my grandchildren coming to visit soon. I enjoy practicing full time as a pediatrician and I now am moving toward retirement and also have a telehealth practice.

CONFLICT OF INTEREST:

Conflict of Interest Declaration submitted to the FMA

COUNTY MEDICAL SOCIETY ENDORSEMENT:

Coming

PERSONAL STATEMENT:

I am a physician of pediatrics just as you are physicians of many specialties and areas of focus. I believe as I am sure you all believe that we are knit together by our common ground to serve and care for our patients and help them keep healthy and live long fruitful lives. Sometimes it can be difficult to teach prevention of maladies, but in the end every bit of prevention certainly works towards a cure. As physicians, I know there are ups and downs yet we will prevail and keep plodding along. And as for me, I won't stop until every physician in Florida knows the FMA is in their corner.



FMA Elections 2023

Ashley Booth Norse, MD

Candidate: Vice President

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE

Emergency Medicine

Board Certified by the American Board of Emergency Medicine (2005, 2015)

Academic Practice: Professor of EM, University of Florida COM- Jacksonville

LOCATION: 655 West 8th St, Jacksonville, FL 32210

SERVICE TO THE FMA

Florida Medical Association Speaker	2020-present
Florida Medical Association Vice-Speaker	2017-2019
Florida Medical Association Board of Governors; Member	2008-present
Board of Governors Executive Committee Member	2008-2009; 2016-present
FMA Facility Based Physicians Advisory Committee; Member	2018-present
Florida Medical Association Presidential Advisory Committee; Member	2017-present
Florida Medical Association Finance Committee; Member	2009-2011; 2015-present
Florida Medical Association Political Action Committee; Member	2006-present
Treasurer-Designate 2021-present	
MD 1000 Club Club Chair 2019-2021	
Florida Medical Association Council on Legislation; Member	2006-2021; Vice Chair 2016
Florida Medical Association Bylaws Committee; Member	2016-2021
FMA- Reference Committee on Health, Education and Public Policy; Member	2013-2014
Florida Medical Association Audit Committee; Member and Chair (2014-15)	2008-2011; 2012-2015
Florida Medical Association Federal Legislative Affairs Committee; Member	2012-2014
Florida Medical Association Council on Ethical and Judicial Affairs; Member	2011-2015
Florida Medical Association Delegate to the AMA	2012-2014
Florida Medical Association Alternate Delegate to the AMA	2006-2012
Florida Medical Association- Reference Committee on Legislation, Member	2009-2010
Florida Medical Association Membership Committee; Member	2005-2009
FMA- Reference Committee on Finance and Administration; Chair	2008-2009
FMA- Reference Committee on Health, Education and Public Policy; Member	2007-2008
Florida Medical Association Young Physician Section, Chair	2006-2012

SERVICE TO OTHER MEDICAL ORGANIZATIONS

Duval County Medical Society:

DCMS Foundation Board of Directors, President (2013-14)	2006-2018
DCMS Mentoring Task Force, Member	2015-2018
DCMS Board of Directors, President 2012-13	2006-2014, 2021-president
DCMS Bylaws Committee; Member	2013-2014
DCMS Nominating Committee; Chair	2013-2014
DCMS Task Force on Committees; Member	2013-2014
DCMS Membership Committee; Chair 2010-11	2005-2011

DCMS Governmental and Legislative Affairs Committee; Vice-Chair	2013-2018
DCMS Governmental and Legislative Affairs Committee; Member	2005-2013
DCMS, Delegate to the FMA	2004-2010
DCMS; Young Physician Representative	2005-2006

Florida College of Emergency Physicians:

FCEP Board of Directors, President 2014-15	2008-2016
FCEP Medical Economics Committee, Member, Chair 2008-2013	2013-present
FCEP Governmental Affairs Committee, Member	2008-present
FCEP Academic Affairs Committee, Member	2008-present
FCEP, Councilor to ACEP	2006-present

American College of Emergency Physicians:

ACEP Delegate to the AMA	2019-present
ACEP Reimbursement Committee; Member	2022-present
ACEP Federal Governmental Affairs Committee; Member, Chair 2015-18	2005-present
ACEP State Legislative Affairs Committee; Member	2014-present
ACEP Section Grant Task Force; Member	2007-2018
ACEP Academic Affairs Committee; Member	2006-2013
ACEP’s Council Steering Committee; Member	2010-2012

COMMUNITY LEADERSHIP/SERVICE: Attending Staff Foundation BOD (Vice-President)

ADDITIONAL PERSONAL INFORMATION: Married to Ron Norse and have 3 children: Hudson (11), Emma (10) and Adeline (8)

CONFLICT OF INTEREST: Conflict of Interest Declaration submitted.

COUNTY OR SPECIALTY MEDICAL SOCIETY ENDORSEMENT: Duval County Medical Society and Florida College of Emergency Physicians

PERSONAL STATEMENT

Medicine faces many challenges. The uncertainty over what the future of healthcare in this country holds is creating a rift between physicians and the patients we take care of everyday. We need to fix that. During this critical time of change in the American healthcare system we need strong leaders who are capable of addressing the uncertainty and effectively addressing the challenges. I have built my career around healthcare policy and I believe that I can be a strong leader for the FMA and help the physicians of Florida shape our state’s healthcare policies over the next several years.

I am an ardent physician and patient advocate and will work tirelessly as your Vice-President. I am committed to the physicians of Florida, the FMA and organized medicine as a whole. It has been an honor to serve and represent the physicians of Florida over the past fifteen years as an FMA Board of Director’s member and I would be honored to continue to work collaboratively with the Board of Directors to serve as a voice for the physicians of Florida. Together we have the opportunity to make changes that will improve healthcare delivery and safety both now and into the future.



FMA Elections 2023

Alma B. Littles, MD

Candidate: Secretary

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE:

Family Medicine: 1989 - Present

Board Certified, American Board of Family Medicine; Participating in Continuing Certification

Interim Dean, FSU College of Medicine

LOCATION:

1115 West Call Street

Tallahassee, FL 32306

SERVICE TO THE FMA:

Secretary, August 2022 – Current

Vice Chair, Committee on Finance & Appropriations – August 2022 – Present

Member, CEO Search Committee – October 2021-March 2022

Chair, Council on Medical Education, Science and Public Health – August 1, 2015 - 2022

Vice-Chair, Council on Medical Education and Science – 2012-2015

Member, FMA Services – 2022 – present

Member, Council on Ethical and Judicial Affairs – 2019 – 2022

Member, Wellness Committee – 2018 – present

Chair, Wellness Committee – 2018-2019

Executive Search Committee – September 2007 – January 2008

Member, Task Force on Uninsured, Underinsured and Health Disparities – 2006 - 2008

Chair, Workgroup on Health Disparities – 2007 - 2008

Member, Task Force on Disaster Preparedness – 2006 – 2012

Member, Board of Governors – 2006 – 2007

Former Member, Membership and Public Relations Committees

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

American Academy of Family Physicians

Member, Robert Graham Center Advisory Board – 2003 - present

Chair, Scientific Program Committee – 2000 - 2001

American Medical Association

Delegate, Academic Physicians Section – 2020 – present

Member, Council on Medical Education GME Subcommittee – 2018 – 2022

Chair, Academic Physicians Section – 2015-2016

Association of American Medical Colleges Medical Education Senior Leaders Group – 2019 – current

Capital Medical Society: President, 1996; Delegate to FMA (1996 – 2002)

Florida Academy of Family Physicians
Board Chair – 2000 - 2001
President – 1999-2000
Delegate, American Academy of Family Physicians – 2000 – 2020
Chair, Bylaws Committee – 2015, 2020
Member, Professional Development Committee (CPD) – 1997 - present
Representative, AAFP Family Medicine Congressional Conference - 2006
Florida Academy of Family Physicians Foundation
Board of Trustees, 1990 – 1996, 2007 – 2010, 2016 – 2022
Vice-President, 1994 -1996, 2016 – 2022
Secretary - Treasurer, 1993 - 1994
World Organization of Family Physicians (WONCA) – 2001, Scientific Program Committee
Durban, South Africa

COMMUNITY LEADERSHIP SERVICE:

Florida Department of Health Physicians Workforce Advisory Council – 2015 – 2019
Vice-Chair – 2017 – 2019
State University System of Florida Board of Governors
Special Consultant to Health Initiatives Committee – 2013 - 2016
State of Florida Correctional Medical Authority – 2009 - 2012
Florida Corrections Commission - Chair – 2000 – 2002
Tallahassee Memorial Hospital Board of Directors – August 2008 – 2017, Chair – 2016-17
Professional Affairs and Quality Committee – 2009 – 2016
Finance Committee Chair – 2013 - 2014
Audit/Compliance Committee – 2009 – 2013
Big Bend Hospice Board of Directors – Chair, October 2002 – September 2004
Maclay School Board – 2001 – 2007; Secretary – 2003 – 2007
Capital City Bank Group Board of Directors - 2004 - present
University of Florida Medical Alumni Association Board of Directors 1993-97

PERSONAL INFORMATION: Married to Mr. Gentle Littles, III; Son: Gentle Germaine Littles

COUNTY MEDICAL SOCIETY ENDORSEMENT: Capital Medical Society, Florida Academy of Family Physicians

PERSONAL STATEMENT:

As an active member of the FMA since I was a medical student, and as Secretary for the past year, I welcome the opportunity to continuing helping lead the organization forward during these challenging times. I bring the experience of private practice, residency program director, and medical school administration and teaching, along with long-standing active participation in organized medicine at the local, state and national levels. I have always recognized the importance of being a part of, and giving back to, the community. My goal is to continue to promote the mission of the FMA as we help physicians practice medicine to the benefit of our patients!

I continue to believe that we must always have a seat at the table to advocate for our patients and our profession, an unwavering strength of the FMA. Throughout the past four decades, I have been in the room, often at the table, as FMA leadership tackled the day-to-day challenges impacting the practice of medicine, whether at FMA Board meetings, FMA’s AMA Delegation meetings or alongside FMA leaders testifying at the Florida legislature. Increasing numbers of uninsured and underinsured patients, encroachment upon the scope of medical practice by others, decreasing reimbursement and increasing hassle factors and liability claims all threaten to interfere with the sacredness of the patient-physician relationship and disrupt OUR profession. While the healthcare landscape is changing, what hasn’t changed is our calling and commitment to health, healing, caring and compassion. I am honored and grateful to have been elected Secretary in August 2022 and with the support of my wonderful husband and my employer, I welcome the opportunity to continue to represent all of you and help Florida’s physicians practice medicine. I humbly ask for your support and vote to elect me as Secretary of the FMA.



FMA Elections 2023

Charles J. Chase, D.O.

Candidate: FMA Treasurer

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE:

Anesthesiology 1993 to present
Diplomate: American Board of Anesthesiology
Health Care Risk Manager
Envision Healthcare, 1999 to present

LOCATION:

2065 Venetian Way, Winter Park, FL 327789 (Orange County)
Email address: zzzchase@yahoo.com

SERVICE TO THE FMA:

FMA Delegate from the FSA	2007-2010; 2013-2015; 2019-2023
FMA Delegate from the Seminole County Medical Society	2011-2012
FMA Delegate from the Orange County Medical Society	2016-2018
FMA Council on Medical Economics, District D	2010-2013
FMA Annual Meeting Reference Committee Member - Finance	2013
FMA PAC Board Member	2013-present
FMA PAC Board, President-Elect	2021-present
FMA Ad Hoc Committee on POLST	2015
FMA Council on Legislation	2016-present
FMA Council on Legislation, Vice Chair	2017-2018
FMA Council on Legislation, Chair	2018-present
FMA Chair, MD 1000+ Club	2016-2018
FMA Annual Meeting Reference Committee Member—Legislation	2017

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

American Society of Anesthesiologists

ASA Delegate from the FSA	2007-2021
Chairman, ASA Local Activities Committee	2008
ASA Anesthesia Care Team Committee	2008-2009; 2011-2017
ASA Patient Safety and Education Committee	2008-2014
ASA Carrier Advisory Committee	2009-2018
ASA Committee on Obstetrical Anesthesia	2011-2017
ASA Ethics Committee	2017-2018
ASA Lifeline Advisory Council	2009-2010
ASA Reference Committee Member, Finance	2009

American Osteopathic Association

AOA Delegate from FOMA	2016-present
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Florida Osteopathic Medical Association

FSA District Director	2003-2009
FSA Economics Committee	2004-2018
FSA Chairman, Economics Committee	2006-2020
CMS Carrier Advisory Committee Alternate Delegate	2007-2008
CMS Carrier Advisory Committee Delegate	2009-2018
FSA Board of Trustees	2008-present
FSA Legislative Affairs Committee	2016-2021
FSA Secretary/Treasurer	2008-2009
FSA 2 nd Vice President	2009-2010
FSA Vice President	2010-2011
FSA President Elect	2011-2012
FSA President	2012-2013
FSA Immediate Past President	2013-2014

FOMA District Society 3 President	2014-2016	FSA Distinguished Service Award	2020
FOMA District Society 3 Alternate Trustee	2013-2014	Orange County Medical Society/ Physicians Society of Central Florida	
FOMA District Society 3 Trustee	2015-2018		
FOMA Membership Committee	2013-2018	OCMS Trustee	2014-2018
FOMA Board of Trustees	2017- present	OCMS Nominations Committee	2016
Florida Society of Anesthesiologists		OCMS Secretary	2017
FSA Governmental Affairs Committee	2002	OCMS Treasurer	2018
FSA Anesthesia Care Team Committee	1996-2001	PSCF Vice President	2019
FSA Nominations Committee	2010, 2012, 2014-2018	PSCF President Elect	2020
		PSCF President	2021
FSA Chairman, Nominations Committee	2014,		
Co-Chairman	2015		
FSA Judicial Committee Member	2015-2019		

COMMUNITY LEADERSHIP SERVICE:

Orange County Prescription Drug Abuse Workgroup	2011
Orange County Prescription Drug Task Force	2011-2012
Co-Chairman, Pharmacy and Healthcare Subcommittee	
Chair, State Senator Jason Brodeur Health Care Coalition	

PERSONAL INFORMATION:

Married to Elena Holak, M.D., PharmD, MPH
 Children: Alexandra, Connor.
 Hobbies: Competitive Tennis, Running, Health Policy and Legislative Affairs at the Federal, State and local level.

COUNTY MEDICAL SOCIETY ENDORSEMENT: The Physicians Society of Central Florida enthusiastically endorses the candidacy of Charles J. Chase, D.O. as Treasurer of the Florida Medical Association.

PERSONAL STATEMENT:

Your vote for FMA Treasurer is very important, thus, I humbly ask for your support of my candidacy. Serving as FMA Treasurer over the last 2 years has provided an opportunity to serve the organization in a capacity that has allowed me to further my knowledge in the area of accounting and investment management. My past positions as Treasurer of both the Orange County Medical Society and the Florida Society of Anesthesiologists provided me experience on a smaller scale, but working with Kristy Jones, our CFO, has been a great exposure to the inner workings of a successful large association. As President of Billing and Administrative Services, LLC, I headed a company with over \$20M in annual revenue until it was successfully acquired by a larger entity. My extensive experience as a partner in private practice, as an employed physician with Envision Healthcare and working for the University of Florida, provides insight into financials from distinctly varied perspectives. To be transparent..... I had nothing to do with the bankruptcy of Envision Healthcare that was recently announced.

Recently, as of January 2023, I am honored to have been elected President of the FMA PAC. I have had the privilege of representing my County and Specialty Society in the House of Delegates since 2007 and have served on numerous committees within the FMA.

Balance sheets, income statements, cash flow, profit and loss statements and the development of a budget are all financial tools with which I am very well acquainted. I have been diligent in executing my duties in my prior service as treasurer.

While serving on the FMA Board of Governors, I have had the distinct pleasure of working with the Dr. Joshua Lenchus, Dr. Jason Goldman and the Chief Financial Officer, Kristy Jones. Their insightful stewardship has guided the FMA through difficult times and I hope to have the opportunity to continue their superb work.

I would greatly appreciate your support for FMA Treasurer and will continue to work diligently on your behalf.



FMA Elections 2023

Mark Rubenstein, M.D.

Candidate: FMA Speaker

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE:

Diplomate, American Board of Physical Medicine and Rehabilitation
Subspecialty Certificate (Board Certified) in Pain Medicine, American Board of PM&R
Diplomate, American Board of Electrodiagnostic Medicine
Diplomate, American Academy of Pain Management
Private Practice

LOCATION:

Jupiter, Florida (Palm Beach County)

SERVICE TO THE FMA:

Member-at-large, FMA Board of Governors	2018- present
Chair, Council on Ethics and Judicial Affairs	2014- 2020
Chair, Council on Medical Service	2013-2014
Vice-Chair, Council on Medical Services and Health Care Delivery Innovation	2012
Reference Committee, Health, Education and Public Policy	2012
Reference Committee, Medical Economics	2007, 2010
Reference Committee, Finance and Administration	2008, 2015
Delegate to the FMA	2002- present
MD 1000 Club	

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

AMA Delegate/Alternate Delegate from FMA	2007-2018
AMA: Reference Committee, Constitution and By-Laws	2013
Florida Attorney General's Opioid Abuse Working Group	2019
American Board of Medical Specialties: Safety in Opioid Prescribing Committee	2018
Voluntary Assistant Professor of Medicine and Voluntary Asst Professor of Physical Medicine & Rehabilitation @ Leonard M. Miller School of Medicine at the University of Miami	
Clinical Assistant Professor of Biomedical Science in the Charles E. Schmidt College of Science at Florida Atlantic University	
Clinical Associate Professor of Family Medicine @ Nova Southeastern University	
President, Palm Beach County Medical Society	2006
President-Elect, Palm Beach County Medical Society	2005
First Vice-President, Palm Beach County Medical Society	2004
Second Vice-President, Palm Beach County Medical Society	2003
Treasurer, Palm Beach County Medical Society	2002
Board of Directors, MEDPAC of Palm Beach County Medical Society	
Board of Trustees, Palm Beach County Medical Society	
Chairman, By-laws Committee, Palm Beach County Medical Society	2011
Chairman, Medico-legal Committee, Palm Beach County Medical Society	2006-2009
Chairman, Board of Censors and Mediation, Palm Beach County Medical Society	2003

Chairman, Membership Committee, Palm Beach County Medical Society	2004
Chairman, Finance Committee, Palm Beach County Medical Society	2002
President, Florida Society of Physical Medicine & Rehabilitation	2020-2022
Member-At-Large, Florida Society of Physical Medicine & Rehabilitation Board of Directors	2004-2018
American Board of Physical Medicine & Rehabilitation, Part I Board Exam Item Writer	1995-present
American Board of Physical Medicine & Rehabilitation, Part II Oral Examiner	2002-present
American Board of Anesthesiology, Pain Medicine Examination Committee	2017-present
American Board of Anesthesiology, Pain Medicine Board Question Writer	2006-present
Expert Medical Advisor, Florida Workers' Compensation System	1997-present
Section Chief, Division of Rehabilitation Medicine, St. Mary's Hospital	1998-2006
Section Chief, Division of Rehabilitation Medicine, Good Samaritan Medical Center	1998-present
Member, Patient Safety Committee, St. Mary's Medical Center	2004-present
Member, Quality Assurance Committee, St. Mary's Medical Center	1998-2006
Member, Quality Assurance Committee, Good Samaritan Medical Center	1998-2018
Member, Quality Assurance Committee, Palm Beach Gardens Medical Center	2006-2020
Member, Ethics Committee, Palm Beach Gardens Medical Center	2006-present
Manuscript reviewer for the Archives of Physical Medicine & Rehabilitation	1998-present
Medical Reserve Corps for Disaster Preparedness, Palm Beach County Medical Society	

COMMUNITY LEADERSHIP SERVICE:

Board of Trustees, Palm Healthcare Foundation, West Palm Beach, FL	2008-2018
Advisory Board, Keiser University	2010-present
Board of Directors, Seagull Industries for the Disabled, Inc.	1998-2000
Board of Directors, Rebekah's House, (Home for Abused Women)	1999-2000
Special Service Award from the Legal Aid Society of Palm Beach County	2002
Board of Directors, Business and Professions Division of the Jewish Federation of Palm Beach County	

PERSONAL INFORMATION: Married with two children

CONFLICT OF INTEREST: Conflict of Interest Declaration submitted to the FMA.

COUNTY MEDICAL SOCIETY ENDORSEMENT: Palm Beach County

PERSONAL STATEMENT:

Since seventh grade, I have always assumed a leadership role in various affiliated organizations. This includes presidency of various youth groups, student councils, and after-school activity programs. In college I served as a liaison from various organizations to the school officials. In medical school I was a class officer, and served as Chief Resident in my specialty training. Since moving to Florida in 1995 to continue my full-time clinical practice, I have enjoyed affiliations on a local, state, regional, and national level. Roles have included Board of Directors positions at all of these levels.

I enjoy teaching, and serve the students of the South Florida medical schools as a faculty member. My philosophies revolve around the concept of "servant leadership." I view the roles in various organizations as a privilege. These activities are not for self-serving purposes. Promulgation of ethical and quality medical standards requires dedicated professionals who are willing to provide their valuable time for the promotion of our chosen profession.

Advancing in leadership at the FMA level is a privilege that I do not take lightly. Organized medicine is critical to the practice of medicine in our country. My role as a speaker of the FMA would be promote engagement, quality representation, integrity, and responsibility to insure that the voices and policies of the House of Delegates are heard, created, and followed to meet our mission role: Helping Physicians Practice Medicine.

I hope to continue my involvement to help build relationships integral to the viability of the future of our profession. If we don't collectively promote our passionate views regarding the practice of medicine, then the future of our chosen, special profession is in jeopardy.



FMA Elections 2023

Ankush K. Bansal, MD, FACP, FACPM, SFHM

Candidate: AMA Delegate, Vice Speaker

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE

Internal Medicine, Board Certified by American Board of Internal Medicine (2009-2029)
Lifestyle Medicine, Board Certified by American Board of Lifestyle Medicine (2017-2023)
Hospitalist Practice at Cleveland Clinic Martin Health in Stuart and Locum Tenens (nationwide)
Telemedicine Physician including Virtual Primary Care
MD – 2004 – Creighton University, Omaha, NE
Residency – Internal Medicine – 2007 – Christiana Care Health System, Wilmington, DE
Fellow, American College of Physicians (2011) Fellow, American College of Preventive Medicine (2019)
Senior Fellow, Society of Hospital Medicine (2015)

LOCATION: Westlake, FL

SERVICE TO THE FMA

FMA PAC Board (2019-2020)
FMA Board of Governors Primary Specialties Representative (2018-2020)
Member, Council on Medical Education, Science, and Public Health (2017-2021)
Delegate to American Medical Association (2019-present) (Alternate 2017-2019)
At Large Member, Florida Medical Delegation to the American Medical Association (2020-2021)
Delegate – American College of Physicians, Florida Chapter (2013-present)
Chair – Reference Committee 1 – Health, Education, and Public Policy (2017)
Member – Reference Committee 3 – Finance & Administration (2016)
Member – Reference Committee 1 – Health, Education, and Public Policy (2014, 2015, 2018, 2021)
Member – Credentials & Standing Rules Committee (2022)
MD 1000+ Club (2014-2020), MD 10,000 Club (2022-present)
Florida House & Senate – Doctor of the Day (2015, 2016, 2018, 2019, 2020, 2021, 2022, 2023)

SERVICE TO OTHER MEDICAL ORGANIZATIONS

American Medical Association – Member (2000-present)
Chair, Reference Committee on Public Health (Nov 2020, June 2022), Member (Nov 2019)
Member, Strategy & Leadership Committee of Young Physicians Section (2015-2021)
Member, Resolutions Committee (Nov 2021, Nov 2022)
Member, Ambassador Steering Committee (2018-2019)
Member, Committee on Scientific Issues of Medical Student Section (2001-2002)
AMPAC Capitol Club Member (2016-present)
American College of Physicians, Florida Chapter – Member (2001-present; national)
Governor (2022-present), Governor-Elect (2021-2022), Treasurer (2016-2021)
Chair, Delegation to Florida Medical Association (2017, 2018)
Member, Legislative Committee (2013-present)
Chair, Ethics Committee (2017)
Chair, Council of Early Career Physicians (2014-2017)
Chair, Hospitalist Medicine (2012-2016)
Member, National Mastership Committee (2022-present)

Member, National Awards Committee (2020-2021)
 ACP Services PAC Leadership Club (2017-present), Senate Circle (2014-2016), PAC Board (2019-2021)
 Palm Beach County Medical Society – Member (2014-present)
 Chair, Council on Ethical & Judicial Affairs (2022-present)
 Member, Board of Directors (2022-present)
 American Association of Physicians of Indian Origin – Life Member (2000-present)
 Member, Legislative Affairs Committee (2003-2004)
 Liaison Committee to American Medical Association & Organized Medicine (2002-2003)
 Midwest Region Representative, Medical Student/Resident/Fellow Section (2001-2004)
 American College of Lifestyle Medicine – Member (2016-present)
 Member, AMA Task Force (2022-present)
 American College of Preventive Medicine – Member (2016-present)
 Vice-Chair, Advocacy/Policy Committee (2023-present), Member (2017-present)
 Member, Fellowship Advancement Committee (2022-present)
 World Medical Association - Associate Member (2011-present)
 Representative to General Assembly (2017-present)
 Chair, eHealth & Medical Technology Task Force & Member, eHealth Workgroup (2020-2023)
 Co-Chair, Environment Caucus (2022-present)
 Representative to United Nations Conference of the Parties (COP) Meetings “Blue” Zone (2019-present)
 Member, Civil Society Working Group – World Health Organization (2022-present)
 American Telemedicine Association – Member (2011-present)
 Society of Hospital Medicine – Member (2007-present)
 Member, Public Policy Committee (2023-present)

COMMUNITY LEADERSHIP/SERVICE

- Vol Clinical Asst Prof of Medicine – Florida Intl Univ Wertheim Col of Medicine (2017-present)
- Forensic Expert Witness Association (FEWA), National – Board of Directors (2017-2019)
- Member, FEWA Credentialing Committee (2020-present)
- Disaster Accountability Project, Global HQ –President (2020-2022), Board of Directors (2016-present)
- Co-Founder & Co-Chair, Florida Clinicians for Climate Action (2018-present)
- Member, Board of Directors, Physicians for Social Responsibility – Florida Chapter (2019-present)
- Co-Founder & Co-President, Frontline Mind-Body Project (2020-2022)
- Internist of the Year – Florida Chapter, American College of Physicians (2016)
- Volunteerism Award – Florida Chapter, American College of Physicians (2019)
- Physician Hero – Palm Beach County Medical Society (2021)

ADDITIONAL PERSONAL INFORMATION

Raised in Fairfax County, VA. Undergraduate education in Richmond, VA

CONFLICT OF INTEREST: Conflict of Interest Declaration submitted.

COUNTY OR SPECIALTY MEDICAL SOCIETY ENDORSEMENT: American College of Physicians, Florida Chapter

PERSONAL STATEMENT

Since 2017, I’ve been one of your delegates to the AMA working on issues such as insurance regulation, step therapy, denials, lower reimbursement, contracting, and preventive care. I served as Chair for the Public Health Reference Committee twice. My goal this term is to serve in leadership positions at the AMA. My contacts and connections with multiple delegations over the years helped garner support for some of Florida’s priorities.

I’m also running for Vice Speaker of the FMA to serve all of Florida’s physicians so that we can practice medicine free from government interference and from second-guessing by non-physicians and corporate interests. Success will result in improved access to healthcare and the health of our communities. I pledge to facilitate this as Vice Speaker through thoughtful, respectful, and fair debate on the issues we all are concerned or passionate about.

I intend to continue my efforts on advocacy, policy, and leadership at the AMA and here in Florida. I request your vote to continue serving as a Delegate to the AMA and now as Vice Speaker of the FMA.



FMA Elections 2023

Clifford Warren Lober, MD, JD

Candidate: Vice Speaker

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE:

- Board Certified by the American Board of Dermatology, 1982
- Solo private practice (***100% of my income is from private practice***)
- J.D. (with honors) received 2005; member of the Florida Bar

LOCATIONS:

- Kissimmee, Florida (Osceola County)
- Ocoee, Florida (Orange County)

ACADEMIC POSITIONS

- Associate Professor of Dermatology, University of Central Florida, Orlando
- Affiliate Associate Professor of Medicine, Dept. of Dermatology & Cutaneous Surgery, University of South Florida, Tampa

SERVICE TO THE FMA:

- Member, Board of Governors, 2019-2021
- Chairman, Specialty Society Section, 2019-2021
- Board of Governors, representing surgical specialties, 2016-2018
- Vice-Chairman, Specialty Society Section, 2017-2019
- Member, Council on Medical Education, Science, & Public Health 2017-2018
- Editorial Board, Journal of the Florida Medical Association, 1992-1996
- Chairman of Council on Specialty Medicine's Ad Hoc Committee on Prescribing by Non-physicians, 1987
- Represented dermatology at virtually every annual FMA meeting for the past 35 years
- Member 1000+ Club

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

- American Academy of Dermatology: Served on **59** committees, including the Board of Directors, and chaired **11** of them
- Past President of: Florida Academy of Dermatology (*twice*), Florida Society of Dermatologic Surgeons, Central Florida Society of Dermatology

- First Coast's Medicare Carrier Advisory Committee: I have represented dermatology since inception of the CAC and co-chaired the CAC for two years
- Former commissioned officer, U.S. Public Health Service
- Southern Medical Association: past Councilor for the State of Florida

HONORS & AWARDS

- **Honorary Membership**, American Academy of Dermatology (one of only five awarded nationally in 2019)
- Ten (10) Presidential Citations, American Academy of Dermatology
- **Lifetime Achievement Award**, Florida Academy of Dermatology, 2020

SOCIETY ENDORSEMENTS:

- Florida Academy of Dermatology
- Florida Society of Dermatologic Surgery

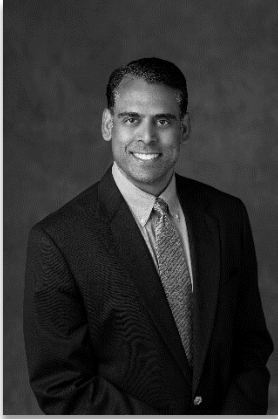
PERSONAL STATEMENT:

My primary motivation for running for Vice-Speaker is to make sure the FMA is laser focused on two issues: reimbursement and scope of practice. While climate control, fracking, gun control, and other social issues that have come before the House are certainly important, they are not as crucial to the daily practice of medicine as are reimbursement and scope of practice. Taking a position on some of these issues may alienate portions of our membership as well as weaken or dilute our influence in Tallahassee. Furthermore, there are other organizations focused on these and other social issues, but none of those groups have any interest whatsoever in physician reimbursement or scope of practice. It is up to us to advocate for our priorities. While prior authorization, step therapy, and other concerns *absolutely* mandate our attention, none are as critical as reimbursement and scope of practice.

No single issue is more critical than appropriate reimbursement. Since 2001, the cost of running a practice increased 47%, while economy-wide inflation rose 73%. Both hospitals and skilled nursing facilities saw a 60% - 70% increase in their reimbursements during this period. No problem. Physician payments, however, after adjusting for inflation, **declined 26%** from 2001 to 2023! In 2023, we had Medicare reimbursements cut by approximately 2%, in addition to the 2% sequestration. Next year we are scheduled to have *at least* an additional 1.25% decrease in payments. Everyone from the person who cleans my office to my nurse of 38 years expects a raise. All of my expenses from insurance to rent, from supplies to utilities, have increased. It doesn't take an MBA to realize this situation is untenable. If the goal of the FMA is truly "to help physicians practice medicine", we need all hands on deck to make reimbursement our number one priority. We need to be *laser focused* on this issue.

No one in the FMA has been more passionate about scope of practice than I. You have certainly heard me speak out on this issue repeatedly at our annual House of Delegates meetings. PAs (who are now being called "physician associates") and nurse practitioners are getting "board certified" by their own boards and have even claimed to provide care equal to or *superior to* that provided by physicians! Unless you are in neurosurgery, it is only a matter of time before they will be practicing your specialty. PAs and APRNs are vital members of the health care team, but they are NOT physicians!

KEY: The Vice Speaker sits on the Executive Committee of the Board of Governors. That Committee considers significant issues that are subsequently brought before (or taken back after referral to) the full Board. As a member of the Executive Committee, I would be certain that reimbursement and scope of practice were consistently prioritized in that Committee as well as by the Board. If these issues are as critical to you as they are to me, I would greatly appreciate your vote!



FMA Elections 2023

Sanjay Pattani, MD, MHSA, FACEP

Candidate: Vice Speaker

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE

Emergency Medicine

Board Certified by the American Board of Emergency Medicine (2008, 2018)

Fellow, American College of Emergency Physicians

Practice: Attending, AdventHealth Orlando, FEP of Teamhealth

Administration: Associate Chief Medical Officer AdventHealth Central Florida Division, South Region

LOCATION: Orlando

SERVICE TO FMA

FMA Delegate 2016 – present

FMA Board Member, District D Representative, 2019- present, 2nd term

FMA Council on Legislation, 2020-present

FMA Committee for Hospital Based Physicians, 2018-2020

SERVICE TO OTHER MEDICAL ORGANIZATIONS

Physicians Society of Central Florida

PSCF Vice-President, Current

PSCF Treasurer, 2022-2023

PSCF Secretary, 2021-2022

PSCF PAC Board Member

Florida Chapter of Emergency Physicians

FCEP Past President (Current)

FCEP President 2021-2022

FCEP Vice-President, 2020-2021

FCEP Secretary, 2019-2020

FCEP Board Member, 2011 to current

FCEP PAC Co-Chair, 2015- current

FCEP Inaugural Class, Leadership Academy

FCEP Governmental Affairs Co-Chair, 2013-2019

FCEP EM Days Advocacy Conference Co-Chair, 2013-2017

FCEP Medical Economics Committee, current

American College of Emergency Physicians

ACEP State Legislative Affairs Committee, 2013-2016

ACEP Reference Committee, 2015

ACEP House of Delegates Teller, 2016-2019

AdventHealth Waterman

Board Member

AdventHealth Neuroscience Foundation Board Member

COMMUNITY LEADERSHIP SERVICE: Rotary Club Windermere**ADDITIONAL PERSONAL INFORMATION**

Born: October 12, 1973

Wife: Kavita Pattani, MD, MS—Head and Neck Surgery

4 sons: Shaan (16), Krish (12), Neel (10), Jay (8)

Dogs: 2 boxers, Ella and Sasha

Parents (live in): Nalini Pattani

COUNTY MEDICAL SOCIETY ENDORSEMENT

Physicians Society of Central Florida (Orange, Seminole, Lake, Osceola, Sumter Counties)

Florida Chapter of Emergency Physicians

PERSONAL STATEMENT

The healthcare delivery system is evolving as a direct result of pressures exerted from both financial and legislative arenas. Narrowing networks threaten independent practices. Scope of practice expansion by ARNP, PAs, and even pharmacists threaten the quality and safety of the medicine our patients receive. CMS constantly changes coding, metrics, and other performance measures to contain their costs at the expense of physician revenue. Balance billing and PIP reform encroach on fair payment and free market principles of daily medical practice. Today more than ever, we need leaders with a strong sense of advocacy for the medical profession who can challenge these outside forces and effectively navigate the political agendas.

As Associate Chief Medical Officer, I have oversight and accountability for patient flow across a 3200 hospital bed system. This position gives me perspectives from multiple vantage points: private, employed, solo practice, and group practices. I also appreciate the pivotal role hospitalist medicine plays within our acute care setting, and the criticality of working closely with our primary care physician network. As a front line practicing Emergency Medicine physician, I am able to appreciate many of the challenges our medical profession faces.

My involvement in organized medicine has been intentional and focused. If elected as your Vice speaker, I will strive to uphold a culture of listening, objectivity, and equality. I will encourage transparency and continue to build unity and trust within the organization by forging strong personal and professional relationships with all physicians of Florida. My goal will be to work with your Speaker to drive consensus and support the best decision made by the House of Delegates that drives the FMA forward and supports our practice of medicine in Florida.

If elected by the House of Delegates, , it would be an honor and a privilege to serve as your Vice Speaker.



FMA Elections 2023

Charles E. (Chuck) Riggs, Jr., M.D., FACP

Candidate: District H Board Representative

SPECIALTY, CERTIFICATIONS, TYPES OF PRACTICE

Medical Oncology (Board-certified)

Internal Medicine (Board-certified)

Hematology (Board-eligible)

Primary-care oncology, Federal Government, Academic Internal Medicine-
Oncology/Hematology

LOCATION: UF College of Medicine, 1600 SW Archer Rd., Gainesville, FL 32610, and Malcom
Randall VAMC, 1601 SW Archer Rd., Gainesville, FL 32608

SERVICE TO THE FMA

Chair, FMA Advisory Group on Large Physician Groups, Employed Physicians and Physician-
Hospital Issues

Credentials and Rules Committee, FMA Annual Meeting 2004

Reference Committees – various - 2007-2012

Poster judge, FMA Annual Meeting - 2012-Present

Chair, Gator Caucus, FMA Annual Meeting – 2014-2016

Council on Medical Education, Science & Public Health, 2015-Present

Board of Governors Audit Committee, 2017-2020 (Chair, 2018-2019)

SERVICE TO OTHER MEDICAL ORGANIZATIONS

Past President, Alachua County Medical Society

Board Member, Alachua County Medical Society, 2002-Present

Poster judge, Florida Chapter, American College of Physicians

Project MediShare, Port-au-Prince, Haiti – January 2016

Research&Development Committee, Gainesville VA Medical
Center (full member)

Volunteer Staff Physician, Equal Access Medical Clinics,
Gainesville, FL

COMMUNITY LEADERSHIP SERVICE

Volunteer leader, Presbyterian Disaster Assistance – Hurricane Katrina Mission – 2006

Presbyterian Mission, Esteli, Nicaragua – 2011
Ethics Committee, UFHealth (Shands Teaching Hospital)
Vice-Chair, IRB-01 (University of Florida)

ADDITIONAL PERSONAL INFORMATION

Born and raised, West Palm Beach, FL
BA/MD, The Johns Hopkins University, Baltimore, MD
Internal Medicine Residency, University of Florida College of Medicine
Medical Oncology/Hematology Fellowship – Baltimore Cancer Research Program (NCI)
Commissioned Officer (O-4), USPHS, Baltimore, MD – 1978-81 (Reserves, 1981-85)
Married, Christine Lynn Weston – 1978; 2 sons – Chapel Hill/RTP, NC (engineer) and Fayetteville, GA (retail); 4 grandchildren, 2-12 years
Commissioned Officer (O-4), USPHS, Baltimore, MD – 1978-81 (Reserves, 1981-85)
Trumpet performance – Gainesville Community Band, Gainesville Community Jazz Band, First Presbyterian Church Brass Ensemble

CONFLICT OF INTEREST: Conflict of Interest Declaration submitted to the FMA.

COUNTY MEDICAL SOCIETY ENDORSEMENT: Alachua County Medical Society

PERSONAL STATEMENT

Communication among physicians across the various practice and payor types is evermore essential. The diversity of medical practices and the logistics of delivering care in North Central Florida demand representation by an individual with a broad range of experiences. I have had successful practices from a traditional academic, primary-care and specialty base, to inpatient-outpatient military medicine, to Federal Government hospitals and clinics, to community indigent-care primary clinics, to private-practice office-based oncology-hematology, and extensively in community outreach oncology clinics serving rural hospitals. Goals of my new candidacy are to continue to give voice to the concerns of District H physicians, practices, and institutions at the Board of Governors’ table, and to bring the actions and perspectives of the Board back to this diverse membership. I regularly set up and conduct Zoom and other telecommunication meetings, and have extensive experience in modern telehealth methods, to facilitate reaching our physicians when it is convenient for them. I pledge to devote all of the time and energy needed to advance the causes and concerns of the District H constituency, representing 10 county organizations with over 1,000 FMA members.



FMA Elections 2023

Michelle M. Falcone, M.D.

**Candidate: AMA Delegate, Board of
Governors YPS Representative**

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE

Pediatric Ophthalmology and Adult Strabismus

Board Certified, American Board of Ophthalmology

Assistant Professor, Bascom Palmer Eye Institute/University of Miami Miller School of Medicine

LOCATION: Palm Beach Gardens, FL

SERVICE TO FMA

FMA AMA Delegate, 2021-present

Member at Large, FMA AMA Delegation Executive Committee, 2021-present

FMA Medical Student Section Advisor, 2022-present

FMA AMA YPS Representative, 2022-present

FMA Council on Legislation, 2018-2020 and 2022-present

FMA Delegate (Palm Beach County Medical Society), 2022-present

FMA Reference Committee Member, 2022

FMA Board of Governors Resident and Fellow Section Representative, 2019-2020

FMA Resident and Fellow Section Delegate, 2016-2019

Legislative Visit Day, 2014, 2016, 2017, 2020

FMA Medical Student Section Governing Council, Vice Chair of Recruitment, 2015-2016

University of Miami Miller School of Medicine AMA/FMA Chapter President, 2014-2015

FMA Medical Student Section Delegate, 2014

FMA Council on Ethics and Judicial Affairs, 2013-2014

University of Miami Miller School of Medicine AMA/FMA Recruitment Chair, 2013-2014

SERVICE TO OTHER MEDICAL ORGANIZATIONS

American Association for Pediatric Ophthalmology and Strabismus, Vice Chair of Legislative Committee, 2022-present

American Association for Pediatric Ophthalmology and Strabismus, Professional Education Committee member, 2022-present

University of Miami Miller School of Medicine AMA/FMA Chapter Faculty Advisor, 2021-present

AMA Resident and Fellow Sectional Delegate/Alternate Delegate, 2017-2021

AMA Resident and Fellow Section Meeting Delegate (AAO representative), 2020-2021

AMA Medical Student Regional Alternate Delegate, 2014-2015

AMA Medical Student Section House Coordination Committee, 2013-2014

Advocacy Ambassador for the American Academy of Ophthalmology's Mid-Year Forum, 2019
American Association for Pediatric Ophthalmology and Strabismus member, 2020-present
American Academy of Ophthalmology member, 2017-present
Women in Ophthalmology member, 2017-present
Florida Society of Ophthalmology member, 2021-present
Palm Beach County Medical Society member, 2021-present
American Medical Association member, 2012-present

COMMUNITY LEADERSHIP SERVICE

Clinical Director of Pediatric Eye Care Community Outreach Program, Bascom Palmer Eye Institute, 2023-present
Medical Director of the Bruce & Cynthia Sherman Palm Beach Vision Initiative, Bascom Palmer Eye Institute, 2021-present
Mitchell Wolfson Sr. Department of Community Service Health Fairs: Volunteer 2012-2020, Pediatric Vision Screening Station Manager 2015-2016, South Dade Health Fair Public Relations Coordinator 2013
Bascom Palmer Eye Institute Resident Quality Improvement Committee, 2017-2018
Amblyopia Awareness Month volunteer, 2015

ADDITIONAL PERSONAL INFORMATION

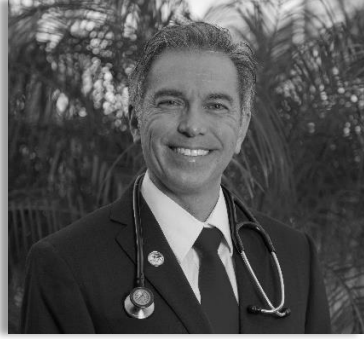
Born and raised in South Florida
Graduate of the University of Miami's Honors Program in Medicine (combined BS/MD program)
Completed residency at Bascom Palmer Eye Institute/Jackson Memorial Hospital and fellowship at Boston Children's Hospital/Harvard Medical School

COUNTY & SPECIALTY MEDICAL SOCIETY ENDORSEMENTS

Florida Society of Ophthalmology, Palm Beach County Medical Society

PERSONAL STATEMENT

I first became involved with healthcare advocacy during my first year of medical school when I joined the FMA and AMA. At my first meeting, I quickly realized that trainees and physicians have the ability to play a critical role in shaping the future of healthcare through organized medicine. Over the next few years, I became increasingly involved with organized medicine, and my interest and passion for healthcare policy flourished. My experiences as an AMA delegate for the MSS, RFS, and FMA have prepared me to continue to serve as an AMA delegate. Participating in AMA meetings over the last 10 years, I have formed relationships with colleagues from numerous different regions and specialties which is vital to passing AMA policy brought forth by the FMA. My role as a member on the FMA Council on Legislation has given me additional insight into the unique needs of patients and physicians practicing in Florida that will help me better serve as an FMA representative to the AMA and on the FMA Board of Governors. As a young physician, I hope to bring diversity and new perspectives to these roles. I ask for your vote to continue to serve the FMA as an AMA delegate and to represent the YPS on the Board of Governors so that I can continue to advocate for patients, physicians, and the future of our profession.



FMA Elections 2023

Shawn B. Baca MD, FACR

Candidate: AMA Delegation

SPECIALITY, CERTIFICATION, TYPE OF PRACTICE

Rheumatology 1992 to present

Board Certified, American Board of Internal Medicine, Rheumatology, and Internal Medicine

Private Practice Rheumatology

Location:

1050 NW 15th Street, Boca Raton, FL, 33486

5162 Linton Blvd, Delray Beach, FL 33484

Email address: sbb61@aol.com

Service To The FMA:

Florida Medical Association House of Delegates	2012-Present
Member AMA Delegation	2019-Present
Chairman South Florida Caucus	2017, 2020, 2022
Reference Committee Member	2016
Donor FMA 1000 PAC	

Service To Other Medical Organizations:

Member at Large, Palm Beach County Medical Society	2012
Treasurer, Palm Beach County Medical Society	2013
Secretary, Palm Beach County Medical Society	2014
Vice President, Palm Beach County Medical Society	2015
President Elect, Palm Beach County Medical Society	2016
President, Palm Beach County Medical Society	2017
Past President, Palm Beach County Medical Society	2018
Chairman Physician Wellness, Palm Beach County Medical Society	2019- present
Medpac/Advocacy/Legislation, Palm Beach County Medical Society	2012 - present
CME Committee, Boca Raton Regional Hospital	2015- present
Treasurer, Medical Staff Boca Raton Community Hospital	2004-2006
Medical Effectiveness Committee, Boca Raton Community Hospital	2006-2007

American Medical Association Member
American College of Rheumatology Member
Florida Society of Rheumatology Member

Community Leadership Service:

Attending: Formerly Arthritis Foundation now Creaky Bones Free Arthritis Clinic	1994- present
President Leadership Board Arthritis Foundation Palm Beach County	2016-2019
University of Miami, Dept of Rheumatology, Volunteer Clinical Professor	1992-2005
Florida Atlantic University School of Medicine, Clinical Affiliate Associate Professor	2005 – present

Personal Information:

Significant other: Kelly Nolan BSN
Parent and grandparent

County Medical Society Endorsement:

Palm Beach County Medical Society and the South Florida Caucus

Personal Statement:

First, I would like to thank you for allowing me the opportunity to serve you and the FMA as an AMA delegate. Being a doctor is one of the greatest and rewarding professions in the world. However, it carries much stress and responsibility. Despite the miracles our profession performs every day, there is a disconnect with the public and government perceptions of our duty and sacrifice. Because of this disconnect we are often governed by rules and laws that often make it more difficult to do our jobs. Despite our successes physicians have never been under so much stress and scrutiny. We have a system out of balance that needs common sense guidance.

I have been in private practice for 31 years, but I also give back. My practice runs a monthly totally free clinic for indigent patients for over 35 years. I have been a volunteer clinical associate professor for as many years and have taught and mentored medical students, residents, and fellows at Florida Atlantic University and the University of Miami Jackson Memorial. I understand the needs from our youngest to our more established colleagues as well as the needs of our poorest to our wealthiest patients. Doctors need organized medicine now more than ever, but with all organizations they need people with experience willing to give freely of their time. I currently serve on the AMA delegation and I humbly ask for your vote, so I may return to help further the voices of Florida doctors at the national level.



FMA Elections 2023

Rebekah Bernard, M.D.

Candidate: AMA Representative

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE:

Family Medicine, 2002 to present
Owner, Gulf Coast Direct Primary Care
Board Certified in Family Medicine - July 2002, Recertified July 2009
Certificate of Added Qualification in Hospice and Palliative Medicine 2012
Currently recertified by the National Board of Physicians and Surgeons

LOCATION:

17595 S Tamiami Tr #204, Ft Myers, FL 33908 - Email address: rebekahbernard@gmail.com

SERVICE TO THE FMA:

FMA Board of Governors, District E	2021 to present
FMA Political Action Committee Board of Directors	2020 to present
FMA PAC 1000+ Club	2019 to present
Physician Wellness Committee (Chair 2022)	2019 to present
Delegate to the FMA (Collier and Lee Counties)	2015 to present
Reference Committee Member	2016-2019
Karl M. Altenburger, M.D. FMA Physician Leadership Academy	2018-19 class
Florida Medical Magazine article, 'Improve Physician Wellness by Taking Back Control' – won Charlie writing award	2019
FMA Professional Development Webinar Series	2021

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

President, Collier County Medical Society	July 2020 to July 2021
Vice-President, Collier County Medical Society	May 2019 to July 2020
Treasurer, Collier County Medical Society	May 2018 to May 2019
Secretary, Collier County Medical Society	May 2017 to May 2018
Officer/Director at Large, Collier County Medical Society	May 2015 to May 2017
Editor, Collier County Medical Society <i>The Forum</i> Magazine	2019 to present
Member, Collier County Medical Society Physician Wellness Committee	2016 to present
Collier County Medical Society, Active Member	2009 to present
Member, Lee County Medical Society Physician Wellness Committee	2017 to present
Lee County Medical Society, Associate Member	2016 to present
Member, American Medical Association	2019 to present
American Academy of Family Physicians, Member	1999 to 2016, 2020-present
American Academy of Family Physicians, Degree of Fellow	2015

Florida Academy of Family Physicians	1999 to 2016, 2020-present
Florida Academy of Family Physicians, Government Relations Committee	2013 to 2016
President, Physicians for Patient Protection	2019-present
Florida State University / Lee Health Family Medicine Residency Program, Preceptor	2016 to present
Nova Southeastern College, Associate Clinical Professor of Family Medicine	July 2002 to 2009
Florida State University School of Medicine, Associate Clinical Professor	March 2004 to 2009

COMMUNITY LEADERSHIP SERVICE:

Medical COVID19 Advisory Team for the Collier County School Board	2021
Board Member, Foundation of Collier County Medical Society	2018 to present
Doctor of the Day, Florida House of Representatives	2016, 2019
Florida Hospital Women’s Health Fellowship Colposcopy Mission Trip, Family Medicine Preceptor and Translator, Chiapas, Mexico	March 2016
National Health Service Corps Scholar, Immokalee, FL	2002-2008
Over 20 presentations to local and national organizations on topics including Physician Wellness and Burnout Prevention; Creating Physician Wellness Programs for organizations; Direct Primary Care / Alternatives to Traditional Practice	2017-present

PERSONAL INFORMATION:

Married to Juan Mendoza, Attorney
 Author: “Imposter Doctors: Patients at Risk” (Universal Publishers 2023), “Patients at Risk: The Rise of the Nurse Practitioner and Physician Assistant in Healthcare” (Universal Publishers, 2020); “Physician Wellness: The Rock Star Doctor’s Guide. Change Your Thinking, Improve Your Life”; “How to Be a Rock Star Doctor: The Complete Guide to Taking Back Control of Your Life and Your Profession.”
 Ghostwriting and design of “The Social Prescription: How savvy physicians can leverage digital platforms for professional success.”
 KevinMD blog contributor - shared over 100,000 times
Medical Economics monthly blog contributor, several articles published in print format
 Fluent in Spanish, Brazilian Portuguese

PERSONAL STATEMENT:

1) I believe that all patients deserve access to expert care by fully trained physicians and that we must fight the dangerous replacement of physicians by lesser trained clinicians which can lead to patient harm. 2) The sacrifice and dedication of physician training must be valued. Doctors should be paid fairly for their experience and effort and must regain autonomy in practice. 3) Physician wellness must be a top priority so that doctors can continue to provide the best care to our patients.

Having been employed as a physician in a rural, undeserved FHQC (6 years), at a for-profit hospital system (5 years), and then opening my own practice (7 years), I’ve experienced first-hand the many challenges that physicians face in today’s healthcare system and recognize the need for strong organized medicine. I am proud to have worked with the Florida Medical Association and other physician organizations over the last 20 years to support my colleagues, and I hope to have the opportunity to continue to serve as the Representative for District E and as a Delegate to the American Medical Association.



FMA Elections 2023

Andrew John Cooke, MD

Candidate: AMA Delegation

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE:

Allergy and Immunology
Board Certified in Internal Medicine
Board Certified in Allergy and Immunology
Solo Outpatient Private Practice

LOCATION:

Tavares, Florida

SERVICE TO THE FMA:

FMA Board of Governors Representative for the Medical Specialties Section 2018-2020
Alternate Delegate to the AMA 2017 - present
On the council of legislation 2016 - current
Completed the FMA Leadership Academy
2016 lobbied on behalf of the FMA during the Legislative session.

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

Secretary of the Florida Allergy, Asthma & Immunology Society 2020 – current
Chair of the Sports and exercise and fitness committee 2019 - 2020
Committee Member for the Orange County Medical Society Political Action Committee
Member at Large to the Board of the Orange County Medical Society.

COMMUNITY LEADERSHIP/SERVICE:

During Medical School 2007-2011
Tallahassee Babe Ruth Baseball coach at Capital Park 2007-2009
Daytona Beach Challenger Baseball volunteer 2010-2011
Daytona Beach Babe Ruth Baseball Coach 2009-2011
During Residency 2011 -2014
Treasurer of the Dallas Baseball Alliance

ADDITIONAL PERSONAL INFORMATION:

Married to a Pediatrician
Undergraduate degree at the University of Florida
Medical School degree at Florida State University College of Medicine
Internal Medicine Residency at University of Texas Southwestern in Dallas, Tx
Allergy and immunology fellowship at the University of South Florida.

CONFLICT OF INTEREST: Conflict of Interest Declaration submitted.

COUNTY OR SPECIALTY MEDICAL SOCIETY ENDORSEMENT:

Dr. Cooke Page 1 of 2

PERSONAL STATEMENT:

For six years, it has been my honor to stand as your delegate for the Florida Medical Association to the American Medical Association. In this capacity, I have represented the FMA on a national stage, amplifying our collective voice and championing our shared beliefs. From the outset, I have sought to shape and enhance our delegation, bringing my leadership to bear on successful campaigns such as Dr. Madelyn Butler's ascension to the Board of Trustees and the campaign manager to Ankush Bansal for CSAPH. I have striven to be an influential presence among our young physicians, guiding our shared positions with conviction and care.

I am a fierce advocate for the values our profession embodies: ensuring physicians are justly compensated and eradicating unnecessary barriers that hinder our primary objective - patient care. These are not mere words, but a clear call to better our profession, and I am fully committed to this cause. Every day, as a solo practitioner, I confront the frustrations delivered by insurance companies. These struggles underscore the importance of our shared mission to better patient health and lend urgency to our cause. By extending to me the privilege of representing the FMA, you will be reinforcing a powerful, seasoned voice within the AMA. A voice that has proven its dedication to our values and the betterment of our profession.

I humbly ask for your continued trust and support, that we may carry on this important work together, for the betterment of the medical community in Florida and beyond.

Andrew Cooke MD



FMA Elections 2023

Mark A. Dobbertien, DO, FACS, MBA, CPE

Candidate: AMA Delegate

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE:

Minimally Invasive Surgeon (MIS), General/Bariatric Surgeon, Diplomate, American Board of Surgery, Fellow, American College of Surgeons
Emergency Medicine

LOCATION:

Flagler Hospital
Putnam Community Medical Center

SERVICE TO THE FMA:

Board of Governors District B Representative 2021-present
Chair, Council on Ethical and Judicial Affairs (CEJA)
Chair, FMA and FMA-PAC Audit Committee
Board of Governors Surgical Specialties Representative 2018-2020
Reference Committee Member, Delegate, CMS President (St. Johns County and Duval County Medical Society)

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

Executive Committee, Board of Governors, American College of Surgeons
Governor, American College of Surgeons
President-Elect, Florida Chapter American College of Surgeons
Program Committee Chair, Florida Chapter American College of Surgeons
Advocacy Committee Chair, Florida Chapter American College of Surgeons
Advocacy and Health Policy Committee, SAGES
Military Committee, SAGES
President, Duval County Medical Society
President, St. Johns County Medical Society

COMMUNITY LEADERSHIP/SERVICE:

Board of Trustees, St. Johns Country Day School
Eucharistic Minister, St. Catherine's Catholic Church

ADDITIONAL PERSONAL INFORMATION:

Married, Lisa A Dynan-Dobbertien DO, Four children, 3 dogs, Sport's nut, Notre Dame Fan

CONFLICT OF INTEREST: Conflict of Interest Declaration submitted.

COUNTY OR SPECIALTY MEDICAL SOCIETY ENDORSEMENT: Florida Chapter of the American College of Surgeons, Duval County Medical Society, St. Johns County Medical Society, Clay County Medical Society, Nassau County Medical Society

PERSONAL STATEMENT: Ever since serving as a delegate to the Medical Student Section of the American Medical Association, I have remained convinced that organized medicine has been the best vehicle to improve care for patients in Florida and the United States. Organized medicine relies on committed individuals to donate their time, treasure and talents to ensuring that the mission of quality, timely, fully accessible patient care is realized every day. Your AMA delegate serves as an important communication, policy and membership link between the AMA and grassroots physicians in Florida and is a key source of information on activities, programs and policies of the AMA. I humbly ask for your vote to continue to serve as your AMA delegate and promise to work hard advocating for you and our patients, implementing policy and always providing bidirectional communication.



FMA Elections 2023

Aaron Elkin, M.D.

Candidate: AMA Delegate

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE

Obstetrics and Gynecology

Bachelor of Science/Biochemistry/University of Miami Phi Beta Kappa 1987

Doctor of Medicine University of Miami School of Medicine 1991

Obstetrics and Gynecology Residency Jackson Memorial Hospital/University of Miami 1995

American Board of Obstetrics and Gynecology Board certified (ABOG) 1997

Fellow of the American College of Obstetricians and Gynecologists (FACOG) 1998

Private practice in Broward County 1995-Present

Physician with Florida Woman Care, UWH LLC (largest OB/GYN group in the Florida/US)

LOCATION: Hollywood Florida (Broward County)

SERVICE TO THE FMA/AMA

Committee for Uninsured & Disparities in Health 2007 – 2009

Committee for Managed Care 2007 – 2009

Council on Medical Services and Health Care Delivery Innovation 2013 – 2014

FMA Reference - Committee Health, Education & Public Policy 2015

Resolutions- submitted-Adopted-Advocacy:

“Physician and Medical Staff Member Bill of Rights”,

“Healthcare Access to all Floridians Medicaid Reform”

“Medicare Parity to promote Medicaid to Medicare Parity Rates”

“Department of Health, FMA and Florida Board of Medicine regarding

Rule 64b8-9.009”: standard of care for office surgery.

“Support Legislation and associated initiatives and work in coordination with the Surgeon

General to Prevent E-cigarettes from reaching youth” (AMA 2019 HOD resolution)

BCMA delegate to the FMA 2004 – present

Physician and Medical Staff Member Bill of Rights adopted June 2017 by AMA House of Delegates, to adopt and distribute the Medical Staff Rights and Responsibilities in the U.S.

FMA Alternate Delegate to AMA HOD 2017-2023

Ambassador, American Medical Association 2019-2023

SERVICE TO OTHER MEDICAL ORGANIZATIONS

Broward County Medical Association (BCMA) 1996-present

Chair – Managed Care committee 2005-present

Chair – Advisory Advocacy Legislation committee 2005-present

Chair - South Florida Caucus Advisory Council 2015

Chair - Department of Obstetrics and Gynecology - Memorial Regional Hospital 2005-2007

President - Broward County Medical Association 2010 – 2011

Broward County Pediatric Society BCMA Liaison 2010-present

Chair - Broward County Medical Association Immunization Task Force 2011 – present
Chair - Broward County Medical Association Board of Trustees 2014 – 2016
American College of Obstetricians & Gynecologists Congressional Leadership, Washington, DC 2015 –2023
American College of Obstetricians & Gynecologists John McCain Fellowship Award 2016
American College of Obstetricians & Gynecologists – Governmental Affairs Committee 2017 - 2019
American College of Obstetricians & Gynecologists – State Legislation Committee 2015-2023
American College of Obstetricians & Gynecologists – OB/GYN PAC Governing Committee 2021-2023
Physician Member – Board of Directors- Florida Woman Care 2017 – Present
Chair- Education and Advocacy Committee – Florida Woman Care 2017 – Present

COMMUNITY LEADERSHIP SERVICE

Advocate, Medicaid Reform; State and Federal meetings
Public testimony on Florida Medicaid healthcare reform work with FMA, CMS and AHCA on Patients' access to care; Oversight and Managed care companies' compliance with Federal and Florida State laws
Advocate "Docs vs Glocks" legal battle 2014 – 2017 contributed author to Amicus Curiae Brief of ACLU of Florida, Medical societies, AMA in US Court of Appeals case on individual physicians' rights, free speech, autonomy to freely advocate, care for patients without fear of government retaliation or restrictions.
Clinical Preceptor – Keiser, South and Barry Universities and their associated Physician Assistant Schools
Clinical Assistant professor, Obstetrics and Gynecology, Nova Southeastern University
Clinical Associate Professor of Biomedical Sciences, Obstetrics and Gynecology department
Florida Atlantic University School of Medicine

ADDITIONAL PERSONAL INFORMATION: Born in Miami, Florida

CONFLICT OF INTEREST: Declaration submitted to FMA.

MEDICAL SOCIETY ENDORSEMENTS: South Florida Caucus

(Broward, Dade County Medical Associations and Palm Beach County Medical Society)

PERSONAL STATEMENT

Starting in 1982, I have had a lifelong passion for the study, practice, and advocacy of medicine. This led me to delivering babies and providing complex and quality medical care as a specialized OB/GYN physician. Over the years I have advocated, communicated, and had dialogue with Florida Legislators, the US Senate and House of Representatives, Florida Board of Medicine, and the Center for Medicare and Medicaid Services (CMS) and provided numerous testimonies regarding patients' access to care and the reform of the healthcare delivery system in the US as well as in the local and national media.

I am actively involved in healthcare innovation creating medical homes for all patients partnering with state, federal government, insurance entities and hospitals for the best alignment to achieve the best care for our patients. In the last 6 years being on the Florida AMA delegation allowed me to develop lifelong connections with new colleagues from every state in the US and in all professions allowing me to create dialogue and interstate relationships bringing together so many physicians that work tirelessly to help us all practice medicine and stand up for our rights. It is what keep me going and allows me to help us all and I am not afraid to say so on our behalf.

With your continued support for AMA delegate, I will take my passion and outspoken energy to represent the patients and physicians of Florida at the AMA National level. I humbly ask for your support to allow me to continue to work and represent the Florida Medical Association and physicians at the AMA and will listen to your concerns to preserve the quality of medicine for our patients and our physicians' autonomy and rights.

PASSION: PHYSICIAN-PATIENT EDUCATION AND ADVOCACY



Aaron Elkin, MD FACOG

Chair Advisory/Legislation/Advocacy - Broward County Medical Association



FMA Elections 2023

Jason M. Goldman, MD, FACP

Candidate: AMA Delegation

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE

Board Certified Internal Medicine, Solo Practice, Affiliate Assistant Professor of Clinical Biomedical Science in the Charles E. Schmidt College of Medicine 2013 to present, Clinical Assistant Professor of Medicine at Nova Southeastern College of Medicine 2017 to present.

LOCATION: 3001 Coral Hills Drive, #340, Coral Springs, FL 33065

SERVICE TO THE FMA

FMA President 2022-2023

FMA Vice President 2021-2022

Treasurer, FMA 2016-2021

FMA PAC President 2021-present

FMA PAC President-Elect 2017-2021

Treasurer-Designee, FMA PAC executive committee 2015-2017

FMA Board of Governors, Primary Care Representative 2014-2017

Chair MD 1000 Club, FMA PAC executive committee 2013-2015

Florida Medical Association Reference Committee Chair Legislation 2013

Florida Medical Association Reference Committee Chair Medical Economics 2012

Florida Medical Association Reference Committee Medical Economics 2011

Florida Medical Association Reference Committee Finance and Administration 2010

Florida Medical Association Reference Committee Health, Education and Public Policy 2009

FMA PAC Executive Board 2013 to present; Board Member Florida Medical Association PAC 2008 to present (raised over \$160,000); MD 1000 club; MD 10,000 club.

FMA Scope of Practice Task Force member 2012

Delegate to the FMA for the Florida Chapter, American College of Physicians 2005 to 2015

SERVICE TO OTHER MEDICAL ORGANIZATIONS

ACP Liaison to CDC ACIP 2018-present

National ACP Board of Regents 2020 to present.

ACP Richard Neubauer National Advocate for Internal Medicine 2018

National ACP Vice-Chair ACP Medical Practice Quality Committee 2019-2020

National ACP Executive Committee Board of Governors 2019-2020

National ACP Board of Governors 2016-2020

National ACP Medical Practice Quality Committee 2016-2020,2021-present

National ACP PAC Board 2015-2017

Florida Chapter ACP, Governor 2016-2020

Florida Chapter ACP, Governor Elect 2015

Treasurer, Florida Chapter of ACP 2011 to 2016

Vice-Chair of Industry ACP 2011 to 2016

Florida Chapter ACP Internist of the Year 2013

Florida Chapter ACP Legislative Key Contact 2010

Florida Chapter ACP Chair of Legislation 2021 to present.

National ACP Top 10 National Legislative Key Contact 2008
President of the Florida Internal Medicine PAC 2009 to 2011
Chairman of Membership Committee FL Chapter American College of Physicians 2008 to 2016
Medical Economics Committee Florida Medical Association 2007

Appointee to the Healthier Florida Advisory Board to the Florida Legislature for Medicaid Services 2007 to 2009
Legislative Committee Florida Chapter, American College of Physicians 2005 to present
Vice-Chairman Legislative Committee Florida Chapter, ACP 2008 to 2016
MERC Committee, Florida Chapter, American College of Physicians 2005 to present
Tallahassee Legislator Visitation Program, Florida Chapter, ACP 2005 to present
Washington, D.C. Congressional Visitation Program Florida Chapter ACP May 2005 to present
Broward County Medical Association Board of Directors 2016 to present.

COMMUNITY LEADERSHIP SERVICE

Member of Medical Executive Committee Northwest Medical Center 2009 to 2010; Chairman Peer Review Committee Northwest Medical Center 2009 to 2010; Chairman of Quality Committee Northwest Medical Center 2007 to 2014; Member Quality and Credentials Committee Northwest Medical Center 2008 to 2014; Member Patient Care Key Group Committee Coral Springs Medical Center 2007 to 2008; Member of Quality Committee Northwest Medical Center 2006 to 2014; Infectious Disease Committee Coral Springs Medical Center 2002 to 2004; Emergency Department Quality Committee Coral Springs Medical Center 2002-2003; Medical Management Committee West Boca Medical Center 2005 to 2011

ADDITIONAL PERSONAL INFORMATION: Divorced, 2 children (Evan 18 and Ryan 15) and dog Ruby

CONFLICT OF INTEREST: Conflict of Interest Declaration submitted.

COUNTY MEDICAL SOCIETY ENDORSEMENT: FL Chapter American College of Physicians, Florida Pulmonary Society, Florida Society of Interventional Pain, Physicians, Florida Society of Plastic Surgery, Florida Academy of Family Practice, South Florida Caucus, Broward County Medical Association, Palm Beach County Medical Association, Dade County Medical Association, Physician Society of Central Florida, Collier County Medical Society, Hillsborough County Medical Association, Duval County Medical Association, Northeast Florida Delegation, Alachua County Medical Society, Sarasota County Medical Society

PERSONAL STATEMENT

My name is Jason Goldman, and I am running for the Florida Medical Association AMA delegate. I have a strong track record of leadership in the FMA and ACP, including serving as the current FMA President-elect, past FMA Treasurer, FMA PAC President, the past Treasurer designee of the FMA PAC, past Treasurer of the ACP, Past Governor of the FLACP, National ACP Board of Regent, as well as having an extensive record of advocacy and strong ability to unify and represent different groups of our membership. In addition, I am in solo private practice and fully understand, as well as have experience with, the many issues we face on a daily basis. An AMA delegate of the organization needs to focus on advocacy, education, and membership in order to lead our organization.

As a passionate advocate for physicians, I work with all groups, members and politicians in order to help physicians practice medicine in Florida. Primary among our priorities is scope of practice. Our noble profession has been under attack by those groups who would seek to undermine the foundation of what it is to be a doctor. We are not providers; we are physicians and deserve the respect that we have earned through our years of schooling and sacrifice. I will always stand against any non-physician group from expanding their scope of practice to infringe upon the practice of medicine. This is a sacrosanct issue and one that I will passionately defend.

Our House of Delegates has crafted excellent policies over the years that need to be implemented with skill and diplomacy. Your President-Elect must represent you without alienating our political allies or becoming dogmatic. If I am elected, I will help to guide that course. I promise to continue to fight for you for improved reimbursement, decreased administrative burdens, and better patient access. Above all else, your elected officers need to have honesty, integrity and acceptance of all members. While the majority prevails, the minority must always be heard. I promise that I will always protect the rights of all our members to be heard and will oppose all forms of discrimination and prejudice.

Our organization engages in more than just political activity, as we have tremendous CME programs and educational resources. I am proud of all the educational offerings and resources that our FMA has for our membership, and I want to see this not only continued but expanded to serve the needs of all our members at every level. In my various roles in the American College of Physicians, I have extensive experience with our resident and student meetings and helped to develop curriculum for our scientific meeting. As faculty at Florida Atlantic University, I enjoy teaching medical students and want to expand our mentoring programs within the FMA to recognize and encourage the next generation of physician leaders.

As an organization it is critical that we make the right decision that will lead us down the path to a bright future. You deserve leadership that can take your needs and ideas and implement them effectively and appropriately. We cannot hope to succeed by acting as obstructionists, tilting at windmills, or alienating all those who would help us. We must stand up for our beliefs but also exist in the real world where it is necessary to have discourse with people who do not agree with us and are actively seeking to destroy our profession. Through advocacy, education, and membership we can work together and unify our organization to truly help physicians practice medicine. I have the experience, ability, and professionalism to be your AMA delegate and I humbly ask for your vote so I may continue to serve the house of medicine.



FMA Elections 2023

Ryan C. W. Hall, MD, DFAPA

Candidate: AMA Delegate

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE:

Psychiatrist

Board Certified, American Board of Psychiatry and Neurology with subspecialty in Forensics

Psychiatry

Diplomate, National Board of Physicians and Surgeons

Private practice; Affiliated with UCF COM, USF COM, Barry University Dwayne O. Andreas School of Law

LOCATION:

2500 West Lake Mary Blvd; Ste 219; Lake Mary, FL 32746 (Seminole County)

Email address: dr.rcwhall@live.com

SERVICE TO THE FMA:

Physician Leadership Academy	2013 - 2014
Member, Specialty Society Section (SSS) (current Chair)	2013 - 2023
Council on Legislation (current co-chair)	2014 - 2023
Alternate Delegate to AMA HOD	2019 - 2023
FMA Representative to the Suicide Prevention Coordinating Council	2020 - 2023
FMA Political Action Committee board member	

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

President, Physician Society of Central Florida	2020 - 2021
President, Seminole County Medical Society	2019 - 2020
President, Florida Psychiatric Society	2019 - 2020
President, Southern Psychiatric Association	2014 - 2015
Councilor, American Academy of Psychiatry and the Law (AAPL)	2012 - 2015
AAPL's Young Physician Delegate to the AMA HOD	2010 - 2015

COMMUNITY LEADERSHIP SERVICE:

Presentation on Stop the Bullying. Town hall symposium.	2012
Presentation on Offender Characteristics. National Center for Prosecution of Child Abuse, National District Attorneys Association	2013
Simulation Leader, Global Health Conference: Healthcare as a Human Right, University of Central Florida College of Medicine	2018

Presentation on Guns, Schools and Mental Health, Florida Department of Health	2018
Presenter for the Broward County Crime Commission Safety Seminar related to Family Violence	2019 - 2021
Specialty Advisor for forensic and general psychiatry University of Central Florida College of Medicine	2017 - 2021

PERSONAL INFORMATION:

Married to Tammy Turcotte
One son: Reid Hall

MEDICAL SOCIETY ENDORSEMENT: The Physicians Society of Central Florida and Florida Psychiatric Society endorse the candidacy of Ryan C. W. Hall, MD as Delegate to the American Medical Association.

PERSONAL STATEMENT:

As part of a formal introduction, my name is Ryan Chaloner Winton Hall. I am a second-generation Florida physician. I was born in Titusville, FL and attended Georgetown for medical school and Johns Hopkins for my residency. I have practiced in a private-practice setting in the Central Florida area for the last 13 years. I am also affiliated with the UCF and USF schools of medicine. I feel this background allows me to appreciate and experience many of the challenges and rewards that most of our members face in practicing medicine in the state of Florida.

I have been a member of the Florida Medical Association since I completed my fellowship and moved back to Florida 15 years ago. For most of my time as a member, I have been a representative from the Florida Psychiatric Society to the FMA House of Delegates. I have also served in several positions within the FMA, such as on the Legislative Committee, Specialty Society Section governance structure, FMA representative to the Suicide Prevention Coordinating Council through DCF, and attended the FMA Leadership Academy. I have been active in my county medical society, Seminole, where I served as President before it merged with Orange County to form the Physicians Society of Central Florida (PSCF). Although not solely responsible for its creation (*e.g. was a member of the taskforce/committee working on the project*), one of the achievements I am most proud of coming from my work with the county medical societies is the PSCF Physician Wellness Program.

I already have experience representing physicians at a national level. I have served as an Alternate Florida Delegate to the American Psychiatric Association's equivalent to the House of Delegates on multiple occasions. I have gone to Washington as part of the AMA national advocacy day and met with senators and house representatives. Most importantly, I have already served as an Alternate Delegate to the AMA HOD through the FMA and a specialty society. As an Alternate HOD Delegate, I have served as an election teller in the AMA House of Delegates and have been part of AMA references committees.

I am interested in running for an AMA delegate spot because I believe I can help represent Florida physicians on the national stage due to my past experiences and familiarity with day-to-day concerns. Large issues of concern that I see physicians of all stripes having to face are the challenges of MOC (*developing a continual learning mechanism that is not tedious or burdensome to physicians*), reimbursement issues (*Medicare legislation, private health insurance, prior authorizations*), changing physician practice models (*maintaining an environment where physicians can either work for a large hospital group or maintain smaller private practices; telehealth, especially after the experience with COVID-19*), and increasing GME funding as a way to address physician shortage. Also, I am worried about how all these factors can lead to further scope of practice expansion, which can negatively affect our patients. I think there is going to be tremendous debate over the next two to three election cycles revolving around healthcare, how it is paid for, and how it is delivered, which is why I think engagement, especially with representatives who have had some experience with the AMA House of Delegates, state politics, and national politics, is needed.



FMA Elections 2023

Karen E. Harris, M.D., MPH

Candidate: AMA Delegate

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE:

Obstetrics/Gynecology 1989 to present.
Board Certified, American Board Obstetrics & Gynecology
Faculty, OB GYN UCF/HCA Consortium Gainesville
Associate Professor, University of Central Florida College of Medicine

LOCATION:

6440 W. Newberry Road, Suite 508, Gainesville, FL 32605 (Alachua County)
Email address: kharris997@aol.com

SERVICE TO THE FMA:

2019-2023	AMA Alternate Delegate
2013-2023	Delegate, ACOG District XII
2003-2006, 2011-12	Delegate, Florida Obstetric and Gynecologic Society
2003-2004, 2011-16	Member, Specialty Society Section-Governing Council
2002-2005	Member, Council on Legislation
2002-2003	Delegate, Alachua County Medical Society
2000	Member, Reference Committee on Medical Economics
1999-2002	Chair, Council on Public Relations and Membership
1993-present	Member

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

American College of Obstetricians and Gynecologists (ACOG)

2023-2024	Member National Compensation Committee
2013, 2020	Member National ACOG Nominations Committee, District XII Representative
2015-2018	Chair, ACOG District XII (Florida)
2016-2017	Member, Benign Hysterectomy Episode Grouper and Performance Measure Set Development Workgroup
2016-present	Champion, Fetal Alcohol Spectrum Disorders
2016-present	ACOG Representative, United Healthcare Scientific Advisory Board
2016-2020	Member, Ad Hoc Zika Expert Workgroup
2015-2016	Member, ACOG ByLaws Committee
2015-2018	Junior Fellow Advisor, ACOG Junior Fellow Advisory Council
2012-2015	Member, ACOG/CDC Task Force on Maternal Mortality Reduction
2013-2015	Chair, ACOG District XII Program Committee
2013-2015	Vice-Chair, ACOG District XII

2008-2012	Member, District IV Advisory Council
2008-2012	Vice-Chair, Florida Section
Florida Obstetric and Gynecologic Society (FOGS)	
2005-2015	Executive Committee Member
2000-2001	President
Alachua County Medical Society (ACMS)	
2002-2003	President
South Atlantic Obstetric and Gynecologic Society	
2020-2022	Florida Representative to the Executive Board
2011-present	Member

COMMUNITY LEADERSHIP SERVICE:

We Care Program Participant 1990 to present

Florida Perinatal Quality Collaborative (FPQC)

2022-2024`	Co-Lead QI Initiative, Social Determinants of Health
2011-present	Member, Steering Committee

March of Dimes (MOD) Florida

2018-2020	Chair, Grants Committee, Florida Maternal Child Health Committee
2013-2018	Chair, Florida Maternal Child Health Committee
2017-2020	Member, National MOD Workgroup on Public Health and Practice

Girl Scouts of America

2005-2016	Program Consultant/Leader Coach, Girl Scouts of Gateway Council
2001-2016	Troop Leader, Girl Scouts of Gateway Council

PERSONAL INFORMATION:

Married to Andrew J. Evans, PhD since 1986
 Two children, ages 25 & 27

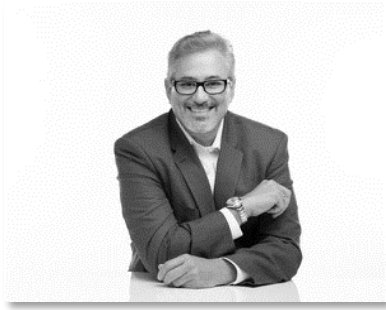
MEDICAL SOCIETY ENDORSEMENT: The American College of Obstetricians and Gynecologists endorses the candidacy of Karen E. Harris, MD, MPH for AMA Delegate of the Florida Medical Association.

PERSONAL STATEMENT:

My journey as a woman physician in leadership began in medical school with the AMWA, and continued in ACOG where I was elected a District Chair to serve on the National Executive Board. It continues today with leadership roles in many organizations focused on the health of women such as the Florida Maternal Mortality Review Committee and the Florida Perinatal Quality Collaborative. I am now teaching the next generation of physicians as a faculty member of a new residency program in Gainesville. My experience in state and national advocacy, medical education and public health allows me to contribute to the AMA Delegation from Florida as I have deep understanding of the issues facing patients and physicians in our state.

My involvement with the FMA began nearly 20 years ago as a delegate representing Alachua County, and I have served on several committees over the years. I am also a Past President of the Alachua County Medical Society.

I would like to thank you for the privilege of serving as an Alternate FMA delegate to the American Medical Association for the past four years. Now, I humbly ask for your support in electing me to represent you again at the AMA.



FMA Elections 2023

Corey L. Howard, M.D., FACP

Candidate: AMA Delegate

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE:

Concierge Internal Medicine	2015-Present
Professional Certification, Plant Based Cooking, Rouxbe	2014
Board Certified Internal Medicine	1995-2005, Recertification 2005, 2015
Board Certified Gastroenterology	1996-2006
Participating in MOC	
American Academy of Anti-Aging Medicine	2014
Board Certified Anti-aging,	2014-present
Functional and Regenerative Medicine	
Solo Private Practice	1996-Present

LOCATION: Naples, Florida

SERVICE TO THE FMA

Physicians Wellness Committee, FMA 2020-Present	
Immediate Past President FMA 2019-2020	
President of the FMA – 2018-2019	
Committee on Finance and Appropriations 2011-Present	
Board of Governors Executive Committee 2011-2020	
Speaker, FMA House of Delegates 2014-Present	FMA Board of Governors, Member 2002-2004
FMA PAC, Board Member 2014-Present	FMA PAC Board, Member 2003-2007
Committee on Federal Legislation 2012-2016	Vice Chair, Membership Committee 2004
Vice Speaker, FMA House of Delegates 2011-2014	Strategic Planning Committee, Member 2004
Chair, FMA Delegation to the AMA 2011-Present	Chair, Young Physician Section 2002-2004
Vice Chair, FMA Delegation to the AMA 2010-2011	Credential Committee, Member 2001
Secretary, FMA Delegation to AMA 2007-2010	Vice Chair, Young Physician Section 2000-2002
MD 1000 Club	Delegate to AMA for YPS 1999-2001
FMA Delegate, AMA 2009-2011	Member, YPS Governing Council 1996-2004
FMA Alternate Delegate, AMA 2003-2009	Member, Reference Committee 1999
Chair, Reference Committee III (Legislation) 2007	Vice Chair, YPS 1997-1998
AMA Representative, Ref Committee III 2007	Council on Legislation, Member 1997-1998
AMA Representative, Ref Committee II 2005	Chair, Educational Session YPS (Ann Mtg) 1997
Chair, Rules and Credentials Committee 2004	Chair, RPS Delegation (AMA) 1995
Chair, Membership FMA PAC 2004-2005	RPS Governing Council, Member 1995-1996
Membership Committee, Member 2004-2005	Delegate to FMA from RPS 1995-1996
Member, Reference Committee AMA 2004	Delegate to AMA from FMA-RPS 1995-1996

SERVICE TO OTHER MEDICAL ORGANIZATIONS

American Medical Association; Delegate Positions noted above	
Member, ad hoc Committee on Parliamentary Procedures	2015
Member, Executive Committee Southeast Delegation	2011-Present
Chair, Big Four Group (Florida, Texas, California, New York)	2010-Present
Member, Reference Committee A	2011
Member, Reference Committee F (Governance/Finance)	2005-2007
Member, Reference Committee D	2004
Chair, Reference Committee, (A-96) RPS	1996
Member, Reference Committee (I-95)	1995
Collier County Medical Society	

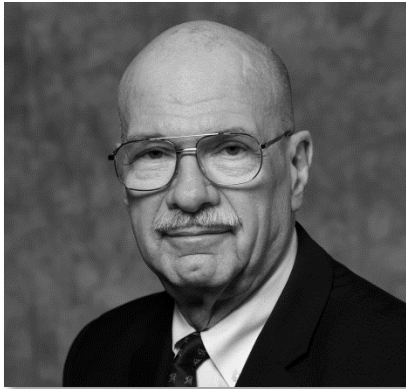
Physicians Wellness Committee	2017
Chair, Nominations Committee	2016-Present
Chair, Legislation	2008-2009
Immediate Past President CCMS	2002-2003
President, CCMS	2001-2002
Vice President, CCMS	2000-2001
Treasurer, CCMS	1999-2000
Delegate to FMA (from CCMS)	1999-Present
Secretary, CCMS	1998-1999
Member	1996-Present
American College of Preventive Medicine	
Clinical Practice Committee	2016-Present
Prevention Practice Committee, Member	2010-2016
American College of Sports Medicine, Southeast	
Planning Committee, Member	2010-2013
American College of Physicians-American Society of Internal Medicine (FL)	
Member, Reference Committee Annual Meeting	1997
Member, Governor's Advisory Council	1996-2003
Chair, RPS Governing Council	1993-1995
Member, Board of Trustee's ASIM	1993-1995
Inducted as Alligator (AEOA)	1994
Member at Large, RPS	1992-1993
Committees (non-societal)	
Member, Morsani College of Medicine Alumni Board	2016-Present
Member, Food Advisory Committee, Blue Zone Project Naples	2015-Present
Chair, Department of Internal Medicine, NCH Healthcare	2004-2007
Vice Chair, Department of Internal Medicine, NCH	2002-2004
Chair, Subsection Chiefs, Internal Medicine, NCH	2006-2007
Member of Medical Executive Committee, NCH	2002-2007
Council on Medical Education, NCH	1996-2005
President, House staff Association (USF)	1993-1994
Medical Executive Committee, USF	1993-1994
Residency Review Committee, USF	1993-1994
Graduate Medical Education Committee, USF	1993-1994
Secretary, House staff Association, USF	1992-1993
COMMUNITY LEADERSHIP SERVICE	
Treasurer, Naples Faceoff Lacrosse Club	2015
Gulfview Middle School, Advisory Committee	2013-2015
Greater Naples Little League	
Head Coach; Commissioner of League; Member of Board of Commissioners	
Naples Health Care System	
Nominated physician of the year NCH	2005
Chair, Department of Internal Medicine	2004-2007
Member, Medical Executive Committee	2002-2007

ADDITIONAL PERSONAL INFORMATION: I am married to Cyndi Yag-Howard, MD, FAAD (Delegate to AMA from the AAD, chair dermatology sectional council, vice president of the AAD and Past-Chair of the Constitution and Bylaws Committee at the AMA) and have three great adult children Aubrey, Bradley and Benjamin. We are a close family and enjoy outdoor activities.

CONFLICT OF INTEREST: Conflict of Interest Declaration submitted to the FMA.

COUNTY MEDICAL SOCIETY ENDORSEMENT: Collier County Medical Society

PERSONAL STATEMENT: I am honored to represent each of you at the AMA and have been Chair of the delegation for the past 12 years. During that time, I have formed invaluable connections throughout the AMA to help advance FMA policies while working to protect the practice of medicine. Right now, the most important issue is Medicare payment reform which affects every physician in the country no matter the type of practice or specialty. I have developed a strong coalition of states and specialties to help make payment reform a reality and work tirelessly to accomplish that goal. Thank you for allowing me to be a part of such an important process and I ask for your vote so that I can continue to represent you.



FMA Elections 2023

Thomas G. Peters, MD, FACS

Candidate: AMA Delegate

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE:

General and Organ Transplantation Surgery, 1978 – 2012;
Research and Teaching Surgeon, 2012 - present

LOCATION: 3601 River Hall Drive, Jacksonville, FL 32217

tgpetersmd@hotmail.com

SERVICE TO THE FMA:

AMA Delegation: FMA Delegate, 2008-2010; FMA Alternate Delegate, 2004-2008/2010-2017
Delegate, Duval County, 1996 – 2023 Committee on Membership, 2000-2008 (Chair 2003 – 2007)
Task Force on Membership, Chairman, 2002 Strategic Planning Committee, (Chairman, 2003) 2002-2004
Audit Committee, 2006-2008 Bylaws Committee, 2006–2007
Reference Committee on Medical Economics, 2000, 2005 Reference Committee on Legislation, 2006
Reference Committee on Finance and Administration, 2001, 2002 (Chairman), 2003, 2011, 2012
Reference Committee on Health, Education and Public Policy, 2009, 2010
Attorney Relations Committee, Subcommittee on Expert Witness, 2007-2008
Ad Hoc Committee on VA Health Care Crisis 2014-2015 Credentials and Rules Committee, Chairman, 2015
David Paulus MD Poster Symposium Judge, 2012-current
Council on Medical Education, Science & Public Health 2013-current
Committee on CME & Accreditation, Site Visitor (Chair) 2013-current

SERVICE TO OTHER MEDICAL ORGANIZATIONS (SELECTED):

American Medical Association

American Society of Transplant Surgeons, Delegate to the AMA, 2017-2023
Reference Committee G, Annual Meeting of the AMA House of Delegates, 2007
Candidate, Council on Science and Public Health, 2010, 2011
Reference Committee on Amendments to the Constitution and Bylaws, Annual Meeting HOD,
--2012, and Interim Meeting HOD, 2020
Annual AMA Research Symposium Judge: 2012-2014; 2017, 2018, 2020
AMA SSS: Rules Committee, Chair, 2016-2017; Nominating Committee, 2018
Committee on Rules and Credentials, Annual House of Delegates, 2022

American Society of Transplant Surgeons (ASTS)

Councilor, 2004 - 2007 Historian, 2008 – 2018, *Emeritus*, 2018 - current

Senior Advisor ASTS Winter Symposium Planning Committee, 2008
Awards Committee, Chairman, 1997-2004; Subcommittee, Presidential Travel Award, Chair, 2006
Nominating Committee, 2006-2007 Ethics Committee 1995-2001
Legislative Committee, 2003-2007; *ex officio*, 2016 - current
Abstract Review Committee, 1999, 2000, 2001, 2007, 2008
ASTS Foundation Board of Directors, 2004-2007; 2018-2021; Chairman, 2022-2024

American Society of Transplantation

Organ Donation Committee, 1998-2001, 2006-2009; Co-Chair 2007-2008
Public Policy Committee, 2001-2006

Florida Board of Medicine 2006-2007

Expert Witness, Credentials, Finance, and Surgical Care & Quality Assurance Committees

Reserve Officers Association of the United States Health Services Advisory Committee, 1987

Society of Medical Consultants to the Armed Forces

Regent (Director) 2006 - 2010; Vice-President 2007 – 2009 Manpower Committee, 1994
Education Committee, (Vice Chairman) 1995 – 1996 Membership Committee, 2003 - 2008
Council Representative to Military Medicine Editorial Board, 2005 - 2010

Florida Department of Professional Regulation Expert Reviewer, 1992 - 2007

State University System of Florida Board of Governors Advisory Group--Health Initiatives 2015 - 2016

COMMUNITY LEADERSHIP SERVICE (SELECTED):

San Jose Catholic Church Finance Council 2010 – current

American Association of Kidney Patients

Medical Advisory Board 1998- current Board of Directors 2000-2010
Executive Committee, 2004-2006 Governance Committee, 2002-2005
Revenue Generation and Marketing Committees, 2002-2004
Audit and Business Advisory Committee, 2007-2010

The National Kidney Foundation of Florida

Board of Directors (Trustee), 1989-2014; President, 1992-1993
Medical Advisory Board (Chair 1993-95; 2002-08; 2019-current)
Chairman, Committee assignments various 1992 – current

Meninak, Jacksonville 1989-2000; Charity Projects Selection Committee, 1992-1994

Program Committee, 1995; Fund Raising Committee (Vice-Chairman), 1995

Jacksonville Chamber of Commerce Board of Governors, 2002

PERSONAL INFORMATION:

Tom Peters and Ruby Geers married in 1977, and have four children and 13 grandchildren. They often entertain colleagues, friends, and family at home on the St. Johns River and enjoy attending medical meetings to renew life-long friendships. Each has given many hours in civic, church, and other activities. Tom's interests include vintage automobiles, genealogy, investing, and history--the later pursued as Editor-in-Chief of the 2014 book, *History of the American Society of Transplant Surgeons*. Dr. Peters retired as a decorated US Army Colonel with over thirty years of commissioned service and three active-duty war-time tours overseas or at the Walter Reed Army Medical Center. He held clinical and command positions as an Army Flight Surgeon, US Army Paratrooper, and Chief of Surgery of the 912th M.A.S.H. in Operation Desert Storm.

COUNTY MEDICAL SOCIETY ENDORSEMENT: Dr. Peters is endorsed by the Duval County Medical Society which he served as President for the 2002 term.



FMA Elections 2023

Alan B. Pillersdorf, M.D.

Candidate: AMA Delegate

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE: Plastic Surgeon; Group Practice: Plastic Surgery of Palm Beach, P.A., Founder and President 1990-Present; The American Board of Plastic Surgery: Certified 1987, Recertified 2003, Recertified 2012; The American Board of Surgery: Certified 1985, Recertified 1994, Recertified October 2004; Recertified 2019, Added Certificate in Hand Qualifications: Certified 1991, Recertified 2001, 2016

LOCATION: West Palm Beach, Florida

SERVICE TO THE FMA:

Parliamentarian 2017-2021 President-
Elect, FMA President, FMA Immediate Past President: 2013-2016 FMA. Secretary 2012-2013; FMA Speaker of the House of Delegates, 2008-2011; FMA Vice Speaker of the House of Delegates, 2005-2008
Delegate, FMA House of Delegates, 1999-2005; Alternate Delegate, FMA House of Delegates, 1990-1998
Delegate, Florida AMA Delegation, 2006-2018 2021; Alternate Delegate, Florida AMA Delegation, 2004-2006
Member, Council on Medical Education 2003-2004; Member, Council on Legislation, 2004-2008
Chair, Council of County Medical Society Presidents, 2003-2004
Member Committee on membership 2006-2008
Member FMA & Florida Bar Relations Committee 2006-2007
Chair, FMA & Florida Bar Relations Committee 2007-2008
Member, Committee on Finance 2007-2010
Chair, Fundraising South Florida Area FMA-PAC 2009
Vice-Chair 2011 AMA Policies and Procedures
Chair, Resolutions Committee FMA Delegation to AMA 2013

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

Member, American Medical Association, 1979-2021
Member, AMA Reference Committee B, Legislation (June Annual Meeting 2006),
Reference Committee Legislation (Interim Meeting 2012)
Secretary/Treasurer Florida Chapter American College of Surgeons 2010-2012
President Elect Florida Chapter American College of Surgeons 2012
President Florida Chapter American College of Surgeons 2013
Governor, Florida Chapter American College of Surgeons 2007-2012
President, Palm Beach County Society of Plastic Surgeons, 2005-2016
American College of Surgeons, Committee on Applicants, 2002-2017
Chairman, Palm Beach County Emergency Department Management Group 2005-2016
Palm Beach County Medical Society
President Palm Beach County Services, Inc. 2010-2013
Chair, Legislation Committee 2006-2008
Chair, Council on Programs and Education 2005;
President, 2003
Chairman, Membership Committee, 2000-2001

1st Vice President, 2000-2001
Chairman of Informatics Committee, 1999-2000
2nd Vice President, 1999-2000
Secretary, 1998-1999; Treasurer.1997-1998
Member, Disaster Preparedness Committee 2005-2012
Member, Finance Committee
Chair Palm Beach County Medical Society AMA/FMA Liaison 2009-2016
Member, EMS Committee; Member, Public Relations Committee; Member, Project Access 2005-2013
Palm Beach County Medical Services Secretary/Treasurer 2007
Palm Beach County Medical Reserve Corp 2001-2013
Board of Trustees Palm Beach County Medical Society 2009-2016

JFK Medical Center

Chairman, Dept. of Surgery, 1995-2002, 2007-2010
Chief, Division of Reconstructive Surgery, 1993-2021
Chairman. Surgical Quality Leadership Committee, 1996, 2008-2010
Member, Medical Executive Committee, 1995-2002, 2007-2010
Member, Surgical Case Review, Utilization Review Committee
Chairman, Cancer Committee, 2001-2002; Member, Bylaws Committee
Member Peer Review Committee 2007-2009

Columbia Hospital: Member, Surgical Review Committee

Good Samaritan Medical Center Member, Cancer Committee

St. Mary's Hospital: Member, Trauma Team 1990-2004

Bethesda Memorial Hospital:ER Committee Member 1994

State of Florida Agency for Health Care Administration: Special Expert Witness 2001-2013

COMMUNITY SERVICE LEADERSHIP:

Raymond H. Alexander, MD Award 2018 Florida Chapter American College of Surgeons
Distinguished Service 2017

FMA Award of
Dick Van Eldick

Distinguished Service Award May 2013 (Palm Beach County Medical Society)
Excellence in Medicine Award December 2012 (Palm Beach County Medical Society)
Recipient of FMA's Roy M. Baker Award in Emergency Medicine, 2005
Volunteer, Palm Beach County Multi-Agency Gang Task Force, 2001-2010
Heroes in Medicine Honorary Chairman 2004 -2021
Candidate Man of the Year 2004 Leukemia and Lymphoma Society

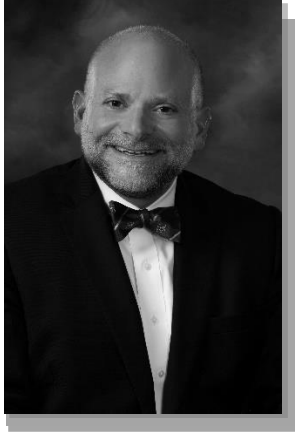
ADDITIONAL PERSONAL INFORMATION:

Place of Birth: New York (Manhattan); Married to: Rhona Pillersdorf for 42 years until her death. Children: Lance, Alex, Geoffrey and Tara; Grandchildren: Harper, Aiden, Lucas, Aiden, Mia & Chase. Kidney donor to my only sibling, Gary, 1991, a trial lawyer. Gary lived until 2017. He was my hero.

CONFLICT OF INTEREST: Conflict of Interest Declaration submitted to FMA

COUNTY MEDICAL SOCIETY ENDORSEMENT: Palm Beach County Medical Society and the South Florida Caucus

PERSONAL STATEMENT: "I learned that life is full of bumps in the road, and we should enjoy life everyday. We should never take anything we do as not important. Together we can change things, and we will. Together we are stronger.."



FMA Elections 2023

Michael A. Zimmer, MD MACP

Candidate: AMA Delegate

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE

Internal Medicine, Independent Practice
Certified by American Board Internal Medicine

LOCATION: St. Petersburg, FL

SERVICE TO THE FMA

Delegate to AMA, FL delegation 2019-2021
Alternate Delegate to AMA, FL delegation 2013-2019, 2021-2023
Board of Governors FMA, Primary Care Representative 2006-2008
Vice Chair Specialty Society Section FMA, 2008-2010
HCMA Delegate to FMA 2022-present
ACP Delegate to FMA, 2002 to 2021
Managed Care Committee FMA
Health Information Technology Committee FMA

SERVICE TO OTHER MEDICAL ORGANIZATIONS

President and Governor Florida Chapter American College of Physicians 2008-2014
Executive Committee Board of Governors American College of Physicians 2012-2013
Vice Chair Medical Practice Quality Committee American College of Physicians 2012-2014

COMMUNITY LEADERSHIP SERVICE

South Pinellas Medical Trust Member Board of Trustees 2007-Present
South Pinellas Medical Trust President 2011-2013
St. Anthony's Hospital Peer Review Committee
St. Anthony's Hospital Credential Committee

ADDITIONAL PERSONAL INFORMATION: wife Leisa Widrow Zimmer, son Ari Edward & daughter Hannah Maurete

CONFLICT OF INTEREST: Conflict of Interest Statement submitted to the FMA.

COUNTY MEDICAL SOCIETY ENDORSEMENT: Yes Hillsborough County Medical Association

PERSONAL STATEMENT

I have served on the AMA delegation for the past 10 years. Throughout this time, I have worked hard along our FMA delegation team. I am dedicated to the principles of the FMA, including its policies, positions and mission to help FL physicians practice medicine. I will work hard for you at the AMA. Please re elect Michael Zimmer delegate to the AMA. Thank you.

AM '23

FMA Annual Meeting 2023

Election Process and Campaign Rules

Last updated 3/7/2023

Introduction

Florida Medical Association (FMA) Officers, members of the Board of Governors (Board) and AMA Delegates and Alternates are elected by delegates of the FMA House of Delegates (House) during the FMA Annual Meeting. This democratic process allows delegates an opportunity to become acquainted with the candidates and their views. Elections are under the supervision of the Committee on Rules and Credentials who are appointed annually by the Speaker in advance of the FMA Annual Meeting. In order to run for any office or any seat on the Board of Governors (other than the resident physician and young physician seat), a prospective candidate must: (1) have been an active member of the FMA for at least 3 years; and (2) have been a delegate to and attended the FMA Annual Meeting at least once previously.

Candidate Profiles

Candidates announce their intent to run for FMA office by 5 p.m. EST on June 10, 2022. All candidates are required to review, sign and return the following documents:

- Candidate Profile Statement
- Code of Ethics and Professional Conduction for Directors of the FMA
- Conflict of Interest Disclosure Statement
- Anti-Harassment Policy

Elected Seats - FMA Officers and Board of Governors

The Board consists of the following members who are elected by the House
(lengths of terms and term limits are detailed in the FMA Bylaws):

- FMA President (*automatically assumes the role after serving as President-elect*)
- FMA President-Elect
- FMA Vice President
- FMA Secretary
- FMA Treasurer
- FMA Immediate Past President (*automatically assumes the role upon completion of Presidential tenure*)
- FMA Speaker
- FMA Vice Speaker
- One representative from each medical district
- A resident physician
- A young physician who is a member of the Young Physician's Section
- A representative of the Primary Care Specialty Societies *

- A representative of the Medical Specialties and Subspecialties *
- A representative of the Surgical Specialties and Subspecialties *

*** Specialty Society Seats on the Board of Governors**

A recognized specialty society is eligible to elect a representative to the Board if at least fifty percent (50%) of its physician members are also members of the FMA or if the recognized specialty society has at least 750 physician members who are also members of the FMA.

If a specialty society qualifies to run a candidate, only delegates representing the respective societies are eligible to run for the seat.

Primary Care, Medical Specialties and Surgical Specialties representatives to the Board of Governors shall be elected by the Specialty Society delegates to the House of Delegates comprising each of the three specialties categories. A delegate from a Specialty Society may only vote for a candidate to the Board of Governors from the specialty category from which the delegate is a member. The Specialty Societies representatives to the Board shall be elected for a term of two years. No Specialty Societies representative to the Board may serve consecutive terms. In addition, no Specialty Society shall have a representative elected to the Board for consecutive terms.

Nominations in Contested Elections - FMA Officers and Board of Governors

With the exception of the three specialty seats on the Board of Governors, nominations for Officers and members of the Board in contested elections shall be made from the floor of the House by a member of the House.

Nominations for the Primary Care, Medical Specialties/Subspecialties, and Surgical Specialties/Subspecialties representatives to the Board shall be made from the floor of the House by a member of the House who is also a member of a respective category of specialty societies.

Nominating Speeches in Contested Elections - FMA Officers and Board of Governors

All contested elections are allowed one nominating and one seconding speech (two minutes for officer seats on the Board of Governors, and one minute for representatives on Board of Governors) during the first session of the House. Although it is not mandatory, it is recommended that in lieu of seconding speeches, candidates use the allotted time to address the House.

Nominating Speeches in Uncontested Elections – FMA Officers and Board of Governors

With the exception of the office of President-Elect, there are no nominating speeches in uncontested elections.

Voting in Contested Elections – FMA Officers and Board of Governors

Voting in contested elections will start at 2 p.m. EST on Saturday, July 29 and close at 8 a.m. EST on Sunday, July 30. A majority vote is required for election and run-offs will be held during the second session of the House if needed.

Voting in Uncontested Elections – FMA Officers and Board of Governors

Uncontested elections are held by acclamation during the first session of the House. If a nomination is made from the floor in an uncontested election, the Speakers will determine and announce the appropriate time for nominating and seconding speeches.

Elected Seats – Delegates to the AMA House of Delegates

The FMA has seventeen (17) delegate & seventeen (17) alternate delegate seats in the AMA House of Delegates.

In 2023, nine (9) delegate seats and nine (9) alternate delegate seats are up for election for a two-year term. The first nine (9) candidates receiving the most votes will be elected as AMA delegates and the next nine (9) receiving votes in descending order will become alternate delegates.

Each candidate running for a seat on the AMA Delegation is allowed a one-minute speech to be submitted for viewing on the FMA website. Portions beyond one minute will be truncated. Videos can be uploaded in .mp4, .mov, or .m4v formats, or in the case of phone users any format your phone records. All video will be trimmed to 1 minute, sized to 1920 x 1080 pixels and posted for review. You may upload your video here <https://flmd.us/up>. All materials, including the video are due by June 2, 2023.

Campaigning – Contested Races

Campaign signs are limited to non-AMA contested races only. Candidates are permitted to place signs in hospitality suites or in caucus rooms upon approval of the sponsoring suite or caucus. Signs are permitted in hallways if the sign does not impede the flow of pedestrian traffic. Signs should be no larger than 24" x 36". Candidates may have a maximum of two signs.

Due to the number of candidates for AMA Delegation, individual candidate signs are not permitted. Information regarding the candidates for AMA Delegation can be found in the delegate handbook and FMA website.

Private receptions for candidates in contested elections are permitted and it is the responsibility of the candidate or sponsoring society to coordinate. In lieu of a private reception, candidates are allowed to place signage at the registration area or in an area deemed appropriate by the Speaker and Vice Speaker. Candidates in contested elections may choose to place signage in the registration area or organize a privately funded reception but may not do both. Candidates are permitted to discuss their campaigns at public and private receptions.

The Speaker and the Vice Speaker have the duty and authority to resolve any signage placement issues that may occur during the meeting

Candidates Addressing Caucus Groups

The FMA has no rules governing whether candidates are allowed to speak at county medical society and/or specialty society caucus groups. This is left solely up to the discretion of the caucus group. However, if a candidate is running for two different offices – contested/non-contested, the focus of his/her remarks should be on the issues in the contested election. AMA Delegate candidates may not campaign at county medical society or specialty society caucus groups. If an AMA Delegate candidate is also running for another FMA office his or her remarks must be focused on the non-AMA office.

Campaign Materials

Campaign materials are prohibited on the floor of the House. However, this does not preclude delegates from wearing campaign buttons, ribbons, etc. in the House. Distribution of campaign materials at meetings of component groups requires advance approval from the person directly responsible for the individual meeting or caucus.

House rules prohibit any and all campaign paraphernalia on the podium or dais of the House, Reference Committees or other plenary activities of the House.

Campaign announcements for the next election cycle may be distributed prior to convening the final session of the House. However, to assist societies in avoiding excessive printing costs, the FMA will project each candidate's name, photograph and elective office during the final session of the House, provided the information is submitted to the FMA headquarters no later than two weeks prior to the Annual Meeting.

Campaign Events/Materials

No campaign materials may be distributed, or campaign events held immediately outside the House.

AM
'23

**FMA Annual
Meeting 2023**

Reference Committee I

Annual Meeting 2023

July 28-30 • Hyatt Regency in Orlando, Florida



Reference Committee No. I Health, Education and Public Policy

Saturday, July 29, 2023

10:00 a.m. – 11:30 a.m.

Members:

Jason Wilson, M.D., Chair	Fl. Ch. Am. College of Surgeons
George Brinnig Jastrzebski, M.D.	Collier
George Everett, M.D.	Fl. Ch. Am. College of Physicians
Rohan Joseph, M.D.	Capital
Brence Sell, M.D.	Fl. Society of Anesthesiologists
Joyce Thomas, M.D.	Fl. Ch. Am. College of Physicians
Sheri Weinstein, M.D.	Sarasota

Agenda:

Board of Governors Report A

1. Board Recommendation A-1: 2015 FMA Policy Review
2. Board Recommendation A-2: Resolution 22-105
3. Board Recommendation A-3: Resolution 22-106
4. Board Recommendation A-4: Resolution 22-108
5. Board Recommendation A-5: Resolution 22-113

Resolutions:

- 23-101 Protection of Physicians from Criminalized Standards of Medical Care
- 23-102 Definition of Specialty Physician Certification
- 23-104 Fraudulent Nursing Diplomas
- 23-105 Protecting Access to Reproductive Health
- 23-106 Ensuring Affordable Housing for Trainees in GME Programs
- 23-108 Addressing Physician Shortages and Suicide
- 23-109 Training in Graduate Medical Education
- 23-110 Firearm Safety Signage
- 23-111 Rescind Resolution 21-105
- 23-112 Ban All Covid Vaccines in the State of Florida
- 23-113 Right of Physicians to Follow their Conscience
- 23-114 National Standard of Care
- 23-115 Sunshine in the Department of Health
- 23-116 Fertility and Reproductive Health Education for Female Physicians
- 23-117 Recognizing Physician Suicide as a Public Health Concern
- 23-118 Opposition of Conversion Therapy for Gender Dysphoria

Report A of the Board of Governors

Joshua Lenchus, D.O., FMA President and Chair

The Board of Governors submits the following report to the House of Delegates. This report contains **five 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 **2015 FMA Policy Review**

- 1 **That 2015 policies on pages 9 thru 38 of this report be reaffirmed (pages 9-33) or sunset (pages 34-38)**
2 **according to the FMA’s seven year policy review mechanism.**

Description	Amount	Budget Narrative
		No Fiscal Impact

3 Background: In keeping with the FMA’s seven year policy review mechanism, policies from 2015 were
4 distributed to the appropriate FMA councils for review with a report back to reaffirm or sunset.

5
6 Discussion: After receiving input from FMA’s councils and committees, the Board believes that policies
7 listed on pages 9-33 are still relevant and should be reaffirmed for an additional seven years and further,
8 that the policies listed on page 34-38 are out of date, newer or similar policies exists, or the objective
9 has been accomplished, therefore the policies should sunset. Sunset policies are maintained in a
10 separate archive system.

11
12 Upon approval by the House of Delegates, the FMA Policy Compendium will be updated accordingly.

Recommendation A-2 **Resolution 22-105**

Minimal Credentialing in Post-Acute and Long-Term Care Medicine **The Florida Society for Post-Acute and Long-Term Care Medicine**

14
15
16
17
18 **That Resolution 22-105 from the 2022 House of Delegates be not adopted.**

19
20 RESOLVED, That the Florida Medical Association promotes a professional standard that all
21 health care providers practicing in the Post-Acute and Long-Term Care (PALTC) setting will
22 present, at a minimum, proof of identification, i.e., a current government issued photo
23 identification (e.g., driver’s license), a current state issued professional license, and, as
24 appropriate, a current DEA certificate.

1

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

2

3 Background: On August 7, 2022, the FMA House of Delegates referred Resolution 22-105 to the Board of
4 Governors for study and report back to the 2023 House of Delegates.

5

6 Discussion: The Board of Governors referred this resolution to the Council on Medical Education,
7 Science, and Public Health to study. The Council invited the author of the resolution, Florida Society for
8 Post-Acute and Long-Term Care Medicine (FMDA) to provide background and information regarding this
9 resolution. Dr. Maria Gonzalez and Dr. Robert Kaplan appeared before the Council to represent FMDA.
10 The Council ultimately concluded that there should be a standard credentialing process for all
11 healthcare professionals who provide care to patients in post-acute care and long-term care facilities, to
12 include at a minimum providing proof of identification at least once. Thus, the Council unanimously
13 voted to recommend adoption of the resolution as submitted. In October 2022, the Board of Governors
14 had multiple questions regarding this resolution. The Board was unsure how to enforce the policy
15 should the resolution pass. Several members were unclear about the intent of the resolution. It was
16 noted that the intent of the resolution was a preventative measure and garnering FMA support would
17 be the first step for the Post-Acute and Long-Term Care Medicine group. While the Board agreed with
18 the intent of the resolution, it has no authority to implement the action; the Board voted to recommend
19 that the 2023 House of Delegates not adopt this resolution.

20

Recommendation A-3

21

Resolution 22-106

22

Requirement for Minimum Education Standards for Medical Directors

23

The Florida Society for Post-Acute and Long-Term Care Medicine

24

25 **That Resolution 22-106 from the 2022 House of Delegates be not adopted.**

26

27 RESOLVED, That the Florida Medical Association support and encourage all initiatives (Federal,
28 State and Local) to promote minimum education standards for physicians serving in the role of
29 Medical Director in Post-Acute and Long-Term Care, to include the completion of a specified
30 number of initial and maintenance education credits within a defined time period.

31

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

32

33 Background: On August 7, 2022, the FMA House of Delegates referred Resolution 22-106 to the Board of
34 Governors for study and report back to the 2023 House of Delegates.

35

36 Discussion: The Board of Governors referred this resolution to the Council on Medical Education,
37 Science, and Public Health to study. The Council invited the author of the resolution, Florida Society for

1 Post-Acute and Long-Term Care Medicine (FMDA) to provide background and information regarding this
 2 resolution. Dr. Maria Gonzalez and Dr. Robert Kaplan appeared before the Council to represent FMDA.
 3 The Council ultimately concluded that medical directors working in post-acute and long-term care
 4 facilities should achieve specific, relevant education and training to support their work in such facilities.
 5 The Board of Governors further determined that the specialty society would be in the best position to
 6 specify what this content should be. Further, the Board agreed that there was not sufficient clarity on
 7 how the standards would apply. The Board of Governors voted to recommend that the 2023 House of
 8 Delegates not adopt Resolution 22-106.

Recommendation A-4

Resolution 22-108

Promoting, Supporting Clinical Research

Collier County Medical Society, Raymond Phillips, M.D.

That Resolution 22-108 from the 2022 House of Delegates be not adopted.

RESOLVED That the FMA develop and promulgate an educational campaign directed to the public and medical community to clarify how clinical research is performed in the U.S.; and be it further

RESOLVED, That the FMA promote clinical research by facilitating the identification of clinical research activity in component society areas to create a community-based resource for interested public and medical community members; and be it further

RESOLVED, That the FMA provide physicians conducting clinical research in their communities with the tools necessary to promote the importance of clinical research and reinforce the trust-building needed for vibrant participation of the public and the medical community; and be it further

RESOLVED, That the FMA formulate an Action Plan for Promoting Clinical Research (APPCR) that can be carried through to component societies, including but not limited to:

- a. Identifying physicians involved in clinical research
- b. Facilitating the formation of research networks
- c. Creating a website for listing clinical trials, case studies and involved physicians
- d. Coordination of the participation of graduate medical education programs
- e. Coordination of the participation and resources of community hospitals, clinics, medical foundations, and pharmaceutical stakeholders.

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

Background: On August 7, 2022, the FMA House of Delegates referred Resolution 22-108 to the Board of Governors for study and report back to the 2023 House of Delegates.

Discussion: The Board of Governors referred this resolution to the Council on Medical Education,

1 Science, and Public Health to study. The Council discussed the resolution and found it to be well
 2 intentioned and well written. However, the Council ultimately determined that the actions
 3 recommended by the resolves were overly broad, difficult to quantify, and outside the scope of the
 4 FMA’s mission and activities. There was also discussion that other groups and organizations, particularly
 5 Florida’s medical schools, are better positioned to achieve these objectives. The Council’s study, coupled
 6 with the significant fiscal note led the Board of Governors to recommend that the 2023 House of
 7 Delegates not adopt Resolution 22-108. It was noted that this was too broad of a resolution and that the
 8 author should narrow this request to increase the chances of the resolution passing at a future time.
 9

Recommendation A-5

Resolution 22-113

**End the Monopoly on Certifying Physicians by the American Board of Medical Specialties
 Ellen McKnight, M.D.**

That substitute language be adopted in lieu of original Resolution 22-113.

Substitute language:

RESOLVED, That 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.

Original Resolution 22-113:

*RESOLVED, The FMA formally petition the governor and the surgeon general to add the National
 Board of Physicians and Surgeons (NBPAS) to the currently approved certifying entities in the
 state of Florida recognizing that we must finally end the monopoly on certifying physicians by
 ABMS/AOA; be it further*

*RESOLVED, The FMA will send a representative(s) to the next meeting of the Florida board of
 medicine to voice support for recognizing NBPAS as an approved certifying entity in the State of
 Florida; therefore be it further*

*RESOLVED, The FMA will formally request a change to 458.3312, by replacing the word “formal”
 with “initial” as follows: Specialties.*

*—A physician licensed under this chapter may not hold himself or herself out as board certified
 unless the physician received **initial** recognition as a specialist from a specialty board of the
 American Board of Medical Specialties or other recognizing agency that has been approved by
 the board...*

Description	Amount	Budget Narrative
100 staff hours	\$17,000	Can be accomplished with current staff
Total	\$17,000	\$0 added to the operating budget

40
 41 **Background:** On August 7, 2022, the FMA House of Delegates referred Resolution 22-113 to the Board of
 42 Governors for study and report back to the 2023 House of Delegates.

1
2 Discussion: At the October 2022 Board of Governors meeting, the Board of Governors heard a
3 presentation from representatives from the NBPAS. At the January 2023 Board of Governors meeting,
4 the Board of Governors heard a presentation from representatives from the ABMS. The Board of
5 Governors debated this resolution at length. Some members of the Board felt that this issue should
6 belong solely to the specialty societies, while others felt that the NBPAS devalues specialty certification.
7 An amendment carried to recommend that the 2023 House of Delegates adopt the below language in
8 lieu of the original resolution:

9 RESOLVED, That the FMA support legislation to amend Florida Statute Section 458.3312 to allow
10 physicians that have received initial recognition by the American Board of Medical Specialties as
11 a board-certified specialist to continue to advertise as such regardless of whether the
12 certification is maintained in the future.
13

Council on Medical Education, Science and Public Health

14 **Major Board Actions:**

- 15 • Reviewed and approved recommendations to reaffirm public policies from 2015.
 - 16 ○ (See Recommendation A-1)
- 17 • Reviewed and approved recommendations to sunset public policies from 2015.
 - 18 ○ (See Recommendation A-1)
- 19 • Adopted P 307.008, Use of Marijuana for Medical Purposes

20 **Informational Items:**

- 21 • Resolution 21-202 was further studied. The resolution reads as follows:
 - 22 • RESOLVED, That the FMA Board of Governors request that the Council on
23 Medical Education, Science, and Public Health evaluate the status of evidence-
24 based medical cannabis policies and their impact on physician education and
25 public health awareness.
 - 26 ○ This resolution was originally referred to the Board of Governors by the 2021 House of
27 Delegates. The Board subsequently asked the Council to fulfill the requested policy
28 review. The Council reviewed exiting FMA and AMA policy related to cannabis for
29 medical use, and heard a presentation from the Consortium for Medical Marijuana
30 Clinical Outcomes Research (CMMCOR) which provided an overview of the evidence
31 that is available regarding the efficacy/ effectiveness of medical cannabis for the
32 qualifying conditions specified by Florida law. Additionally, the Council listened to a
33 presentation by Dr. Jeff Block, a member of the Dade County Medical Association and
34 Founder and President of Nurturing Nature, a company which seeks to provide
35 consultancy services that advance endocannabinoid research by reintegrating the
36 discovery of botanical medicines. After much discussion, the Council stated that this is
37 an incredibly complex issue, one which is significantly affected by the contradictory
38 federal and state laws. Given the lack of evidence that exists for therapeutic/ dosing
39 recommendations for most of the eligible conditions in Florida, the Council felt that the
40 key priority for the FMA is to continue its support of research in this area so that there
41 will be more available evidence to share with physicians regarding evidence-based
42 treatment guidelines for medical uses of cannabis. A previous motion carried to
43 44 45

1 recommend that the House of Delegates sunset P 307.001, the council also
2 recommended that the Board of Governors consider sunseting P 307.002 to remain
3 consistent in policy.

- 4 ○ The Board crafted new policy on marijuana for medical purposes, P 307.008. The policy
5 reads:
 - 6 ■ That the FMA recognizes that while limited evidence exists on the efficacy of
7 marijuana for medical purposes, some patients may derive benefits from its
8 use. The decision to use marijuana for medical purposes in accordance with
9 Florida law should be a decision between the patient and their treating
10 physician. Given that the use of marijuana for medical purposes is established
11 in the Florida constitution and regulated by Florida law, the FMA will support
12 changes to Florida law that regulate the use of marijuana that are evidence
13 based. The FMA also reaffirms its support for state and federal funding of
14 research on the efficacy of the use of marijuana for medical purposes.
15

Council of Florida Medical School Deans

16 Informational Items:

- 17 ● Hurricane Ian
 - 18 ○ The Council of Deans' GME group met immediately after Hurricane Ian hit to discuss
19 impacts on hospitals and residency programs. There were some residency programs in
20 hospitals that needed to relocate patients. While some patients had to be evacuated to
21 other hospitals in the state and some clinics were closed due to the storm, the residents
22 were still able to work and the closures are not expected to be long-term. In the
23 meanwhile, GME leaders from around the state met and were determining available
24 alternate placements for residents in the event that residents would be displaced.
25 There were other teaching hospitals that were impacted by flood waters. Several
26 hospitals in the Ft. Myers area had to evacuate patients to south Florida and Miami
27 hospital. Some residents lost their cars and were either unable to access or to leave
28 their hospitals. Reportedly, in one area of the state, a short Uber ride for an impacted
29 resident to get to work cost approximately \$150. The GME team continues to be
30 focused on ensuring the continuity of Florida's residency programs and is committed to
31 continuing to look after the mental health and well-being of our residents in the
32 aftermath of Hurricane Ian.
 - 33 ○ Florida's medical schools, clinical partners and communities have done a great job with
34 disaster preparations and contingency planning. The medical schools work closely with
35 communities and parent institutions, both with regard to continuity of operations
36 planning and to service to students and communities. The schools have also developed a
37 network through which our colleagues are able to quickly activate support to sister
38 institutions and programs. For example, USF Health sent medical teams to the affected
39 areas to do a needs assessment and as a result are providing basic supplies to the
40 community as well as academic support for impacted residency programs.
 - 41 ○ The Medical Student Disaster Housing Program was activated as soon as Hurricane Ian's
42 less-than-predictable plan took shape. Through this program, students were able to
43 volunteer to temporarily house other students who are required to or feel the need to
44 evacuate due to a hurricane.
 - 45 ○ Each individual school is also looking into the well-being of students, residents, and
46 faculty whose families or personal lives have been directly impacted by Hurricane Ian.

- 1 • Deans Day
- 2 ○ Deans Day occurred March 20-21, 2023 in Tallahassee.
- 3 • Upon John Fogarty, M.D., Chair, Council on Florida Medical School Deans retirement, Dean
- 4 Deborah German, M.D. will take over.
- 5 ○ The Council of Deans congratulates Dean Alma Littles on her appointment in January as
- 6 Interim Dean for the Florida State University College of Medicine.
- 7 ○ In February, Dean Littles was elected Vice-Chair of the Council of Deans. Dean Littles
- 8 provides valuable leadership and institutional knowledge regarding the priorities and
- 9 operations of the Council of Deans.
- 10 • In November, the Department of Health Physician Workforce Advisory Council issued its 2022
- 11 Physician Workforce Annual Report. One of the recommendations is that the Department
- 12 collaborate with the Council of Florida Medical School Deans to “develop student diversity
- 13 pipeline best practices, based on successful measures in practices throughout the state and
- 14 nation, for use as a resource by Florida medical schools when implementing, improving, or
- 15 measuring the impact of their pipeline programs.” The Council of Deans’ Diversity, Equity, and
- 16 Inclusion Working Group is developing a format for a 2023 study to determine the current status
- 17 of pathway/pipeline programs in the state and to do so in a manner that can be measurable in
- 18 terms of showing short-, mid-, and long-term success of various program types as well as
- 19 reflecting relative cost-benefits of various types of programs in the state.
- 20 • Dean Lockwood expressed his appreciation for Chris Clark, Jeff Scott, Mary Thomas, and the FMA
- 21 legislative team. He stated that the Council is looking forward to continuing to work with the FMA
- 22 on the implementation and continuation of FRAME (Florida Reimbursement Assistance for
- 23 Medical Education).
- 24 ○ During the 2023 Legislative Session:
- 25 ▪ The innovative Slots for Doctors program was created and funded under Florida’s
- 26 Medicaid Program. The program was established to address the physician
- 27 workforce shortage by increasing the supply of highly trained physicians through
- 28 the creation of new resident positions. The program provides an annual allocation
- 29 of \$100,000 to hospitals and qualifying institutions for each newly created
- 30 accredited resident position for up to 300 new positions in needed specialties.
- 31 The program, for its first year, was funded in the amount of approximately \$30
- 32 million.
- 33 ▪ Because of the FMA’s leadership, this program was initially funded in the
- 34 amount of \$6 million during the 2022 legislative session. Implementation of the
- 35 program by the Department of Health envisioned a first year to focus on
- 36 “retention” of existing practitioners with a “recruitment” component to be
- 37 addressed in the second year. Response by physicians (including residents) far
- 38 exceeded expectations. Accordingly, the 2023 legislature increased recurring
- 39 annual funding from \$6 to \$16 million. Additionally, based on the current
- 40 success of the program and the number of applicants for the 2022 program, a
- 41 provision was included in what is known as “back of the bill.” This provision
- 42 added an additional \$10 million to the current 2022 FRAME funding.
- 43 ▪ Adequate physician reimbursement is critical for Florida’s practicing physicians
- 44 and is also important in incentivizing medical students and residents as they
- 45 select the specialties in which they will practice. A number of specialties,
- 46 particularly the less financially remunerative primary care specialties, can be
- 47 less appealing options for those applying for residency programs with significant
- 48 educational debt. Through the leadership of the FMA, Medicaid reimbursement

1 rates for pediatric care (not limited to care provided by pediatricians) was
2 increased in the 2023 budget bill.

- 3 ○ The Council of Deans looks forward to working with the FMA on the implementation of
4 the Slots for Doctors program, the “recruitment” aspect and continuation of the
5 “retention” aspect of FRAME, and other areas in which our medical schools can be
6 helpful.
- 7 ● FMSQN has a contract with the AHCA to complete multiple deliverables concerning the
8 management of sickle cell disease (SCD) in Florida. The FMSQN SCD multidisciplinary workgroup
9 deliverables include:
 - 10 ○ Issuing a comprehensive report on the prevalence of SCD in Florida, current best
11 practices, and recommendations to be shared with state leadership and the legislature
12 (completed).
 - 13 ○ Reviewing existing SCD treatment and quality performance measures and proposing
14 recommendations (completed).
 - 15 ○ Developing criteria for proposed Centers of Excellence in SCD and identifying potential
16 funding opportunities (in progress).
 - 17 ○ Analyzing the Medicaid preferred drug list and making recommendations for areas of
18 improvement or to address gaps including new therapies (in progress).
 - 19 ○ Creating a set of publicly available continuing education webinars on SCD current and
20 emerging treatments, transitions of care, and best practices (in progress).

21 22 **Committee on Physician Wellness**

23 24 Informational Items:

- 25 ● Rebekah Bernard, M.D., Chair, Committee on Physician Wellness reported that the Committee on
26 Physician Wellness met on December 7, 2022 to continue discussions about physician wellness
27 and opportunities available to leverage FMA assets and create programs to empower physicians
28 and drive wellness.
 - 29 ○ Primary topics of discussion included physician coaching, available resources for
30 physicians, and the best ways to disseminate information and links to resources. The
31 Council also discussed the development of an FMA Peer Program, and specific things FMA
32 can do to de-stigmatize mental health and encourage healthy conversations/actions. Dr.
33 Bernard stated that the Committee also developed a number of action items including:
 - 34 ■ Designing and delivering a complimentary webinar for FMA members featuring
35 experts and professionals from the FMA’s Legal Office and the Florida Board of
36 Medicine to emphasize key messages about mental health and assure physicians
37 that the licensing boards do not consider mental health counseling for
38 anxiety/depression, marital counseling, etc. to be a reportable event.
 - 39 ■ Additionally, the Committee will utilize the next FMA Leadership Academy class
40 to establish an FMA Balint Group, which is generally a group of clinicians who
41 meet on a regular basis to present clinical cases or examples to improve and
42 better understand the clinician-patient relationship. In this case, the group would
43 meet regularly throughout the year to specifically discuss and vet tools and
44 resources to support physician autonomy, resilience, and wellness.
 - 45 ■ Finally, Dr. Bernard stated that the group is exploring the possibility of offering a
46 CME panel related to physician wellness during FMA 2023 Annual Meeting and/or
47 developing a virtual educational course to post in the FMA’s online catalog.

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PRN

Informational Items:

- PRN has met all of its contractual obligations.

1 **POLICIES TO REAFFIRM**

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3 **P 5.001 ABORTION CIVIL DAMAGES**

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

8 *Recommendation by the Council on Legislation: Reaffirm*

9
10 **P 10.008 GRADUATED DRIVER LICENSING SYSTEMS – TEEN SAFE DRIVING**

11 The Florida Medical Association supports legislation to strengthen Florida’s existing graduated driver
12 licensing systems to meet current recommendations by the National Highway Traffic Safety
13 Administration, Insurance Institute for Highway Safety, and the American Academy of Pediatrics. (*Res*
14 *13-109, HOD 2013*)

15 *Recommendation by the Council on Legislation: Reaffirm*

16
17 **P 20.003 DISTRIBUTION OF CDC RECOMMENDATIONS**

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

22 *Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant*

23
24 **P 25.003 EQUAL PROTECTION FROM DISCOVERY**

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

28 *Recommendation by the Council on Legislation: Reaffirm*

29
30 **P 35.001 HOSPITAL DEPARTMENT CLOSURES**

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

34
35 **P 50.003 HEALTH CARE PROVIDER**

36 The Florida Medical Association (FMA) approves the expungement of the term “health care provider”
37 from the lexicon of the FMA and FMA Alliance for internal and external communications except for
38 exclusive use with reference to allied health professionals with no medical function. (*BOG March 1997*)
39 (*Reaffirmed BOG 2007*) (*Reaffirmed HOD 2015*)

40 *Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant*

41
42 **P 70.003 CHILDHOOD MELANOMA AND SKIN CANCER SAFE SUN**

43 The Florida Medical Association supports a Florida policy that schools allow students to wear sun-
44 protective clothing, including but not limited to hats while outdoors on campus; and further supports
45 teacher education and teacher advocacy for student sun protection; and further supports outreach to
46 students identified as high risk by family history of melanoma, fair skin with easy burning, and atypical

1 moles for special programs including protection of skin during school hours. (*Res 05-5, HOD 2005*)
2 (*Reaffirmed HOD 2013*)

3 Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant
4

5 **P 70.004 PROSTATE CANCER SCREENING**

6 The Florida Medical Association supports legislation that would require health insurance companies to
7 provide prostate cancer screening for men over 40. (*BOG October 2007*) (*Reaffirmed HOD 2015*)

8 Recommendation by the Council on Legislation: Reaffirm
9

10 **P 70.008 LUNG CANCER SCREENING TO BE CONSIDERED STANDARD OF CARE**

11 The Florida Medical Association recognizes the importance of Lung Cancer Screening and
12 recommends the coverage of lung cancer screening for high risk patients by Medicare, Medicaid, and
13 private health insurers be required as the key to ensuring that everyone at risk has a fair and
14 equitable opportunity to survive a lung cancer diagnosis; and further requests the AMA do the same.
15 (*Amended Res 13-406, HOD 2013*)

16 Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm
17

18 **P 80.006 SUSPEND HCAHPS RATING SYSTEM**

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

23 Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm
24

25 **P 90.001 FINGERPRINTING OF CHILDREN**

26 The Florida Medical Association endorses programs of voluntary fingerprinting of children as an aid in
27 identifying missing persons. (*BOG October 1984*) (*Reaffirmed BOG Rpt A, HOD 1994*) (*Reaffirmed HOD*
28 *2005*) (*Reaffirmed as amended with editorial change HOD 2013*)

29 Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant
30

31 **P 90.002 FETAL AND INFANT DEATHS**

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

37 Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant
38

39 **P 90.008 ENDORSEMENT FOR WALKING/BIKING TO SCHOOL**

40 The Florida Medical Association encourages walking and biking to school, wherever safe routes are
41 available. (*Res 07-2, HOD 2007*) (*Reaffirmed HOD 2015*)

42 Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

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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)*

[Recommendation by the Council on Legislation: Reaffirm](#)

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)*

[Recommendation by the Council on Legislation: Reaffirm](#)

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)*

[Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant](#)

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)*

[Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant](#)

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

1 Hormone Releasing Hormone (LHRH) analogues, or other appropriate pharmacologic agent, for
2 Medroxyprogesterone acetate (MPA) in conjunction with psychotherapy due to their higher
3 effectiveness, safety profile, and reversibility. *(Res 05-52, HOD 2005) (Reaffirmed HOD 2013)*
4 [Recommendation by the Council on Legislation: Reaffirm](#)
5

6 **P 115.002 GUARDIANSHIP REFORM**

7 The Florida Medical Association (FMA) supports legislation to effectively improve protections of
8 incapacitated persons in the guardianship statutes and processes. *(Res 14-308 HOD)*
9 [Recommendation by the Council on Legislation: Reaffirm](#)
10

11 **P 130.001 VERIFYING PRESCRIPTIONS**

12 The Florida Medical Association supports the cooperation of physicians with pharmacists in ascertaining
13 the legitimacy of individual prescriptions, whether ordered by verbal or written means and to verify
14 these prescriptions with the pharmacist personally whenever possible. *(BOG Rpt B, HOD 1985)*
15 *(Reaffirmed A-95) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013)*
16 [Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant](#)
17

18 **P 130.003 EXEMPTION OF ER PHYSICIANS FROM DISPENSING PRACTITIONER REGULATIONS**

19 The Florida Medical Association supports the exemption from the dispensing practitioner regulations,
20 physicians working in emergency departments who dispense from the hospital pharmacy up to 48 hours
21 worth of necessary medications to their patients. *(Res 97-37, HOD 1997) (Reaffirmed BOG 2007)*
22 *(Reaffirmed HOD 2015)*
23 [Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant](#)
24

25 **P 130.004 PHARMACISTS**

26 The Florida Medical Association opposes legislation permitting pharmacists to order and prescribe
27 medications and drug therapies. *(BOG March 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015)*
28 [Recommendation by the Council on Legislation: Reaffirm](#)
29

30 **P 130.022 PHARMACISTS PRESCRIBING**

31 The FMA supports the modern healthcare needs of a pharmacy to monitor patient prescriptions for
32 potential side effects and inter medication reactions, potential patient pharmaceutical abuse, and
33 patient education and discourages pharmacists from refusing to fill valid prescriptions unless that denial
34 is made because of potential side-effects or inter-medication reactions. *(Res 18-112, October Board of*
35 *Governors 2018, Motion 10-18-15)*
36 [Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant](#)
37

38 **P 135.001 THERAPEUTIC SUBSTITUTION**

39 The Florida Medical Association assumes an official position of opposition to therapeutic substitution of
40 drugs by pharmacists unless the substitution is approved by the prescribing physician in each instance
41 and will communicate this position to the Florida Department of Health, Florida Hospital Association and
42 Joint Commission on Accreditation of Hospitals. *(Res 84-03, HOD 1984) (Reaffirmed HOD 1994)*
43 *(Reaffirmed HOD 2005) (Reaffirmed HOD 2013)*
44 [Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant](#)

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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)*

Recommendation by the Council on Legislation: Reaffirm

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.)*

Recommendation by the Council on Legislation: Reaffirm

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)*

P 145.002 MANDATORY 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)*

Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant; technical amendment

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)*

Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

P 160.010 PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

The Florida Medical Association supports a form entitled “Physician Orders for Life-Sustaining Treatment” for statewide use in patients with advanced life limiting illnesses to allow for only an M.D. or D.O. signature. *(BOG October 2005)(Reaffirmed HOD 2013)(Amended, BOG May 2015)*

Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

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

1 and worldwide; and further through its delegation to the American Medical Association (AMA),
2 encourages the AMA to further the principles of this policy. (BOG July 2007) (Reaffirmed HOD 2015)
3 [Recommendation by the Council on Legislation: Reaffirm](#)

4
5 **P 170.009 AMA POLICY ON CLIMATE CHANGE**

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

10 [Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant](#)

11
12 **P 175.002 CAPITAL PUNISHMENT**

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

19 [Recommendation by the Council on Legislation: Reaffirm](#)

20
21 **P 175.006 DENOUNCING THE UNETHICAL PRACTICE OF CREATING CRYOPRESERVED HUMAN**
22 **EMBRYO BANKS BY CORPORATE ENTITIES**

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

36 [Recommendation by the Council on Legislation: Reaffirm](#)

37
38 **P 175.007 HEALTH CARE RIGHTS OF CONSCIENCE**

39 The Florida Medical Association advocates for healthcare rights of conscience for physicians and hereby
40 acknowledges that it is a basic right of individual physicians to freely exercise their right to conscientious
41 objection in their healthcare work without fear of coercion or penalty, and further supports healthcare
42 rights of conscience legislation to protect physicians from coercion, imposition and any type of penalty
43 by governmental and other outside regulatory measures that would violate the professional integrity of

1 physicians and endanger their right to practice their chosen field of medicine. (*Res 15-315, BOG October*
2 *2015*)

3 [Recommendation by the Council on Legislation: Reaffirm](#)

4
5 **P 185.004 VOLUNTEER EXPERT WITNESSES**

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

9 [Recommendation by the Council on Legislation: Reaffirm](#)

10
11 **P 185.011 PROCEDURAL GUIDELINES FOR THE EXPERT WITNESS PROGRAM**

12 The Florida Medical Association (FMA) supports developing ethical guidelines for physicians serving as
13 expert witnesses in medical liability litigation in collaborative and active involvement of county medical
14 societies and specialty societies; and further adopts policy that Florida physicians serving as expert
15 witnesses in medical liability litigation, voluntarily sign an expert witness affirmation stating that they
16 will adhere to the FMA guiding principles; and further will educate physicians about ethical guidelines
17 and professional responsibility regarding the provision of expert witness testimony. (*Res 05-26, HOD*
18 *2005*) (*Reaffirmed HOD 2013*)

19 [Recommendation by the Council on Legislation: Reaffirm](#)

20
21 **P 190.002 FIREARMS AND ADOLESCENT/CHILD VIOLENCE**

22 The Florida Medical Association supports strategies for reducing firearm injuries and other violence to
23 children and adolescents utilizing appropriate educational, legal and legislative options. (*Res 94-18,*
24 *HOD 1994*) (*Reaffirmed HOD 2005*) (*Reaffirmed as amended HOD 2013*)

25 [Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant](#)

26
27 **P 190.003 GUN SAFETY DEVICES**

28 The Florida Medical Association supports the educating of consumers on the use of gun safety devices.
29 (*BOG March 1997*) (*Reaffirmed BOG 2007*) (*Reaffirmed HOD 2015*)

30 [Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant](#)

31
32 **P 195.003 PRESERVE CORE VALUES OF TRANSPARENCY AND INCLUSIVENESS**

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

40 [Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant](#)

41
42 **P 230.004 PROMOTION OF HEALTH SAVINGS ACCOUNTS**

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

47 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)

1
2 **P 235.015 HEALTH INSURANCE EXCHANGES**

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

11 *Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm with*
12 *technical amendment*
13

14 **P 235.016 A TEAM-BASED APPROACH FOR FLORIDA'S MEDICAL NEEDS**

15 The Florida Medical Association will consider how the shortage of physicians may be impacting patients'
16 access to care, how access to care may worsen following implementation of the Affordable Care Act or
17 Medicaid expansion in Florida, and how these access to care issues are driving discussions and support
18 among policymakers for scope expansion by allied health providers; and further will consider being
19 proactive in responding to these trends and circumstances by developing solutions for policymakers
20 rather than waiting for policymakers to impose solutions on organized medicine; and further that such
21 solutions show how physician-led, collaborative, team-based care can ensure adequate access, protect
22 patient safety, and improve quality of care for all Floridians; and further will consider developing a
23 proposal for the legislative and regulatory changes necessary to implement such policy. *(BOG February*
24 *2013)*

25 *Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm*
26

27 **P 240.001 JCAH JOINT COMMISSION STANDARDS FOR HOSPITALS**

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

33 *Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant;*
34 *technical amendment*
35

36 **P 249.003 SOVEREIGN IMMUNITY FOR NON-DEPARTMENT OF HEALTH FUNDED CLINICS**

37 The Florida Medical Association seeks legislation broadening professional liability protection for
38 physicians providing voluntary medical services within non-Department of Health contracted
39 philanthropic clinics. *(Res 94-9, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013)*

40 *Recommendation by the Council on Legislation: Reaffirm*
41

42 **P 249.004 IMPROVEMENTS TO SOVEREIGN IMMUNITY CONTRACTS**

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

48 *Recommendation by the Council on Legislation: Reaffirm*

1
2 **249.008 INCREASE SOVEREIGN IMMUNITY LIMITS FOR VOLUNTEER HEALTHCARE PROVIDER**
3 **PROGRAM**

4 The Florida Medical Association supports efforts to increase the sovereign immunity limits for the
5 "Volunteer Healthcare Provider Program", including "We Care", from 200% to 250% of the federal
6 poverty level. (BoG February 2012)

7 Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm

8
9 **P 250.001 ADULT IMMUNIZATIONS**

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

14 Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant;
15 technical amendment

16
17 **P 250.006 TIGHTENING CHILDHOOD IMMUNIZATION LAW TO IMPROVE PUBLIC HEALTH**

18 The Florida Medical Association supports legislation to improve and provide information be given to
19 parents regarding immunizations and the dangers of not immunizing; and further supports legislation to
20 improve vaccine data exchange between schools, the Department of Education, the Department of
21 Health and parents, by publishing data by school and county of vaccination and non-vaccination rates by
22 a method to be determined by the Department of Health. (Res 15-303 HOD 2015)

23 Recommendation by the Council on Legislation: Reaffirm

24
25 **P 250.007 CHILDHOOD IMMUNIZATION LAW**

26 The Florida Medical Association supports legislation banning personal and religious exemptions and
27 legislation requiring biennial renewal of medical immunization exemptions. (Res 15-304 HOD 2015)

28 Recommendation by the Council on Legislation: Reaffirm

29
30 **P 255.006 WE CARE PROGRAM**

31 The Florida Medical Association promotes the We Care Program and similar health care volunteer
32 programs on a county-by-county basis. (Res 95-63, A-1995) (Reaffirmed HOD 2005) (Reaffirmed as
33 amended HOD 2013)

34 Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm

35
36 **P 260.008 THIRD-PARTY CONTRACTS NEGATIVELY IMPACTING ON PATIENT CARE**

37 The Florida Medical Association will seek legislation that third-party payers be liable for harm resulting
38 from the results of any of their review decisions which are in conflict with those of the treating
39 physicians. (Res 95-22, A-1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013)

40 Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm

41
42 **P 260.009 VOIDING PHYSICIAN INDEMNIFICATION OF A CARRIER**

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

48 Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm

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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)*

[Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)

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)*

[Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)

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)*

Recommendation: Reaffirm

[Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)

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)*

[Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)

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)*

[Recommendation by the Council on Medical Education, Science, and Public Health: Reaffirm](#)

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)*

[Recommendation by the Council on Legislation: Reaffirm](#)

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

1 addition to the professional fees, and further the amount of the facility fee must also be disclosed. *Res*
2 *15-305, BOG October 2015)*

3 [Recommendation by the Council on Legislation: Reaffirm](#)

4
5 **P 283.007 NATIONAL DATA BANK REPORTING**

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

10 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)

11
12 **P 283.008 PHYSICIAN INVOLVEMENT IN PRODUCT LIABILITY CASES**

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

18 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)

19
20 **P 283.017 THREE STRIKES AND OUT AMENDMENT**

21 The Florida Medical Association supports physicians in the defense against the application of the “three
22 strikes and you are out” constitutional amendment via the filing of amicus briefs and public statements
23 on behalf of physicians. (*BOG July 2004*) (*Reaffirmed HOD 2012*)

24 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)

25
26 **P 283.018 DECLARATION OF LIABILITY PROTECTION FOR VOLUNTEER PHYSICIANS**

27 The Florida Medical Association supports legislation to reform the current system to facilitate the
28 provision of free care to the uninsured including protection from liability for physicians volunteering to
29 provide uncompensated care to low income individuals (equal to or less than 250% Federal Poverty
30 Level). (*Res 05-27, HOD 2005*) (*Reaffirmed HOD 2013*)

31 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)

32
33 **P 285.003 LICENSING OF PHYSICIANS - PREFERENTIAL TREATMENT**

34 The Florida Medical Association opposes any legislation that would allow, in special cases, physicians to
35 bypass state licensing boards to practice medicine in Florida. (*Res 85-24, A-1985*) (*Reaffirmed A-1995*)
36 (*Reaffirmed HOD 2005*) (*Reaffirmed HOD 2013*)

37 [Recommendation by the Council on Legislation: Reaffirm](#)

38
39 **P 285.027 OPPOSITION TO THE FSMB MAINTENANCE OF LICENSURE (MOL) PROGRAM**
40 **ADOPTION IN FLORIDA**

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

47 [Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant](#)

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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)*

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

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)*

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

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)*

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

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)*

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

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)*

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

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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)*

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

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)*

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

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)*

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

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)*

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

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)*

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

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)*

Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm with technical amendment

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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)*

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

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)*

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

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)*

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

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)*

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

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)*

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

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)*

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

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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)*

Recommendation by the Council on Legislation: Reaffirm

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)*

Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

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)*

Recommendation by the Council on Legislation: Reaffirm

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)*

Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

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)*

Recommendation by the Council on Legislation: Reaffirm

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)*

Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

P 350.002 ORGAN DONATION HARVESTING

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;

1 and further will evaluate the need for and, if appropriate, pursue proper legislation to implement this
2 program. *(Res 85-11, A-1985) (Reaffirmed A-1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013)*
3 [Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant](#)
4

5 **P 350.003 SUPPORT OF ORGAN AND CORNEA DONATION**

6 The Florida Medical Association (FMA) supports organ, tissue and cornea donation; and further shall
7 use its good offices to support such legislation as may come before the Florida Legislature which may
8 promote organ donation. *(Res 95-6, A-1995) (Reaffirmed with title change, HOD 2005)(Reaffirmed as*
9 *amended HOD 2013)*

10 [Recommendation by the Council on Legislation: Reaffirm](#)
11

12 **P 360.001 QUALITY MEDICAL CARE THROUGH PATIENT SAFETY INITIATIVES**

13 The Florida Medical Association (FMA) continues to devote adequate staff and other resources
14 necessary to evaluate and influence patient safety and medical quality initiatives consistent with FMA
15 policy and assign the task as a regular agenda item to appropriate FMA councils and the FMA Board of
16 Governors; the FMA calls for the testing of patient safety initiatives, and the use of pilot programs prior
17 to a full implementation of a program whenever possible, to maximize the chance for any new program
18 to be successful and not just create new work or additional problems; the FMA calls for new patient
19 safety initiatives to be recommended only after consideration of how the new initiatives will interrelate
20 to all existing patient safety initiatives; the FMA calls for all patient safety initiatives to be structured to
21 avoid the creation of any unnecessary financial, manpower, or regulatory burdens on hospitals,
22 physicians or patients. *(Res 05-8, HOD 2005) (Reaffirmed HOD 2013)*

23 [Recommendation by the Council on Legislation: Reaffirm](#)
24

25 **P 360.002 PATIENT SAFETY AND CONTINUITY OF CARE IN ELECTRONIC RECORDS**

26 The Florida Medical Association supports a common communication language for all electronic health
27 records; and supports that patient data for care purposes and safety be transferable from one
28 company's program to another in compliance with HIPAA guidelines. *(Res 05-15, HOD 2005)*
29 *(Reaffirmed HOD 2013)*

30 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)
31

32 **P 365.002 PAY-FOR-PERFORMANCE PROGRAMS IN FLORIDA**

33 The Florida Medical Association seeks legislation to require that any insurance payer that engages in
34 pay-for-performance or any similar rating system by which contracted physicians are identified on
35 "quality measures" must clearly, plainly and fully disclose to its providers and patients the basis on
36 which those measures are made, and whether or not those criteria are in accordance with the American
37 Medical Association's Principles and Guidelines for Pay-for-Performance. *(Res 05-58, HOD 2005)*
38 *(Reaffirmed HOD 2013)*

39 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)
40

41 **P 370.011 DOUBLE STANDARDS IN PRO REVIEW**

42 The Florida Medical Association requests from the Centers for Medicare/Medicaid Services (CMS), as
43 regards to quality care issues, that all chart reviews be performed by the Florida PROs with identical
44 standards of care for non-HMO and HMO patients; and further that chart reviews should be done
45 without regard to provider affiliation; and further that HMO charts should not be exclusively reviewed
46 by HMO physicians; and further through its delegation to the American Medical Association (AMA),

1 submit a similar resolution to the AMA House of Delegates. (*Res 94-01, HOD 1994*) (*Reaffirmed HOD*
2 *2005*)(*Reaffirmed HOD 2013*)

3 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)

4
5 **P 378.002 PROTECTING PATIENT RIGHTS**

6 The Florida Medical Association (FMA) insists that in all medical decisions, the best interests of the
7 patients are the top priority in the doctor-patient relationship and physicians shall not be coerced,
8 forced or required by any means to comply with clinical practice guidelines not felt by the physician and
9 the patient to be in the individual patient's best interests; and further seeks and supports legislation and
10 administrative code implementing mandatory reporting or implementation of process measures or
11 guidelines only when the process measure or guideline has been clearly linked to an improvement of
12 outcomes based on class I evidence and consensus position statements of specialty and other medical
13 societies who are qualified to review the measures; and further seeks and supports legislation and
14 administrative code protecting a patient's rights to access medical care that is not subject to third party
15 decision-making outside of the doctor-patient relationship and supporting a physician's right to advise
16 patients based on the patient's best interests; and further, through its delegation to the American
17 Medical Association (AMA) and will ask the AMA do the same. (*Res 05-5, HOD 2005*) (*Reaffirmed HOD*
18 *2013*)

19 [Recommendation by the Council on Legislation: Reaffirm](#)

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21 **P 378.006 PATIENT-CENTERED PHYSICIAN LED TEAMS**

22 The [Florida](#) Medical Association, in conjunction with the Florida Academy of Physician Assistants, Florida
23 Osteopathic Medical Association and Florida Academy of Family Physicians, are mutually committed to
24 improving safe access to health care by promoting patient-centered, physician-led teams and embrace
25 the team approach to health care, and are committed to delivering affordable, efficient, quality and
26 integrated medical services to the people of Florida. (*BOG March 2013*)

27 [Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant](#)

28
29 **P 378.007 LIMITS OF PROVIDER RESPONSIBILITY**

30 The Florida Medical Association seeks legislation which automatically terminates the active provider-
31 patient relationship 3 years from the date of the last provision of care and states that the provider is not
32 responsible for the provision of services to any patient that no longer has an active relationship with
33 their provider. (*Res 13-313, HOD 2013*)

34 [Recommendation by the Council on Legislation: Reaffirm](#)

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36 **P 380.002 SUPERVISION OF MEDICAL SERVICES; PHYSICIAN RESPONSIBILITY AND**
37 **REIMBURSEMENT**

38 The Florida Medical Association (FMA) firmly supports the position that direct and indirect physician
39 supervision of professional medical services be recognized as an important and compensable activity of
40 physicians; and further that such activities represent a compensable service for which direct
41 reimbursement to physicians remains appropriate; and further the FMA petitions the AMA CPT Editorial
42 Panel for the creation of CPT codes to address this subject. (*Res 94-3, HOD 1994*) (*Reaffirmed HOD*
43 *2005*) (*Reaffirmed HOD 2013*)

44 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)

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2 **P 380.004 REIMBURSEMENT OF FIRST ASSISTANT FEES**

3 The Florida Medical Association seeks legislation which would require third-party payers to compensate
4 physician first assistants in those cases identified by the American College of Surgeons as justifiably
5 requiring an assistant. (*Res 95-39, HOD 1995*) (*Reaffirmed HOD 2005*) (*Reaffirmed HOD 2013*)

6 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)
7

8 **P 380.013 EMERGENCY ROOM COVERAGE**

9 The Florida Medical Association (FMA) endorses the FMA's Specialty Society Section's white paper on
10 gaining appropriate compensation for emergency room coverage. (*BOG October 2007, Refer to*
11 *Appendix P380.013*) (*Reaffirmed HOD 2015*)

12 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)
13

14 **P 380.022 SUPPORT FFS AS THE MOST APPROPRIATE WAY TO REIMBURSE PHYSICIANS**

15 The Florida Medical Association (FMA) affirms that fee for services rendered to patients is a standard,
16 valid, and ethical practice; and further actively opposes any Florida legislation which seeks to limit
17 physicians' ability to contract for services with patients, or which coerces a physician to be a party to
18 a contract which the physician has not agreed to; and further will promulgate and submit a resolution
19 to the American Medical Association's (AMA) House of Delegates which directs the AMA to similarly
20 affirm fee for service as a standard of business in the medical profession and to vigorously oppose
21 legislation which limits or seeks to limit the protection under law for physicians to contract for
22 services with patients, or which attempts to make a physician a party to a contract to which the
23 physician has made no agreement; and further reaffirms its commitment to the Patient
24 Empowerment Act ~~brought forth by Representative Tom Price, M.D.~~, and calls on the AMA to
25 similarly re-affirm its commitment to support this legislation. (*Res 13-402, HOD 2013*)

26 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)
27

28 **P 385.006 MEDICARE REIMBURSEMENT PAYMENTS**

29 The Florida Medical Association supports exploring avenues to inform Medicare patients of the cuts in
30 physician Medicare reimbursement payments and how this will affect their access to health care. (*BOG*
31 *October 2005*) (*Reaffirmed HOD 2013*)

32 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)
33

34 **P 385.012 PAYMENT FOR MEDICAID HMO NEWBORN SERVICES**

35 The Florida Medical Association supports legislation ~~in 2014~~ that would ensure physician payments for
36 newborn care in the infant's first 30 days of life to physicians by all Florida licensed Medicaid HMO's
37 contracting with the Agency for Health Care Administration, irrespective of the physician's contracting
38 status with the Medicaid HMO. (*Res 13-318, HOD 2013*)

39 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)
40

41 **P 385.013 STUDY TO ASSESS INCREASED MEDICAID PAYMENT RATES AND ACCESS TO CARE**

42 The Florida Medical Association is directed to ensure, through effective advocacy or other means,
43 that a study is performed ~~in 2013 and again in 2014~~, via a government agency, university, qualified
44 consultant, or private company to quantitatively assess the presumed effect of the Medicaid
45 payment increase facilitating access to care for Floridians in order to guide future advocacy and
46 health and economic policy decisions related to promotion of health and medical access in the State
47 of Florida. (*Res 13-408, HOD 2013*)

1 Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm with
2 technical amendment

3
4 **P 395.002 PHYSICIAN IDENTIFICATION**

5 The Florida Medical Association urgently seeks to draft changes in our state health care laws, ~~in~~
6 ~~particular The Florida Health Care Security Act of 1994,~~ whereas references made to MD/DOs as "health
7 care providers" or "health care givers" or "vendors" be replaced by "MD/DO" and when necessary
8 "MD/DOs and other health care providers." (*Res 94-21, HOD 1994*) (*Reaffirmed HOD 2005*) (*Reaffirmed*
9 *HOD 2013*)

10 Recommendation by the Council on Legislation: Reaffirm with technical amendment to delete an
11 outdated reference

12
13 **P 400.010 BOARD OF MEDICINE GOVERNANCE OF NON-PHYSICIAN HEALTH CARE**
14 **PROFESSIONALS**

15 In the event that legislation is introduced in Florida to allow for non-MD/DO health professionals to
16 practice independently, the Florida Medical Association will seek legislation placing any rights or
17 privileges of all non-physician health care professionals engaged in the independent, unsupervised, or
18 indirectly supervised delivery of health care under the governance of the Board of Medicine or the
19 Board of Osteopathic Medicine. (*Res 13-315, HOD 2013*)

20 Recommendation by the Council on Legislation: Reaffirm

21
22 **P 405.001 PRACTICE PARAMETERS**

23 The Florida Medical Association supports the use of practice parameters developed by practicing
24 physicians for educational and affirmative defense purposes only in accordance with existing Florida
25 Law; and further actively opposes any attempts to enact legislation to allow a provider's failure to
26 comply with a state-endorsed practice parameter to be admitted as evidence that the provider did not
27 meet the prevailing standard of care. (*Res 94-31, HOD 1994*) (*Reaffirmed HOD 2005*) (*Reaffirmed HOD*
28 *2013*)

29 Recommendation by the Council on Legislation: Reaffirm

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32 **P 420.001 FLUORIDATION OF PUBLIC WATER SUPPLIES**

33 The Florida Medical Association supports fluoridation of public water supplies in Florida. (*BOG Rpt B,*
34 *HOD 1985*) (*Reaffirmed HOD 1995*) (*Reaffirmed HOD 2005*) (*Reaffirmed HOD 2013*)

35 Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

36
37 **P 420.017 FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) ****

38 The Florida Medical Association calls upon the U.S. Department of Education to rescind its current
39 interpretation of the Family Educational Rights and Privacy Act (FERPA) which interferes with the
40 reporting of student health information of public health significance to state and local public health
41 authorities; and further recommends that the Florida Congressional Delegation work with U.S. Congress
42 to amend FERPA to introduce explicit provisions to enable the sharing of student health information
43 with public authorities; and further, through its delegation to the American Medical Association, urges
44 the AMA to adopt this as policy and work expeditiously to implement remedies to the current
45 unacceptable FERPA situation. (*BOG April 2007*) (*Reaffirmed HOD 2015*)

46 Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

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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)*

Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

P 420.035 (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)*

Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

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)*

Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

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)*

Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

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)*

Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

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)*

Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

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 ~~Agency for Health Care Administration~~

1 ~~(AHCA)~~ Florida Department of Health after said incident or discovery of said incident; and further the
2 FMA seeks legislation that requires the investigation of AHCA the Department or other appropriate
3 agencies be completed, and recommendation of the Board of Medicine or the Board of Osteopathic
4 Medicine be adjudicated, within one year of the date of the filing of the complaint. The time for
5 completion of adjudication by the Boards of Medicine may be extended at the mutual agreement of the
6 physicians and the Boards of Medicine until such time as the underlying suit is settled or adjudicated.
7 *(Res 97-48, 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015)*
8 Recommendation by the Council on Medical Education, Science & Public Health: reaffirm
9

10 **P 430.017 MANDATORY REPORT FOR MEDICAL PROFESSIONALS WITH MULTIPLE DRIVING UNDER THE**
11 **INFLUENCE (DUI) ARRESTS**

12 The Florida Medical Association supports action requiring that any medical professional who is convicted
13 of driving under the influence on two occasions must self report to his or her appropriate advocacy
14 agency, the Professionals Resource Network or the Interventional Project for Nurses, and submit to
15 assessment for alcoholism and chemical dependence. *(Amended Res 12-201, BOG May 2013)*
16 Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant
17

18 **P 435.001 USE OF ANIMALS IN MEDICAL RESEARCH**

19 The Florida Medical Association endorses national and international initiatives in the humane use of
20 animals in medical research; and further supports a policy which would endorse the colleges of medicine
21 within the state of Florida to continue to make humane use of animals in research and to have access to
22 pound animals in support of this important and necessary research; and further encourages the citizens
23 of the state to maintain an enlightened attitude toward science and research; and further if legislation
24 introduced in the Florida legislature is not in compliance with these principles, such legislation will be
25 opposed. *(BOG October 1986) (Reaffirmed HOD 1997) (Reaffirmed BOG October 2007) (Reaffirmed HOD*
26 *2015)*
27 Recommendation by the Council on Legislation: Reaffirm
28

29 **P 435.002 HEALTH POLICY AGENDA/FUNDING FOR BIOMEDICAL RESEARCH**

30 The Florida Medical Association supports increased federal funding for basic and applied biomedical
31 research. *(BOG June 1987) (Reaffirmed HOD 1997) (Reaffirmed BOG October 2007) (Reaffirmed HOD*
32 *2015)*
33 Recommendation by the Council on Legislation: Reaffirm
34

35 **P 445.002 PRE-SCHOOL PHYSICAL EXAMINATIONS**

36 The Florida Medical Association opposes the performance of preschool health examinations by
37 chiropractors and other limited care practitioners as being contrary to the best interests of the school
38 children of Florida; and further believes that the preschool examination is of such importance to the
39 health and well-being of children that only an examination and certification performed and signed by a
40 qualified doctor of medicine or doctor of osteopathy should be accepted by local boards of education;
41 and further will work with its county medical societies and recognized specialty groups, the Florida
42 Osteopathic Medical Association, state government agencies and local school boards to develop
43 programs that will make a preschool examination by a qualified practitioner available to every school
44 child; and further adopts as part of its legislative program further amendment to section 232.0315(1),
45 Florida statutes, to specify that local school boards may accept health certifications signed only by
46 physicians licensed or as defined in chapters 458 and 459, Florida statutes. *(Res 85-23, HOD 1985)*
47 *(Reaffirmed A-1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013)*
48 Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

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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)*
Recommendation by the Council on Medical Education, Science & Public Health: reaffirm

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)*
Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

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)*
Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant

P 445.009 ~~HEALTHY FOOD AND DRINK OPTIONS IN FLORIDA SCHOOLS REMOVE SOFT DRINKS IN SCHOOL VENDING MACHINES~~

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)*
Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant; technical amendment

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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)*

[Recommendation by the Council on Legislation: Reaffirm](#)

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)*

[Recommendation by the Council on Legislation: Reaffirm](#)

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)*

[Recommendation by the Council on Legislation: Reaffirm](#)

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)*

[Recommendation by the Council on Medical Education, Science & Public Health: Reaffirm; still relevant](#)

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)*

[Recommendation by the Council on Legislation: Reaffirm](#)

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)*

[Recommendation by the Council on Legislation: Reaffirm](#)

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)*

[Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)

1 **P 475.021 STANDARD FOR CONVICTION IN MEDICAL MALPRACTICE CASES**

2 The Florida Medical Association pursues legislation that will change the burden of proof in medical
3 malpractice from “greater weight of the evidence” to “clear and convincing evidence” by amending
4 Florida Statute 766.102(1) to reflect such change. *(Sub Res 07-19, HOD 2007) (Reaffirmed HOD 2015)*
5 [Recommendation by the Council on Legislation: Reaffirm](#)
6

7 **P 475.018 REQUIREMENT TO PROVIDE TAIL COVERAGE**

8 The Florida Medical Association seeks legislation to require that medical malpractice insurance
9 companies who have contractually promised tail coverage to their clients without charge after a certain
10 period of time must provide this coverage to physicians as promised even if they cease to do business in
11 Florida; and further asks the AMA to study the issue of malpractice insurance companies who cease to
12 do business in state(s) for possible action on a national basis. *(Res 05-11; BG Rpt C-2, HOD 2006)*
13 *(Reaffirmed HOD 2014)*
14 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)
15

16 **P 490.004 FULL, USUAL AND CUSTOMARY FEE**

17 The Florida Medical Association supports amending Chapter 440, Florida Statutes, to include a provision
18 that makes the Workers’ Compensation patient responsible for the full, usual and customary fees of the
19 treating physician in the event that the patient has received a third-party settlement of any type. *(BOG*
20 *MIN 1997-3) (Reaffirmed BOG October 2007) (Reaffirmed HOD 2015)*
21 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)
22

23 **P 490.007 FAILURE TO PAY CLAIMS**

24 The Florida Medical Association supports seeking legislation that would require workers’ compensation
25 insurers to pay a fee of \$25 plus interest for failure to pay clean claims within 30 days of submission.
26 *(BOG November 1997) (Reaffirmed BOG October 2007) (Reaffirmed HOD 2015)*
27 [Recommendation by the Council on Medical Economics and Practice Innovation: reaffirm](#)
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POLICIES FOR SUNSET

P 20.001 NEEDLE AND SYRINGE EXCHANGE PROGRAM

The Florida Medical Association supports legislation to introduce a pilot project for a needle and syringe exchange program to help break the link between dirty needles, HIV infection, and hepatitis; and that it be coupled with a mandatory education program for users. *(BOG Rpt A, HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013)*

Recommendation by the Council on Medical Education, Science & Public Health: sunset; accomplished

P 50.002 NONPRACTITIONER-ORDERED LABORATORY TESTING

The Florida Medical Association seeks appropriate enforcement of Section 493, Florida Statutes, and 10D-41, Florida Administrative Code, regulating laboratory testing of the public including multiphasic testing. *(Res 94-43, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013)*

Recommendation by the Council on Medical Education, Science & Public Health: sunset

P 85.001 CON AND LOCAL HEALTH COUNCILS

The Florida Medical Association opposes the Certificate of Need (CON) law and any reinstatement of authority over the CON program by local health councils; and further the Committee on State Legislation is directed to support efforts to eliminate funding for CON activities by local health councils; and further request the American Medical Association intensify its efforts to defeat the national health planning legislation now being considered by Congress. *(BOG October 1983) (Reaffirmed BOG Rpt A, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013)*

COL

Recommendation by the Council on Legislation: Sunset - 2019 legislation repealed significant portions of Florida's CON program.

P 85.002 ENDING CERTIFICATE OF NEED LAWS TO EXPAND ACCESS TO CARE

The Florida Medical Association (FMA) is directed to start working immediately to limit and if possible repeal hospital and medical facility Certificate of Need laws in Florida to expand access to care and drive down costs for patients; and further work to end federal and any other bans on physician ownership of hospitals at the AMA and in Congress using available resources and working with willing allies. *(Res 12-314, BOG February 2013)*

Recommendation by the Council on Legislation: Sunset - 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 90.019 CHILD DEATH REVIEW COMMITTEES AND INFANT CO-SLEEPING DEATHS

The Florida Medical Association requests that the Secretary of the Department of Children and Families (DCF) direct the Child Abuse Reporting Hotline to continue to accept calls reporting child deaths while sleeping with adults or other children on the same bed or other surface; and further requests that the Secretary of the Department of Health consider asking the Secretary of the DCF to forward all such reports to regional Child Death Review Committees and the state Child Death Review Committee regardless of the presence or absence of other risk factors for unsafe sleep. *(Amended Res 13-111, HOD 2013)*

1 Recommendation by the Council on Medical Education, Science & Public Health: sunset

2

3 **P 135.007 FEDERAL FEE ROLLBACK**

4 The Florida Medical Association (FMA) encourages the Drug Enforcement Agency to cancel the recent
5 increase in registration fees and provide refunds to physicians who have already paid these increased
6 fees; and further the FMA shall introduce a resolution through the AMA Delegation to the AMA House of
7 Delegates seeking legislative repeal of 21 CFR, parts 1301 and 1311. (*Res 94-5, A-1994*) (*Reaffirmed*
8 *HOD 2005*) (*Reaffirmed HOD 2013*)
9 COL

10 Recommendation by the Council on Legislation: Sunset

11

12 **P 185.006 EXPERT WITNESS COMMITTEE PROGRAM**

13 The Florida Medical Association shall coordinate and establish a statewide Expert Witness Committee
14 Program based on the program established by the Hillsborough County Medical Association and further
15 urge the American Medical Association to accomplish the following: urge all state and county medical
16 societies to establish a comparable committee; use the Hillsborough County Medical Association's
17 model as a prototype; use funds to promote these programs; and go on record that it will not tolerate
18 false testimony and will assist in disciplining physicians in violation. (*BOG November 1997*) (*Reaffirmed*
19 *HOD 2007*) (*Reaffirmed HOD 2015*)
20 COL

21 Recommendation by the Council on Legislation: Sunset

22

23 **P 240.002 USER FEES**

24 The Florida Medical Association continues to oppose a physician user fee for hospital equipment and
25 services as such expense will be passed on to patients and cause additional costs to hospitals for keeping
26 records and filing reports. (*BOG October 1983*) (*Reaffirmed A-1994*) (*Reaffirmed HOD 2005*) (*Reaffirmed*
27 *HOD 2013*)

28 Recommendation by the Council on Medical Economics and Practice Innovation: sunset

29

30 **P 240.004 DIRECT CONTRACTING**

31 The Florida Medical Association supports state and federal legislation allowing direct contracting; and
32 further supports working with the Florida Hospital Association on the issue as long as the physicians
33 maintain at least equal control; and further supports educating its members about provider service
34 networks. (*BOG July 1997*) (*Reaffirmed BOG 2007*) (*Reaffirmed HOD 2015*)
35 COL

36 Recommendation by the Council on Legislation: Sunset - policy is outdated.

37

38 **P 245.001 NON-GEOGRAPHIC PHYSICIANS**

39 The Florida Medical Association opposes the contracting practices by which institutions utilize physicians
40 as clinical care givers who have not made arrangements for acute and hospital care for their patients.
41 (*Res 95-9, HOD 1995*) (*Reaffirmed HOD 2005*) (*Reaffirmed HOD 2013*)

42 Recommendation by the Council on Medical Economics and Practice Innovation: sunset

43

44 **P 285.016 LICENSURE FEES**

45 The Florida Medical Association advocates and supports an amendment to Rule 64B8-3.002(5), Florida
46 Administrative Code, to prorate, on a semiannual basis, medical licensure fees for residents who apply

1 for licensure after the 6th, 12th, and 18th months of each licensure biennium. (BOG November 1997)
2 (Reaffirmed BOG 2007) (Reaffirmed HOD 2015)

3 Recommendation by the Council on Medical Education, Science & Public Health: sunset

4
5 **P 295.006 STANDARD CONTRACT RE: HEALTH CARE ORGANIZATIONS**

6 The Florida Medical Association shall pursue the feasibility and implementation, to the extent
7 appropriate, of creating a standardized contract pursuant to non-economic matters for members to use
8 as a template in negotiating with health care delivery organizations such as PPOs, HMOs, PHOs and any
9 other forms of managed care practice. (Res 95-54, HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed as
10 amended HOD 2013)

11 Recommendation by the Council on Medical Economics and Practice Innovation: sunset, AMA has a
12 national managed care contract

13
14 **P 307.001 MEDICAL MARIJUANA USE NOT SUPPORTED OR SUBSTANTIATED**

15 The Florida Medical Association (FMA) opposes consideration of any initiative or policy supporting the
16 use of medical marijuana in Florida; and further the FMA supports and adopts the following policy
17 statements from the American Society of Addiction Medicine (ASAM): 1) That cannabis, cannabis-based
18 products, and cannabis delivery devices should be subject to the same standards that are applicable to
19 other prescription medications and medical devices and that these products should not be distributed or
20 otherwise provided to patients unless and until such products or devices have received marketing
21 approval from the Food and Drug Administration; 2) Reject smoking as a means of drug delivery since it
22 is not safe; 3) Rejects a process whereby State and local ballot initiatives approve medicines because
23 these initiatives are being decided by individuals not qualified to make such decisions (based upon a
24 careful science-based review of safety and efficacy, standardization and formulation for dosing, or
25 provide a means for a regulated, closed system of distribution for marijuana which is a CNS drug with
26 abuse potential); and 4) Recommends its members and other physician organizations and their members
27 reject responsibility for providing access to cannabis and cannabis-based products until such time that
28 these materials receive marketing approval from the Food and Drug Administration. (Amended Sub Res
29 11-110, BOG May 2012)

30 Recommendation by the Council on Medical Education, Science & Public Health: sunset

31
32 **P 307.002 OPPOSE CONSTITUTIONAL AMENDMENT TO LEGALIZE MARIJUANA FOR MEDICAL
33 CONDITIONS**

34 The Florida Medical Association opposes Amendment 2, the constitutional amendment to legalize
35 marijuana for medical conditions. (Res 14-301, HOD 2014) (Res 16-315, Reaffirm HOD 2016)

36 Recommendation by the Board of Governors: sunset

37
38 **P 335.003 AUDIT OF NICA**

39 The Florida Medical Association requests from NICA, or, if necessary that legislation be sought to obtain,
40 the following items: the dollar reserve in the fund at present; the amount utilized for patients during
41 each of the past five years as well as the amount in reserve during each of those years; the amount
42 spent on administrative costs during each of the past five years; a detailed list of overhead and other
43 expenses; the number of physicians enrolled in NICA; and future plans for NICA (including, but not

1 limited to, a cost/benefits analysis and any rate changes anticipated). (*Res 97-35, HOD 1997*)
2 (*Reaffirmed BOG 2007*) (*Reaffirmed HOD 2015*)

3 **Recommendation by the Council Legislation: Sunset - objective accomplished**

4
5 **P 350.001 CORNEAL TRANSPLANTS**

6 The Florida Medical Association supports the Florida Society of Ophthalmology in opposing an effort to
7 require written authorization from the next of kin of a decedent in corneal transplant cases. (*BOG March*
8 *1984*)(*Reaffirmed A-1994*) (*Reaffirmed HOD 2005*) (*Reaffirmed HOD 2013*)

9 **Recommendation by the Council on Legislation: Sunset. Current law does not require written**
10 **authorization from next of kin in corneal transplant cases. A medical examiner may provide the cornea**
11 **of a decedent as long as no objection by the next of kin of the decedent is known by the medical**
12 **examiner, amongst other non-authorization related requirements. §765.5185, F.S.**

13
14 **P 370.010 PRO REVIEWERS**

15 The Florida Medical Association recognizes the importance of peer review organizations (PRO) physician
16 reviewers and encourages member physicians to become reviewers with the Florida Professional Review
17 Organization, Inc. (*BOG January 1992*) (*Reaffirmed HOD 2005*) (*Reaffirmed HOD 2013*)

18 **Recommendation by the Council on Medical Education, Science & Public Health: sunset**

19
20 **P 400.001 OUTPATIENT ENDOSCOPY**

21 The Florida Medical Association, through whatever mechanism it deems most appropriate, supports
22 that the state of Florida mandate rules that are enforced regarding outpatient endoscopy in endoscopy
23 certified outpatient and hospital centers be extended to include all gastrointestinal endoscopy requiring
24 conscious sedation and that rules regarding monitoring, record keeping, quality assurance, peer review
25 and faculty certification in the performance of gastrointestinal endoscopy when using conscious
26 sedation be uniform regardless of the insurance status of the patient. (*BOG June 1992*) (*Reaffirmed HOD*
27 *2005*) (*Reaffirmed HOD 2013*)

28 **Recommendation by the Council on Medical Education, Science & Public Health: sunset**

29
30 **P 420.035 (1) COMMERCIAL WEIGHT-LOSS PROGRAMS AND UNLICENSED DIETETIC ACTIVITY**

31 The Florida Medical Association supports legislation to amend the Florida Commercial Weight-Loss
32 Practices Act, s. 501.073, F.S., to add, after subparagraph (6), the following: “(7) Conspicuously post, in
33 each and every advertisement, including, but not limited to, print media, websites, blogs, social media
34 sites, radio, and television, the name and license number of the licensee who has reviewed and
35 approved the weight-loss program according to s. 468.505(1)(j).”) (*Res 12-301, HOD 2012*) (*BOG May*
36 *2013 removed from the FMA’s legislative agenda*).

37 **Recommendation by the Council on Medical Education, Science & Public Health: sunset**

38
39 **P 430.009 DETECTION BY BOARD OF PATTERNS OF BEHAVIOR**

40 The Florida Medical Association supports directing the Board of Medicine to establish a mechanism for
41 reviewing notices of intent to sue, judgments and settlements in order to detect patterns of behavior

1 suggesting the need for Board investigation. (BOG Rpt C, HOD 1997) (Reaffirmed BOG 2007)
2 (Reaffirmed HOD 2015)

3 Recommendation by the Council on Medical Education, Science & Public Health: sunset

4

5 **P 450.003 MESSAGE THERAPISTS**

6 The Florida Medical Association opposes proposed legislation pertaining to the Massage Practice Act
7 that would allow licensed massage therapists to perform colonic irrigation. (BOG Rpt A, HOD 1985)
8 (Reaffirmed HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013)

9 COL

10 Recommendation by the Council on Legislation: Sunset. Colonic irrigation has been in the massage
11 therapist practice act for at least 30 years.

12

13 **P 475.020 FLORIDA HEALTH COURTS**

14 The Florida Medical Association pursues the concept that the state of Florida create and implement a
15 statewide system of health courts and that will utilize as guidelines the principles developed by the
16 American Medical Association concerning health court creation and implementation as guidelines. (Res
17 07-6, HOD 2007) (Reaffirmed HOD 2015)

18 Recommendation by the Council on Medical Economics and Practice Innovation: sunset – explored this
19 concept but it is not feasible

20

21 **P 480.005 REPRESENTATION OF EMPLOYED PHYSICIANS**

22 The Florida Medical Association is directed to study the feasibility of contractually employed physicians
23 forming a union or other appropriate organizations. (Res 13-202, HOD 2013)

24 Recommendation by the Council on Medical Economics and Practice Innovation: sunset – directive
25 accomplished

26

27 **P 490.005 FILING OF DISPUTED CLAIM**

28 The Florida Medical Association supports amending Rule 38F-7.515-18, Florida Administrative Code to
29 extend the time frame to 90 days to file a petition of a disputed claim. (BOG November 1997)
30 (Reaffirmed October BOG 2007) (Reaffirmed HOD 2015)

31 Recommendation by the Council on Medical Economics and Practice Innovation: sunset

32

33

Resolution 23-101
Protection of Physicians from Criminalization of Standards of Medical Care
Collier County Medical Society

1 Whereas, Standards of Medical Care are the products of medical research, evidence-based clinical
2 practice, review of practice guidelines by medical experts, and professionally recognized specialty
3 organizations; and
4

5 Whereas, Legal limitations of the practice of medicine through legislation and the action of regulatory
6 bodies are predicated on political action at the whim of electoral cycles and political appointments; and
7

8 Whereas, Licensing boards predicate licensure and specialty designation by recognizing the validity of
9 the learned medical opinions of the ABMS recognized specialty organizations; and
10

11 Whereas, Existing FMA policy addresses its position on the criminalization of the activities of the medical
12 profession and the protection of physicians' autonomy for sound medical decision making as given by:
13

14 P 105.002 CRIMINAL PENALTIES FOR NEGLIGENCE

15 The Florida Medical Association supports taking appropriate action in the development of its
16 judicial, legislative and other legal initiatives to formulate, promote and encourage measures to
17 deter, dissuade or otherwise discourage legal actions involving unwarranted criminal charges or
18 penalties against medical doctors and health care practice groups. (Res 95-40, HOD 1995)
19 (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)
20

21 P 105.003 DECRIMINALIZATION OF MEDICAL DECISIONS

22 The Florida Medical Association, through its public information, education, legislative action, and
23 American Medical Association (AMA) Delegation, stands against and decries the indiscriminate
24 use of criminal prosecution against physicians. (Res 98-55; HOD 1998) (Reaffirmed HOD 2008)
25 (Reaffirmed HOD 2016)
26

27 P 105.004 PROHIBITION OF CRIMINAL PROSECUTION LEGISLATION

28 The Florida Medical Association supports as a priority, legislation that would prohibit criminal
29 prosecution against physicians for the practice of medicine, absent a clear and convincing
30 showing of harmful intent. (Res 98-40; HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD
31 2016)
32

33 P 400.012 FREEDOM TO PRACTICE EVIDENCE-BASED MEDICINE

34 The FMA will oppose any legislation that would create criminal penalties, a civil cause of action,
35 or result in administrative action against the license of a Florida physician when the physician is
36 practicing evidence-based medicine which is consistent with the appropriate specialty society
37 guidelines. (Res 22-112, adopted as amended, HOD 2022); therefore, be it
38

39 RESOLVED, That the FMA make an investment in a defense fund to assist physicians who are endangered
40 by criminal charges, sanctions or other civil causes of action that infringe on their legitimate practice of
41 medicine in a matter consistent with the standards of care upheld by any ABMS recognized specialty
42 board or nationally recognized specialty college, academy, or association that sponsors continuing
43 medical education needed for maintenance of certification or licensure; be it further

44
 45 RESOLVED, That the FMA recognizes the rightful autonomy of physicians to serve the interests of their
 46 patients by communicating, educating, counseling, or treating their patients in a matter consistent with
 47 the standards of care upheld by any ABMS recognized specialty board or nationally recognized specialty
 48 college, academy, or association that sponsors continuing medical education needed for maintenance of
 49 certification or licensure; be it further
 50
 51 RESOLVED, That the HOD reaffirms by incorporation the existing policies:
 52 P105.002 CRIMINAL PENALTIES FOR NEGLIGENCE;
 53 P 105.003 DECRIMINALIZATION OF MEDICAL DECISIONS;
 54 P 105.004 PROHIBITION OF CRIMINAL PROSECUTION LEGISLATION; and
 55 P 400.012 FREEDOM TO PRACTICE EVIDENCE-BASED MEDICINE.

Fiscal Note:

Description	Amount	Budget Narrative
Unable to determine	Unknown	
Total	Unknown	Determined by FMA Board of Governors

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: I – Health, Education, & Public Policy

Resolution 23-102
Defining Specialty Certification for Physicians
Hillsborough County Medical Association

1 Whereas, Specialty board certification is a critical component of physician self-regulation and is
2 currently being threatened by organizations who are confusing the public about the purpose and value
3 of board certification; and
4

5 Whereas, The Institute for Credentialing Excellence defines a professional certification program as one
6 that provides an independent assessment of the knowledge, skills, and/or competencies required for
7 competent performance of a professional role or specific work-related tasks and responsibilities¹; and
8

9 Whereas, The Institute for Credentialing Excellence further states that certification is also intended to
10 measure continued competence through recertification or renewal requirements; and
11

12 Whereas, AMA policy opposes any action, regardless of intent, that appears likely to confuse the public
13 about the unique credentials of the American Board of Medical Specialties (ABMS) or American
14 Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) board certified physicians in any
15 medical specialty, or take advantage of the prestige of any medical specialty for purposes contrary to
16 the public good and safety; and
17

18 Whereas, Only the entity that initially certifies an individual should recertify the individual's certificate
19 thereafter; and
20

21 Whereas, Efforts by organizations that do not meet the basic standards for initial and continuing
22 certification to gain recognition by state legislatures and health-care organizations are ongoing and will
23 be confusing to the public and other health care stakeholders; therefore be it
24

25 RESOLVED, That our Florida Medical Association (FMA) adopt a policy for Medical Specialty Board
26 Certification Standards that aligns with American Medical Association policy. The FMA will:
27

- 28 (1) Oppose any action, regardless of intent, that appears likely to confuse the public about the unique
29 credentials of American Board of Medical Specialties (ABMS) or American Osteopathic Association
30 Bureau of Osteopathic Specialists (AOA-BOS) board certified physicians or takes advantage of the
31 prestige of any medical specialty for purposes contrary to the public good and safety.
- 32 (2) Oppose any action, regardless of intent, by organizations providing board certification for non-
33 physicians that appears likely to confuse the public about the unique credentials of medical specialty
34 board certification or takes advantage of the prestige of medical specialty board certification for
35 purposes contrary to the public good and safety.
- 36 (3) Support that when the equivalency of non-ABMS and non-AOA-BOS certification is being
37 considered, the certification program must meet industry standards for certification that minimally
38 include both 1) a process for defining specialty-specific standards for knowledge and skills and 2)
39 offer an independent assessment of knowledge and skills for both initial certification and
40 recertification in the medical specialty. Accepted national standards, such as the Essentials for
41 Approval of Examining Boards in Medical Specialties³, will be utilized for that determination.
- 42 (4) Oppose discrimination against physicians based solely on lack of ABMS or AOA-BOS
43 board certification, or where board certification is used as the sole criteria considered for purposes

44 of measuring quality of care, determining eligibility to contract with managed care entities, eligibility
 45 to receive hospital staff or other clinical privileges, ascertaining competence to practice medicine, or
 46 for other purposes. Our FMA opposes discrimination against non-certified physicians who are in a
 47 clinical practice for the required period of time that must be completed prior to taking a specialty
 48 board certifying examination.
 49

Fiscal Note:

Description	Amount	Budget Narrative
Unable to determine staff hours	Unknown	Unknown number of actions and level of involvement needed
Total	Unknown	Unknown amount added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: I – Health, Education, & Public Policy

References:

1. Institute for Credentialing Excellence. Definition of Certification.
<https://www.credentialingexcellence.org/About>
2. "Specialty Boards". *JAMA*. 1968;204(13):1186. doi:10.1001/jama.1968.03140260026009
3. URL: <https://www.ama-assn.org/councils/council-medical-education/council-medical-education-liaison-committeespecialty-boards>

Relevant AMA Policy:

Medical Specialty Board Certification Standards H-275.926
Continuing Board Certification D-275.954

Author: Rebecca Johnson, MD

Resolution 23-104
Fraudulent Nursing Diplomas

South Florida Caucus, Florida Chapter Division of the American Academy of Emergency Medicine and the
Florida College of Emergency Physicians

1 Whereas, Several nursing diploma mills were discovered in Florida. These schools were closed by Federal
2 authorities as the schools were selling fake transcripts and diplomas. Approximately 7600 fraudulent
3 diplomas were given¹ ; and
4

5 Whereas, The state of Georgia asked twenty-two nurses who got their fraudulent education in Florida, to
6 surrender their licenses² ; and
7

8 Whereas, It is estimated that 2800 nurses are working in the United States with fraudulent diplomas³ ;
9 and
10

11 Whereas, It is currently unknown how many nurses with fraudulent diplomas have continued their
12 education and are currently working as nurse practitioners; and
13

14 RESOLVED, That the FMA petition the Attorney General of the State of Florida to revoke the licenses of
15 those nurses with fraudulent diplomas who are currently practicing in Florida consistent with the actions
16 of other states; and be it further,
17

18 RESOLVED, That the FMA will petition the Attorney General of the State of Florida to identify how many
19 nurses with fake diplomas are working as nurse practitioners.
20

Fiscal Note:

Description	Amount	Budget Narrative
10 staff hours	\$1,600	Can be accomplished with current staff
Total	\$1,600	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation & Miscellaneous

¹ <https://www.usatoday.com/story/news/nation/2023/01/26/florida-nursing-schools-sold-thousands-fake-diplomas-100-million/11126832002/>

² <https://www.beckershospitalreview.com/nursing/georgia-asks-22-nurses-to-surrender-licenses-amid-degree-scheme-probe.html>

³ <https://bestlifeonline.com/news-fraudulent-diplomas-scheme/>

Resolution 23-105
Protecting Access to Reproductive Health Services
 American College of Obstetricians & Gynecologists District XII

1 Whereas, Florida Senate Bill 300 prohibits “physicians from knowingly performing or inducing a
 2 termination of pregnancy after the gestational age of the fetus is determined to be more than 6 weeks,
 3 rather than 15 weeks, with exceptions”; and
 4

5 Whereas, This legislation directly infringes upon the FMA mission and value statements by preventing
 6 physicians from providing essential healthcare and a safe medical procedure to our patients. It prevents
 7 physicians from practicing medicine; and
 8

9 Whereas, Preventing patient choice and autonomy in pregnancy care at six weeks gestation prevents
 10 physicians from adequately serving their communities and providing compassionate patient care;
 11 therefore be it
 12

13 RESOLVED, The Florida Medical Association rescinds FMA Policies P5.001-P5.004 and replaces them with
 14 the following:
 15

16 The Florida Medical Association

17
 18 (1) opposes limitations on access to evidence-based reproductive health services, including fertility
 19 treatments, contraception, and abortion;
 20

21 (2) will work with interested medical specialty societies to vigorously advocate for broad, equitable
 22 access to reproductive health services, including fertility treatments, fertility preservation,
 23 contraception, and abortion;
 24

25 (3) opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients,
 26 patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in,
 27 referring patients to, or providing reproductive health services.
 28
 29

Fiscal Note:

Description	Amount	Budget Narrative
5 to undetermined staff hours	Unknown	Undetermined based on number of incidents and level of involvement
Total	Unknown	Unknown amount added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: I – Health, Education, & Public Policy

Resolution 23-106
Ensuring Affordable Housing for Trainees in Graduate Medical Education Programs
Resident and Fellow Section

1 Whereas, Resident and fellow physician's compensation has not changed for the past 40 years when
2 adjusted for inflation according to the New England Journal of Medicine; and
3
4 Whereas, The consumer price index rose 7.0 percent from December 2020 to December 2021 (US
5 Bureau of Labor Statistics); and
6
7 Whereas, The average debt of medical school graduates is over \$200,000; and
8
9 Whereas, Trainees must be able to afford necessities of living, however, most residents already spend >
10 2/3 of their checks on housing; and
11
12 Whereas, 30% of trainee salaries after taxes should be enough to cover the cost of the average one
13 bedroom apartment local to the hospital, and studies show that earning less than \$75,000 makes a
14 household more likely to have high cost burdens associated with housing; therefore be it
15
16 RESOLVED, The FMA should encourage Graduate Medical Education (GME) training programs to
17 increase trainees' pay to match the raise in the cost of living. Trainee salary should be sufficient enough
18 to ensure that the average one bedroom apartment is no more than approximately 30% of a trainees'
19 salary after taxes. Additionally, all GME programs should provide additional stipends for food and other
20 utilities to offset the rise in the cost of living.

Fiscal Note:

Description	Amount	Budget Narrative
5 staff hours	\$310	Can be accomplished with current staff
Total	\$310	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: I – Health, Education, & Public Policy

Hanson, Melanie. "Average Medical School Debt" EducationData.org, November 22, 2022,

<https://educationdata.org/average-medical-school-debt>

<https://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/jchs-sonhr-2015-full.pdf>

Top 10 Metro Areas With Fastest-Rising Rents

1. [West Palm Beach, FL](#) (36%)
2. [Fort Lauderdale, FL](#) (36%)
3. [Miami, FL](#) (36%)
4. [Seattle, WA](#) (32%)
5. [Jacksonville, FL](#) (32%)
6. [Portland, OR](#) (31%)
7. [Austin, TX](#) (31%)
8. [Newark, NJ](#) (31%)
9. [Nassau County, NY](#) (31%)
10. [New York, NY](#) (31%)

Region	Average Rent	Year-Over-Year Change in Average Rent	Monthly Mortgage (5% down)	Year-Over-Year Change in Monthly Mortgage (5% down)	Difference Between Year-Over-Year Change in 5% Down Mortgage Payment & Rent
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San Diego, CA	\$3,067	12.6%	\$3,079	19.1%	6 pts
Seattle, WA	\$3,012	32.3%	\$2,930	17.7%	-15 pts
Fort Lauderdale, FL	<u>\$2,891</u>	35.8%	\$1,414	18.3%	-17 pts
Miami, FL	<u>\$2,891</u>	35.8%	\$1,637	19.3%	-16 pts
West Palm Beach, FL	<u>\$2,891</u>	35.8%	\$1,532	17.7%	-18 pts
Riverside, CA	\$2,650	19.0%	\$2,069	21.4%	2 pts
Sacramento, CA	\$2,625	24.7%	\$2,182	16.3%	-8 pts
Washington, DC	\$2,569	16.1%	\$1,980	9.9%	-6 pts

“In Miami, West Palm Beach and Fort Lauderdale, rents jumped 36% in October from a year earlier”

Attached is a url (hyperlink) which shows the average rent for the greater Fort Lauderdale area in October of 2021. This is before the most recent rent hikes (shown above \$2891.00) depicting the average rent in Fort Lauderdale to be \$2391.00. As residents we do not expect to live a lavish lifestyle, however, we do expect to be able to afford necessities. After surveying many of my fellow residents I have found that most of them are paying \$2100-2300 per month and are all expecting to have their rents increased this current fiscal year. Without taking into consideration impending rent increases many residents already spend > 2/3 of their checks on rent. For many there is not enough funds left over for utilities, transportation, phone bill, and food. Additionally, this does not account for the massive cost of living increase over the course of the last year. As you are aware, the consumer price index rose 7.0 percent from December 2020- December 2021 (US Bureau of Labor Statistics). Based on that data, The increase in pay that is expected from PGY-2 to PGY-3 becomes an effective pay cut. Lastly, most rental properties require tenants to show that gross income is 3 times the cost of rent. Even at the previously described, outdated, average of \$2391.00 per month, we are not even in the same ballpark.

<https://www.rentcafe.com/average-rent-market-trends/us/fl/fort-lauderdale/>

Ellis, T. (2021, November 23). *Rental market tracker: Rents up 13%, outpaced by 17% growth in monthly mortgage payments*. Redfin Real Estate News. Retrieved January 28, 2022, from <https://www.redfin.com/news/redfin-rental-report-rents-up-30pct-in-some-cities/>

Bloomberg. (n.d.). *South Florida and New York See Apartment Rents Surge More Than 30%*. Bloomberg.com. Retrieved January 28, 2022, from <https://www.bloomberg.com/news/articles/2021-11-24/south-florida-new-york-see-apartment-rents-surge-more-than-30>

U.S. Bureau of Labor Statistics. (2022, January 14). *Consumer price index: 2021 in Review*. U.S. Bureau of Labor Statistics. Retrieved January 28, 2022, from <https://www.bls.gov/opub/ted/2022/consumer-price-index-2021-in-review.htm>

Resolution 23-108
Addressing Physician Shortages and Suicides
Steven A. Reid, M.D.

1 Whereas, Prior to the COVID-19 pandemic, approximately 400 doctors lost their lives through suicide
2 each year; and
3

4 Whereas, A recent survey revealed the pandemic pushed the physician burnout rate to an all-time high
5 of 63%, likely worsening physician suicides; and
6

7 Whereas, A 2021 poll revealed nearly 1 in 5 of U.S. health care workers quit their jobs since the start of
8 the pandemic, including 117,000 physicians; and
9

10 Whereas, In the recent Hearing on the Health Care Workforce Crisis in America Senator Bernie Sanders
11 stressed, "According to the best estimates, over the next decade, our country faces a shortage of
12 120,000 doctors – including a huge shortage of primary care doctors; and
13

14 Whereas, Projections indicate by 2030 Florida will be second only to California with its unfavorable
15 physician to population ratio; and
16

17 Whereas, A recent large survey involving 124 institutions and more than 20,000 respondents found that
18 23.8% of physicians reported they will likely leave their current practices within two years, and one in
19 three reported they intend to reduce work hours in the next year, further reducing access to health care;
20 and
21

22 Whereas, Currently over half of practicing doctors are 55 or older; therefore be it

23
24 RESOLVED, That the Florida Medical Association recognizes an incipient catastrophic physician shortage;
25 be it further
26

27 RESOLVED, That that Florida Medical Association will fund a committee to develop research, training,
28 and legislative programs to mitigate the problems of physician suicide and attrition.

Fiscal Note:

Description	Amount	Budget Narrative
50 staff hours	\$400	Can be accomplished with current staff
Travel and Meeting Cost	\$8,000	FMA has an established Wellness Committee that could address this issue
Total	\$8,400	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: I – Health, Education, & Public Policy

Resolution 23-109
Training in Graduate Medical Education Programs
Resident and Fellow Section

- 1 Whereas, Resident and fellow physicians are physicians who have graduated from an LCME
2 and/or ECFMG-accredited medical school and have obtained positions in a residency and/or
3 fellowship in the United States; and
4
5 Whereas, Resident and fellow physicians are trainees in a Graduate Medical Education
6 program - a protected population; and
7
8 Whereas, Dedicated attending physicians are the primary mentors for resident and fellow
9 physicians striving for excellence in their training and are also the primary supervisors to
10 ensuring trainees are providing high-quality healthcare; therefore be it
11
12 RESOLVED, Resident and fellow physicians in Graduate Medical Education programs may only
13 be supervised and trained by senior resident and fellow physicians, (commensurate with their
14 level of training) or attending physicians. Commensurate with their level of training, resident and
15 fellow physicians may only be compelled to train medical students, resident physicians, and
16 fellow physicians.

Fiscal Note:

Description	Amount	Budget Narrative
5 Staff hours	\$215	Can be accomplished with current staff
Total	\$215	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: I – Health, Education, & Public Policy

Resolution 23-110
FMA Encourages Firearm Safety by Providing a Safety Sign for Member Offices
 Northeast Florida Delegation

1 Whereas, recently enacted legislation in Florida will expand gun rights by minimizing the requirements
 2 for background checks, firearms training and licensing^[1], and
 3
 4 Whereas, Floridians are being injured and killed by firearms each year at an alarming rate, with a 2021
 5 firearm injury-death rate at 14.1 per 100,000^[2], and
 6
 7 Whereas, the American College of Physicians (ACP) has advocated for the need to address firearm-
 8 related injuries and deaths in the United States, yet firearm violence continues to be a public health
 9 crisis^[3]; and
 10
 11 Whereas, the American Academy of Family Physicians (AAFP) supports primary prevention strategies to
 12 reduce the injuries and deaths associated with gun ownership and violence^[4]; and
 13
 14 Whereas, the American Medical Association has declared firearm violence a public health crisis^[5]; and
 15
 16 Whereas, physicians, staff members, and patients have been killed by firearms in medical offices, clinics,
 17 and emergency rooms^{[6][7]}; and
 18
 19 Whereas, signs in medical offices are commonly used tool for educating patients and changing behavior
 20 in our society^[8]; therefore be it
 21
 22 RESOLVED, The FMA will inform its members on Florida law concerning firearms in medical offices and
 23 on how to make their practices gun-free zones in a manner that abides with Florida laws if they so
 24 desire; and be it further
 25
 26 RESOLVED, The FMA will identify or design appropriate firearm safety signage that physicians can display
 27 in their offices.

Fiscal Note:

Description	Amount	Budget Narrative
15 Staff hours	\$1,865	Can be accomplished with current staff
Total	\$1,865	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: I – Health, Education, & Public Policy

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- [1] Edelman A. Florida legislature scraps requirements to carry concealed guns. NBCNews.com. <https://www.nbcnews.com/politics/politics-news/florida-legislature-scraps-requirements-carry-concealed-guns-rcna77201>. Published March 30, 2023.
- [2] Stats of the States - Firearm Mortality. Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/pressroom/sosmap/firearm_mortality/firearm.htm. Published March 1, 2022.
- [3] Butkus R, Doherty R, Bornstein SS. Reducing firearm injuries and deaths in the United States: A position paper from the American College of Physicians. *Annals of internal medicine*. <https://pubmed.ncbi.nlm.nih.gov/30383132/>.
- [4] Prevention of gun violence (policy statement). AAFP. <https://www.aafp.org/about/policies/all/prevention-gun-violence.html>. Published December 12, 2019.
- [5] Robeznieks A. "Enough is enough": Ama takes more steps to prevent gun violence. American Medical Association. <https://www.ama-assn.org/delivering-care/public-health/enough-enough-ama-takes-more-steps-prevent-gun-violence>. Published June 14, 2022.
- [6] The Associated Press TA. 2 doctors, a receptionist and a visitor were killed in the Tulsa shooting. NPR. <https://www.npr.org/2022/06/02/1102813156/2-doctors-receptionist-visitor-killed-tulsa-shooting>. Published June 3, 2022.
- [7] Brice-Saddler M. The devastating loss of the doctor killed at a Chicago hospital by her former fiancé. *The Washington Post*. <https://www.washingtonpost.com/nation/2018/11/20/greatest-hands-possible-doctor-killed-chicago-hospital-remembered-her-compassion/>. Published November 22, 2018.
- [8] Meis J, Kashima Y. Signage as a tool for behavioral change: Direct and indirect routes to understanding the meaning of a sign. *PLoS One*. 2017;12(8):e0182975. Published 2017 Aug 30. <https://pubmed.ncbi.nlm.nih.gov/28854203/>.

Resolution 23-111
Rescind FMA Resolution 21-105

Jon Ward, M.D. and Emerald Coast Medical Association

1 Whereas, The original intent of Resolution 21-105 was to prevent the use of vaccine passports or proof
2 of vaccination to Covid-19 as a condition of employment or entry into businesses; and

3
4 Whereas, The FMA House of Delegates utilized information suggesting that mRNA vaccines reduced
5 transmission of Covid-19; and

6
7 Whereas, The highest quality of information has confirmed that cloth masks do nothing to inhibit the
8 spread of respiratory viruses and the data on surgical masks are mixed at best; and

9
10 Whereas, We now know that the mRNA vaccines may be detrimental to the health of young people, in
11 particular the males under 40, who may forgo a medical career and lead to an exacerbation in the health
12 care worker shortages; and

13
14 Whereas, Resolution 21-105 recommends that all healthcare workers receive a Covid-19 vaccination and
15 wear masks for the “safety of our communities.” Both recommendations are contrary to the current
16 prevailing practices and data; therefore be it

17
18 RESOLVED, The FMA rescind Resolution 21-105; be it further

19
20 RESOLVED, The FMA recognize that natural immunity exists and that prior infection with a virus is
21 equivalent or superior to a vaccine.

Fiscal Note:

Description	Amount	Budget Narrative
5 Staff hours	\$215	Can be accomplished with current staff
Total	\$215	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: I – Health, Education, & Public Policy

Resolution 23-112
Ban All COVID-19 Vaccines in State of Florida
William H Warrick III MD

1 Whereas, The Experimental Gene Therapy Injections Hereafter known as "COVID Vaccines" do not
2 Prevent COVID, nor do Lockdowns, masks, or School Closures; and

3
4 Whereas, Any Diagnosis of COVID had to be made Clinically because the RT-PCR was NOT A DIAGNOSTIC
5 TEST; and therefore, COVID could not be differentiated from the Common Flu; and

6
7 Whereas, Kerry Mullis, the Nobel Prize winning Scientist who invented the PCR test, said "it does not
8 diagnose anything, it can copy a whole lot of whatever is there, but it doesn't tell you what that
9 something is"; and

10
11 Whereas, According to Swiss Policy Research, 30% of patients with a positive RT-PCR "test" had no
12 symptoms. This causes me to doubt the validity of RT-PCT which agrees with what the Inventor of it who
13 said that "It is not a Diagnostic test"; and

14
15 Whereas, The IFR is very low for Healthy people and therefore it isn't something to be afraid of and
16 prophylaxis of it is very easy with OTC items as described by Vladimir Zelenko MD on his website
17 vladimirzelenkomd.com. My wife and I used his recommendation which can also be found at the Swiss
18 Policy Research website: (Below) and we have never had COVID; and

19
20 Whereas, From the beginning, the Government used a Mantra of FEAR when reporting that COVID
21 would cause a "Horrible Illness and Death" (Joe Biden: "A Winter of Horrible Illness and Death") for
22 those who didn't submit to the Experimental Gene Therapy injections, when in fact the Infection Fatality
23 rate for basically healthy people through the age of 70 was 0.05% and much less for younger people.
24 However, the more Comorbidities present the more the Fatality Rate increased. The average number of
25 comorbidities was 3 in all COVID Deaths, and the deaths were due to the Comorbidities in the possible
26 presence of COVID; and

27
28 Whereas, The "COVID vaccines" actually cause COVID; and

29
30 Whereas, The more "COVID vaccines you take, the more you are likely to get symptoms similar to
31 symptoms said to be caused by COVID; and

32
33 Whereas, A recent study of 51,011 Cleveland Clinic employees confirmed that the risk for COVID-19
34 infection increases over time post 2nd dose versus being unvaccinated, AND that with each additional
35 injection (bivalent booster), the risk for COVID-19 infection is further increased versus remaining
36 unvaccinated. So how come most people are vaccinated and most boosted (3rd shot) especially seniors;
37 but they keep getting COVID and dying?; and

38
39 Whereas, At a recent meeting of the CDC in which everyone present was fully vaccinated and boosted
40 there was a COVID outbreak among multiple participants at the meeting that couldn't be explained; and

41
42 Whereas, The "COVID vaccines" are associated with more severe Disease and Death, including Sudden
43 Death such as what happened to Damar Hamlin on Monday Night Football when he suffered Sudden

44 Adult Death Syndrome on Monday Night football and underwent prolonged CPR and required
45 Defibrillation after collapsing on the Field. He had another Cardiac Arrest after arriving at the ER; and
46 Whereas, The "COVID vaccines" are associated with Myo-Pericarditis in Babies, Pre-teen, and Teen-age
47 Myo-Pericarditis and Myo-Pericarditis in young people, primarily Males and will require Ablation at a
48 later date to prevent future episodes of Sudden Adult Death Syndrome; and

49
50 Whereas, COVID Was a Military Operation & The Shots Are Biological-Weapons according to Sasha
51 Latypova former PHARMA Executive; and

52
53 Whereas, Victoria Nuland admitted under Oath to Matt Gaetz in testimony to Congress that the United
54 States had Biological Weapons "Research Laboratories" in the Ukraine and that she was "Worried that
55 Russian Forces would find them." Why would she be worried that "the Russians" might find them if they
56 were just "Research Laboratories"? The real question is, "Why do we have Biological Weapons Research
57 Laboratories in the Ukraine? Ukraine known to be the most Corrupt Country in Europe (and probably
58 the World). Because Victoria Newland is worried that the Russians might find these Biological Weapons
59 Laboratories is proof that these "COVID vaccines" are in Fact Biological Weapons and the fact that that
60 has been Censored means that they are in Fact Biological Weapons and that we as Medical Doctors
61 cannot inject our patients with a Biological Weapon because that would violate the Hippocratic Oath
62 that we swore to when we graduated Medical School. Therefore, Injecting the Population of Florida with
63 a Biological Weapon must be Banned, not only in the State, but in the Country and the entire World. It
64 was said that the COVID virus leaked out of a Chinese Lab, however, since Ms. Newland is worried about
65 the Biological Weapons produced in the US Biological Weapons Laboratories in the Ukraine being found
66 by the Russians, this is more evidence that they are Biological Weapons. In addition, since these
67 Biological Weapons were under the control of the US Military, this means the US Team at the World
68 Military Games held in Wuhan in October 2019, could have planted this Biological Weapon in Wuhan in
69 order to frame China for the COVID Pandemic. There is nothing that I have seen about the origin of
70 COVID-19 that rules out this possibility. China at that time was said to be the Primary Enemy of America
71 but now that label is being revised so we can have a Friendly relationship with China; and
72 Whereas, Florida Surgeon General, Joseph Ladapo does not recommend "COVID vaccines" for Infants,
73 Toddlers, Children, Teenagers, especially Boys, or anyone up to the age of 40, or even 50, especially if
74 they are Healthy. He would probably agree with Banning the "COVID vaccines"; and

75
76 Whereas, These Experimental Gene Therapy injections do not work. Vaccine injuries: Covid vaccinations
77 can cause severe and fatal vaccine reactions, including cardiovascular, neurological and immunological
78 reactions. Because of this, the risk-benefit ratio of covid vaccination in healthy children and adults under
79 50 years of age remains questionable. FDA, CDC, NIH lied to you! Francis Collins, Fauci, Bourla, Bancel (4
80 Horsemen of the Apocalypse) COVID INJECTION NEVER stopped infection, replication, transmission, or
81 reduced severe illness, death. The CDC just had a meeting at which there was a COVID outbreak of fully
82 vaccinated people, and they couldn't explain why it happened; therefore be it

83
84 RESOLVED, That all COVID vaccines be banned throughout the State of Florida because they don't work; and
85 be it further

86
87 RESOLVED, That membership in the World Health Organization must be ended permanently now
88 because we are signed up to be placed under a world medical dictatorship by the WHO that can impose
89 border closures, lockdowns, vaccines, and vaccine passports.

Fiscal Note:

Description	Amount	Budget Narrative
5 Staff hours	\$215	Can be accomplished with current staff
Total	\$215	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: I – Health, Education, & Public Policy

<https://swprs.org/covid19-facts/>

<https://palexander.substack.com/p/uk-today-how-come-most-people-are?s=r>

https://www.theepochtimes.com/most-infected-in-covid-outbreak-at-cdc-were-vaccinated-agency-confirms_5297678.html?utm_source=Ccpv&src=Ccpv&utm_campaign=2023-06-01&src_cmp=2023-06-01&utm_medium=email&est=LnM4UCZfR8faX5HAAenACBljnPY1DefKpxf%2FjdWpzNM3WU

<https://rumble.com/v2louyq-covid-was-a-military-operation-and-the-shots-are-bio-weapons-sasha-latypova.html>

Resolution 23-113
Right of Physicians to Follow Their Conscience
Dade County Medical Association, Broward County Medical Association

1 Whereas, Florida law now recognizes the right of physicians to follow their conscience when speaking
2 publicly regarding any medical topic, including the ability to recommend abortions beyond the first 6
3 weeks of pregnancy; therefore be it
4

5 RESOLVED, The Florida Medical Association (FMA) censures any organization that attempts to rescind
6 the board certification or clinical privileges of any physician who exercises their conscience rights; and
7 be it further
8

9 RESOLVED, The FMA insists the Florida Board of Medicine select alternative board certification
10 organizations that do not infringe upon physician conscience rights if any board certification
11 organization currently recognized by the Board is found to have violated these conscience rights.
12

Fiscal Note:

Description	Amount	Budget Narrative
70 Staff hours	\$9,240	Can be accomplished with current staff
Total	\$9,240	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: I – Health, Education, & Public Policy

Resolution 23-114
Standard of Care
South Florida Caucus

1 Whereas, The standard of care is typically established and maintained by professional medical
2 organizations, such as medical specialty boards, in collaboration with healthcare institutions and
3 government agencies; and
4

5 Whereas, These standards of care are usually based on current scientific knowledge, clinical experience,
6 and best practices in the field, and are intended to ensure that physicians provide their patients
7 appropriate and effective care; and
8

9 Whereas, Each medical specialty board is responsible for developing and enforcing standards of care for
10 its respective specialty; and
11

12 Whereas, Each medical specialty board is national in nature and therefore it is widely recognized that
13 the standard of care is national in nature; therefore be it
14

15 RESOLVED, The Florida Medical Association acknowledges that the standard of care, which physicians
16 provide for the well-being of their patients, has a national scope and should not be divided into state-
17 specific standards; and be it further
18

19 RESOLVED, The Florida Medical Association opposes criminalization, liability or censure of physicians for
20 following the national standards of care.

Fiscal Note:

Description	Amount	Budget Narrative
5 Staff hours	\$215	Can be accomplished with current staff
Total	\$215	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: I – Health, Education, & Public Policy

Resolution 23-115
Sunshine in the Department of Health
South Florida Caucus

1 Whereas, The processes and criteria used by the Florida Department of Health (DOH) and its various
2 boards for recognizing board certification, office surgery, and health care organization credentialing
3 organizations are not clearly stated and easily available to the public; therefore be it
4

5 RESOLVED, The FMA formally requests a detailed description of the process and criteria used by the
6 DOH for recognizing board certification, office surgery, and health care organization credentialing
7 organizations from the State Surgeon General; and be it further
8

9 RESOLVED, The FMA will make the description of this process and criteria publicly available for
10 comment by physicians on its website.
11

Fiscal Note:

Description	Amount	Budget Narrative
10 Staff hours	\$615	Can be accomplished with current staff
Total	\$615	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: I – Health, Education, & Public Policy

Resolution 23-116
Fertility and Reproductive Health Education for Female Physicians
 FMA Medical Student Section

1 Whereas, 1 in 4 female physicians will suffer from infertility, well above the estimated incidence (9%–
 2 18%) in the U.S. general population¹⁻³; and

3
 4 Whereas, female physicians are more likely to be older for their first pregnancy, undergo infertility
 5 evaluation and treatment, and have higher rates of miscarriage and preterm birth compared to the
 6 general population⁴; and

7
 8 Whereas, compared to non-surgical specialties, female surgeons were older for the first pregnancy and
 9 had more preterm births, more fetal growth problems, higher incidence of miscarriage, and were more
 10 likely to get discouraged from starting a family⁵; and

11
 12 Whereas, in one study, 42% of female surgeons reported at least 1 pregnancy loss, more than double
 13 the rate reported in the general population of women aged 30 to 40 years⁵; and

14
 15 Whereas, when asked about what they would do differently, 28.6% of female physicians would have
 16 attempted conception earlier, 17.1% would have gone into a different specialty, and 7.0% would have
 17 used cryopreservation to extend fertility³; and

18
 19 Whereas, the most comprehensive study of physician fertility to date found that an even more
 20 substantial percentage of female physicians would have attempted to conceive earlier (53.3%) or would
 21 have used cryopreservation to preserve fertility (16.7%) had they known infertility would be an issue¹;
 22 and

23
 24 Whereas, in one survey only 8% of female physicians received reproductive health education on risk of a
 25 delayed pregnancy and those who did receive education were less likely to experience miscarriage or
 26 receive infertility evaluations and treatment⁴; therefore be it

27
 28 **RESOLVED**, That our Florida Medical Association acknowledges the potential physical, financial, and
 29 emotional impacts of physician infertility; and be it further

30
 31 **RESOLVED**, That our Florida Medical Association develops educational materials, including but not
 32 limited to emails, mail, and FMA website, to increase awareness and available resources on physician
 33 infertility.

34
 Fiscal Note:

Description	Amount	Budget Narrative
40 Staff hours	\$2,825	Can be accomplished with current staff
Total	\$2,825	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

References:

1. Physician Fertility: A Call to Action. Academic Medicine. Available at: https://journals.lww.com/academicmedicine/fulltext/2020/05000/physician_fertility_a_call_to_action.13.aspx. Updated May 2020.
2. Fertility and Reproductive Health in Women Physicians. PubMed. Available at: <https://pubmed.ncbi.nlm.nih.gov/33465005/>. Updated Jan 18 2021.
3. Fertility and Childbearing Among American Female Physicians. PubMed. Available at: <https://pubmed.ncbi.nlm.nih.gov/27347614/> Updated Oct 25, 2016.
4. High Infertility Rates and Pregnancy Complications in Female Physicians Indicate a Need for Culture Change. PubMed. Available at: <https://pubmed.ncbi.nlm.nih.gov/36250327/>. Updated Oct 17 2022.
5. Incidence of Infertility and Pregnancy Complications in US Female Surgeons. JAMA Surgery. Available at: <https://jamanetwork.com/journals/jamasurgery/fullarticle/2782357>. Updated July 28, 2021.

Relevant FMA Policy

None

Relevant AMA Policy

Resident and Fellow Access to Fertility Preservation H-310.902

Our AMA: (1) encourages insurance coverage for fertility preservation and infertility treatment within health insurance benefits for residents and fellows offered through graduate medical education programs; and (2) supports the accommodation of residents and fellows who elect to pursue fertility preservation and infertility treatment, including but not limited to, the need to attend medical visits to complete the gamete preservation process and to administer medications in a time-sensitive fashion.

Recognition of Infertility as a Disease H-420.952

Our AMA supports the World Health Organization’s designation of infertility as a disease state with multiple etiologies requiring a range of interventions to advance fertility treatment and prevention.

Infertility and Fertility Preservation Insurance Coverage H-185.990

Our AMA advocates for third party payer health insurance carriers to make available insurance benefits for the diagnosis and treatment of recognized male and female infertility.

Resolution 23-117
Recognizing Physician Suicide as a Public Health Concern
FMA Medical Student Section

1 Whereas, The suicide rate amongst United States physicians is 40 per 100,000, with an estimated 300
2 physicians dying by suicide each year, and is the highest of any profession¹⁻³; and

3
4 Whereas, Physician suicide is associated with depression, substance-use disorder, impaired relationships
5 and self-destructive tendencies⁴; and

6
7 Whereas, A 2015 meta-analysis of 17,500 residents over 50 years estimated that 28.8 percent of
8 resident physicians experienced significant depressive symptoms⁵; and

9
10 Whereas, A prospective cohort study found that 24 percent of interns developed suicidal thoughts
11 within three months of starting their internships⁵; and

12
13 Whereas, Suicidal ideation has been linked with occupation-specific factors in medicine such as
14 increased workload volume and medical errors⁴; and

15
16 Whereas, Doctors are less likely than other members of the public to seek mental health treatment⁵;
17 and

18
19 Whereas, A survey conducted in 2023 reports that 53% of physicians report being burned out and 23%
20 report depression⁶; and

21
22 Whereas, Burnout has been associated with increased patient safety incidents, including medical errors,
23 reduced patient satisfaction, and poorer safety and quality ratings⁷; and

24
25 Whereas, A study conducted from 2003-2018 investigating physician suicide concluded that doctors need
26 better access to primary care services, help with scheduling challenges and the ability to address
27 concerns about confidentiality in order to properly address their mental health needs⁸; and

28
29 Whereas, Numerous research studies have found an association between greater availability of mental
30 health care and reduced rates of suicide⁹; and

31
32 Whereas, Physicians who address their mental health are better equipped to care for themselves and
33 their patients¹⁰; and

34
35 Whereas, An average doctor has 2,300 patients, meaning that nearly one million Americans will lose a
36 physician to suicide this year¹¹; and

37
38 Whereas, In Florida, suicide is the 8th leading cause of death with a rate 13.2 per 100,000^{12,13}; and

39
40 Whereas, The World Health Organization recognizes suicide as a public health problem and states that
41 suicides are preventable with timely, evidence-based and often low-cost interventions¹⁴; and

42

43 Whereas, The Centers for Disease Control and Prevention outlined evidenced-based suicide prevention
44 strategies including strengthening economic supports, creating protective environments, improving
45 access and delivery of care, promoting healthy connections, teaching coping and problem-solving skills,
46 identifying and supporting people at risk, and lessening harms and preventing future risk¹⁵; therefore be
47 it

48
49 RESOLVED, That our Florida Medical Association recognizes physician suicide as a public health concern;
50 and be it further

51
52 RESOLVED, That our Florida Medical Association supports legislation to promote the development and
53 implementation of suicide prevention interventions for Florida physicians; be it further

54
55 RESOLVED, That our Florida Medical Association encourages residency programs and hospitals in Florida
56 to develop and educate their physicians on available mental health resources; be it further

57
58 RESOLVED, That our Florida Medical Association provides information on how physicians can access
59 confidential mental healthcare.

Fiscal Note:

Description	Amount	Budget Narrative
120 Staff hours	\$19,715	Can be accomplished with current staff
Total	\$19,715	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: I – Health, Education, & Public Policy

References:

1. Doctors' Suicide Rate Highest of Any Profession. WedMD. Available at: <https://www.webmd.com/mental-health/news/20180508/doctors-suicide-rate-highest-of-any-profession>. Updated May 8, 2018.
2. Kalmoe MC, Chapman MB, Gold JA, Giedinghagen AM. Physician Suicide: A Call to Action. *Mo Med*. 2019;116(3):211-216.
3. How to Get Into the Best Medical Schools in Florida. Inspira Advantage. Available at: <https://www.inspiraadvantage.com/blog/medical-schools-in-florida#:~:text=Florida's%20medical%20schools%20are%20competitive,cumulative%20GPA%20and%20MCAT%20score>. Updated September 6, 2022.
4. When doctors ponder suicide, depression—not burnout—is key driver. American Medical Association. Available at: <https://www.ama-assn.org/practice-management/physician-health/when-doctors-ponder-suicide-depression-not-burnout-key-driver>. Published December 2020.
5. Healthcare professionals' mental health and suicide risk. American Foundation for Suicide Prevention. Available at: <https://afsp.org/healthcare-professionals-mental-health-and-suicide-risk>. Updated 2023.
6. US Physician Burnout & Depression Report 2023. Medscape. Available at: <https://www.medscape.com/slideshow/2023-lifestyle-burnout-6016058?faf=1#2>. Published January 2023.
7. Burnout. Patient Safety Network. Available at: <https://psnet.ahrq.gov/primer/burnout#:~:text=While%20it%20is%20difficult%20to,poorer%20safety%20and%20quality%20ratings>. Published September 2022.
8. Physician Wellness Resources. Physicians Society of Central Florida. Available at: <https://pscfl.org/page/PhysicianWellnessResources>. Published 2022.
9. The Relationship Between Mental Health Care Access and Suicide. RAND. Available at: <https://www.rand.org/research/gun-policy/analysis/essays/mental-health-access-and-suicide.html>. Published March 2018.
10. Understanding and Addressing Physician Mental Health. AAFP. Available at: <https://www.aafp.org/family-physician/patient-care/current-hot-topics/recent-outbreaks/covid-19/covid-19-physician-wellbeing/understanding-addressing-physician-mental-health.html>. Updated 2022.
11. Altschuler J, Margolius D, Bodenheimer T, Grumbach K. Estimating a Reasonable Patient Panel Size for Primary Care Physicians With Team-Based Task Delegation. *The Annals of Family Medicine*. 2012;10, 396–400.
12. Suicide Facts & Figures: Florida 2020. American Foundation for Suicide Prevention (AFSP). Available at: <https://aws-fetch.s3.amazonaws.com/state-fact-sheets/2020/2020-state-fact-sheets-florida.pdf>. Updated March 1, 2020.
13. Suicide Mortality by State. Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>. March 1, 2022.
14. Suicide-Key Facts. World Health Organization. Available at: <https://www.who.int/news-room/fact-sheets/detail/suicide>. Updated June 17, 2021.

15. Suicide Prevention Resource for Action. Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/suicide/resources/prevention.html>. Updated October 26th, 2022.

Relevant FMA Policy

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)

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)

P 140.015 MENTAL HEALTH CONFIDENTIALITY FOR 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)

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 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)

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)

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)

Relevant FMA Policy

Mental Health Crisis D-345.972

1. Our AMA will work expediently with all interested national medical organizations, national mental health organizations, and appropriate federal government entities to convene a federally-sponsored blue ribbon panel and develop a widely disseminated report on mental health treatment availability and suicide prevention in order to:
 - a) Improve suicide prevention efforts, through support, payment and insurance coverage for mental and behavioral health and suicide prevention services, including, but not limited to, the National Suicide Prevention Lifeline;
 - b) Increase access to affordable and effective mental health care through expanding and diversifying the mental and behavioral health workforce;
 - c) Expand research into the disparities in youth suicide prevention;
 - d) Address inequities in suicide risk and rate through education, policies and development of suicide prevention programs that are culturally and linguistically appropriate;
 - e) Develop and support resources and programs that foster and strengthen healthy mental health development; and
 - f) Develop best practices for minimizing emergency department delays in obtaining appropriate mental health care for patients who are in mental health crisis.
2. Our AMA supports physician acquisition of emergency mental health response skills by promoting education courses for physicians, fellows, residents, and medical students including, but not limited to, mental health first aid training.

Study of Medical Student, Resident, and Physician Suicide D-345.983

Our AMA will: (1) explore the viability and cost-effectiveness of regularly collecting National Death Index (NDI) data and confidentially maintaining manner of death information for physicians, residents, and medical students listed as deceased in the AMA Physician Masterfile for long-term studies; (2) monitor

progress by the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and the Accreditation Council for Graduate Medical Education (ACGME) to collect data on medical student and resident/fellow suicides to identify patterns that could predict such events; (3) support the education of faculty members, residents and medical students in the recognition of the signs and symptoms of burnout and depression and supports access to free, confidential, and immediately available stigma-free mental health and substance use disorder services; (4) collaborate with other stakeholders to study the incidence of and risk factors for depression, substance misuse and substance use disorders, and attempted and completed suicide among physicians, residents, and medical students; and (5) work with appropriate stakeholders to explore the viability of developing a standardized reporting mechanism for the collection of current wellness initiatives that institutions have in place to inform and promote meaningful mental health and wellness interventions in these populations.

Resolution 23-118
Opposition of Conversion Therapy for Gender Dysphoria
 Jon Ward, M.D, and Emerald Coast Medical Association

1 Whereas, The use of conversion therapy for sexual orientation is opposed by both the AMA and the
 2 FMA; and
 3
 4 Whereas, It is widely accepted that sexual orientation exists on a spectrum and that biologic sex does
 5 not and is binary; and
 6
 7 Whereas, The idea of gender existing on a spectrum is not widely accepted; however, if it were why
 8 would it be considered appropriate to change one’s biologic gender when it is considered malpractice to
 9 attempt to change a person’s sexual orientation. Can one be born this way in one scenario yet born into
 10 the wrong body in the other?; and
 11
 12 Whereas, There is data indicating that there are irreversible harms to conversion therapy for both sexual
 13 orientation and gender dysphoria; and
 14
 15 Whereas, Gender identity conversion therapy has been inappropriately referred to as “gender affirming
 16 care.”; and
 17
 18 Whereas, Gender identity conversion therapy involves presumption that children can give consent for
 19 life altering medical and surgical treatments; and
 20
 21 Whereas, Only low quality evidence exists to support the use of gender identity conversion therapies;
 22 and
 23
 24 Whereas, The State of Florida has banned the use of gender identity conversion therapies in our state
 25 through actions of the Florida Board of Medicine, the Florida Board of Osteopathic Medicine, and the
 26 Florida Legislature; therefore be it
 27
 28 RESOLVED, The FMA reject the use of “gender affirming care” and encourage the use of the more
 29 appropriate terminology gender identity conversion therapy; be it further
 30
 31 RESOLVED, The FMA support the current position of the Florida Board of Medicine, the Florida Board of
 32 Osteopathic Medicine, and current Florida law to oppose the use of gender identity conversion therapy
 33 in children.

Fiscal Note:

Description	Amount	Budget Narrative
5 Staff hours	\$215	Can be accomplished with current staff
Total	\$215	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

AM
'23

**FMA Annual
Meeting 2023**

Reference Committee II

Annual Meeting 2023

July 28-30 • Hyatt Regency in Orlando, Florida



Reference Committee No. II Finance and Administration

Saturday, July 29, 2023
10:00 a.m. – 11:30 a.m.

Members:

Catherine Kowal, M.D., Chair
Rafael Fernandez, M.D.
Michael Forsthoefel, M.D.
Cristina Pravia, M.D.
John Zapp, M.D.

Fl. Society of Rheumatology
Dade
Capital
Fl. Ch. Am. College of Physicians
Clay

Agenda:

Board of Governors Report B

1. Board Recommendation B-1: Bylaws Amendment
2. Board Recommendation B-2: Bylaws Amendment
3. Board Recommendation B-3: Bylaws Amendment

Treasurer's Report

Report B of the Board of Governors

Joshua Lenchus, D.O., 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 on issues related to finance, administration, bylaws, and other sections. Also included in this report are activities as reported by the Committee on Bylaws, Committee on Finance & Appropriations, Florida AMA Delegation, and Medical Student Section, etc.

RECOMMENDATION B-1

Bylaws Amendment

CHAPTER VI

BOARD OF GOVERNORS

That the FMA Bylaws be amended to eliminate the President’s Advisory Committee.

CHAPTER VI

BOARD OF GOVERNORS

Section 3. MEETINGS

The Board shall meet upon call by the President. There shall be a minimum of three meetings in each administrative year, in addition to a Board development retreat that may take place as determined by the Board. The President shall call a special meeting upon his determination that a special meeting is necessary or upon the written request of at least twenty-five percent of the voting members of the Board.

~~In addition to the Board meetings, the President may hold advisory group meetings throughout the year at his/her discretion. These meetings, when feasible, shall be conducted in conjunction with FMA Board of Governor meetings, AMA meetings, or other meetings or events in which the FMA Officers will be present. Advisory group meetings shall consist of FMA Officers, FMA CEO and key senior staff, and other individuals invited at the discretion of the President. Advisory group meetings are for the purpose of discussing operational and strategic issues, and no votes shall be taken.~~

Description	Amount	Budget Narrative
0 staff hours	\$	Can be accomplished with current staff
		No Fiscal Impact.

Discussion: This amendment is the product of a review of the bylaws with a focus on eliminating extraneous provisions and conforming the bylaws to current practices. The committee noted that the advisory committee concept is duplicative of the existing executive committee structure. The President has the authority to call a meeting of the executive committee in a formal or advisory role, thus rendering the “advisory committee” concept superfluous. See attachment VI for the specific language.

33 **RECOMMENDATION B-2**

34 **Bylaws Amendment**

35 **CHAPTER III**

36 **HOUSE OF DELEGATES**

37
38 **That the FMA bylaws are amended to provide that each county that does not have an active chartered**
39 **county medical society or that does not participate in a regional county medical society be allowed to**
40 **send delegates to the FMA House of Delegates in a manner prescribed by the Board of Governors.**

41
42 **CHAPTER III**

43 **HOUSE OF DELEGATES**

44
45 **Section 5. DETERMINATION OF DELEGATES**

46 Commencing with the annual meeting of the House of Delegates to be held in 2003 and
47 continuing with the House of Delegates meeting to be held each year thereafter, delegates and
48 alternate delegates to the House of Delegates shall be selected by the component societies in
49 accordance with the procedures set forth in this Section 5.

50
51 Each chartered county medical society shall be entitled to select annually and to send to each
52 meeting of the House of Delegates one delegate for every forty active members of the
53 Association within that society, and one for any fraction over and above the last complete unit
54 of forty, as shown on the Association's records on December 31 of the preceding calendar year,
55 provided that each component society holding a charter from the Association shall be entitled
56 to at least one delegate.

57
58 The officers of the Association and the elected members of the Board of Governors shall be
59 delegates to the House of Delegates and shall not be considered when determining the
60 number of delegates to which a chartered county medical society is entitled.

61
62 Each specialty society and each representative society recognized by the FMA shall be entitled
63 to select annually and send to each meeting of the House of Delegates one delegate for every
64 forty active members, or any fraction thereof, of the specialty society or representative
65 society who are members of the Association who shall be entitled to vote. Each delegate
66 must be an active member of the Association.

67
68 Each county in Florida that does not have an active chartered component medical society and
69 that does not participate in a regional county medical society shall be entitled to select
70 annually and send to each meeting of the House of Delegates one delegate for every forty
71 active members of the FMA who reside or practice in that county. The process for
72 determining the selection of delegates for each unrepresented county shall be determined by
73 the FMA Board of Governors.

74
75 The Specialty Society Section, the Young Physicians Section and the Florida Medical Association
76 Alliance shall be entitled to select annually and send to each meeting of the House of Delegates
77 one delegate who shall be entitled to vote. The Resident and Fellow Section shall be entitled to
78 select annually and send to each meeting of the House of Delegates four delegates who shall
79 be entitled to vote. The Medical Student Section shall be entitled to select one delegate from

80 each medical school in the state of Florida, who shall be entitled to vote. No delegate may
81 represent more than one organization entitled to representation in the House of Delegates.
82

83 The House of Delegates shall have the power to determine its own membership and by
84 three-fourths vote of those delegates present in official session refuse to seat any delegate or
85 alternate delegate.
86

Description	Amount	Budget Narrative
25 staff hours	\$1,500	Can be accomplished with current staff
Total	\$1,500	\$0 added to the operating budget

87
88 Background: At the 2022 House of Delegates, Resolution 22-202, Disenfranchisement of FMA Members
89 was referred to the Board of Governors for study and report back.
90

91 Discussion: The Board of Governors referred this resolution to the Committee on Bylaws, Policies, and
92 Procedures. The Committee carefully considered the resolves in resolution 22-202 and agreed that a
93 mechanism was needed to provide representation in the FMA House of Delegates for FMA members
94 that worked or resided in a county that did not have an active county medical association.

95 Recommendation I is the proposed bylaws amendment.
96 While discussing the proposed bylaws amendment, the Committee felt that the process for selecting
97 these delegates should be set forth in the FMA policies and procedures. The Board of Governors voted
98 to adopt the proposed process for selecting delegates from unrepresented counties. The process of
99 selecting unrepresented delegates is detailed below and will go into effect if the 2023 House of
100 Delegates adopts Recommendation I.

101
102 **Selection of Delegates from Unrepresented Counties**
103

104 Pursuant to Chapter III, Section 5 of the FMA Bylaws, each county in Florida that does not have
105 an active chartered component medical society and that does not participate in a regional
106 county medical society (collectively referred to here as “unrepresented counties”) shall be
107 entitled to select annually and send to each meeting of the House of Delegates one delegate
108 for every forty active members of the FMA who reside or practice in that county.
109

110 The process for determining how the delegates from unrepresented counties are selected is to
111 be determined by the FMA Board of Governors.
112

113 To encourage participation and ensure a fair and transparent process, the Board of Governors
114 adopts the following rules for the process of determining delegates from unrepresented
115 counties:
116

- 117 ➤ FMA staff will determine the number of delegates that each unrepresented county is
118 entitled to at the same time it makes the determination for represented counties.
- 119 ➤ At a date determined by the Speaker, an email will be sent out to each active FMA
120 member residing or practicing in every unrepresented county notifying them of the
121 upcoming FMA Annual Meeting, of the opportunity to serve as a delegate to the FMA
122 House of Delegates from their county, and the number of delegates their unrepresented

- 123 county is entitled to (each county will be entitled to at least one delegate, even if there
124 are less than 40 active FMA members who reside or practice in the county).
- 125 ➤ The email will ask them to reply by a set date if they wish to serve as a delegate (at their
126 own expense) from the unrepresented county.
 - 127 ➤ If the number of self-nominations is equal to or lesser than the number of delegates the
128 unrepresented county is entitled to, the self-nominated individual(s) shall be the
129 designated delegate(s) to the FMA House of Delegates from the unrepresented county.
 - 130 ➤ If the number of self-nominations is greater than the number of delegates the
131 unrepresented county is entitled to, an email will be sent at a date to be determined by
132 the Speaker to each active FMA member who resides or practices in the unrepresented
133 county with a link to an online survey (JotForm, SurveyMonkey, Doodle, etc.). The survey
134 will contain the names of the self-nominated candidates and instruct the member to vote
135 for the number of candidates that the unrepresented county is allotted. FMA Staff will
136 tally the votes and the delegates from that unrepresented county will be the candidate(s)
137 with the most votes.
 - 138 ➤ In case of a tie vote, the FMA General Counsel will conduct a random, blind drawing
139 witnessed by at least two FMA staff members to determine who the delegate will be.

141 **RECOMMENDATION B-3**

142 **Bylaws Amendment**

143 **CHAPTER IX**

144 **COMPONENT SOCIETIES**

145
146 **That the FMA bylaws are amended to conform current practice regarding the formation of regional**
147 **county medical associations with current practice and ensure that any regional associations formed**
148 **must be done so with the consent of all existing active county medical associations.**

149
150 **CHAPTER IX**

151 **COMPONENT SOCIETIES**

152
153 **Section 1. COMPONENT SOCIETIES DEFINED**

154 The component societies of the Association shall include all of the chartered county medical
155 societies, the specialty societies recognized by the Association, and other representative
156 societies as recognized by the Board of Governors.

157
158 **Section 2. CHARTERED COUNTY MEDICAL SOCIETIES**

159 The chartered county medical societies of the Association shall be all of the county medical
160 societies now chartered by the Association and those that hereafter may be organized and
161 chartered by the Association which have adopted Constitutions and Bylaws or have been
162 incorporated with Bylaws not in conflict with the articles of Incorporation and the Bylaws of the
163 Association.

164
165 Charters shall be issued by the House of Delegates upon recommendation of the Council on
166 Ethical and Judicial Affairs. The House of Delegates shall have authority to remove the Charter
167 issued to any chartered county medical society whose actions are in conflict with the letter or
168 spirit of these Bylaws or of the Articles of Incorporation of the Association. Policies adopted by
169 the Florida Medical Association's House of Delegates shall be binding upon the chartered county
170 medical societies and their members.

171
 172 A copy of the Constitution and Bylaws, or of the Corporate Charter and Bylaws, of each
 173 chartered county medical society shall be filed in the Executive Office of the Association, and
 174 the Association shall be notified promptly of any changes therein.

175
 176 Only one chartered county medical society shall be chartered in any county. Physicians in
 177 counties with or without a chartered medical society ~~having few physicians~~ may, upon mutual
 178 agreement, join with physicians in adjacent counties in the formation of a combined society
 179 which shall have all the rights, privileges, duties, responsibilities and obligations of a society
 180 composed of physicians of only one county. All active county medical societies in the counties
 181 involved must agree to the formation of the combined society.
 182

Description	Amount	Budget Narrative
5 staff hours	\$215	Can be accomplished with current staff
Total	\$215	\$0 added to the operating budget

183
 184 Discussion: The Committee on Bylaws, Policies, and Procedures reported that the bylaws contain a
 185 provision for the establishment of regional medical associations but that such provision is limited and
 186 does not contemplate the type of arrangements that have occurred in the last several years. The Board
 187 of Governors felt that the bylaws should expressly allow regional arrangements such as the one in central
 188 Florida while ensuring that any such arrangement must have the approval of all of the active medical
 189 societies in the counties that are part of the arrangement.

191 **Committee on Finance and Appropriations & Audit Committee**

192
 193 **Major Board Actions:**

- 194 • The 2023 budget was approved
- 195 • Accepted the audited consolidated financial statements and other financial information report
- 196 of the Florida Medical Association, Inc. and other subsidiaries for years ending December 31,
- 197 2022 and 2021
- 198 • Accepted the audited financial statements of the Florida Medical Association Political Action
- 199 Committee for years ending in December 31, 2022 and 2021

201 **AMA Delegation**

202
 203 **Major Board Actions:**

- 204 • Approved a stipend up to \$20,000 to be given to the Chair of the AMA Delegation
- 205 • Approved an annual report of the Florida AMA delegation to given at the FMA’s House of
- 206 Delegates

207 **Informational Items:**

- 208 • Douglas Murphy, M.D., member of Florida’s AMA Delegation, stated that the main resolution
- 209 that the FMA had been in favor of at the AMA Annual Meeting had been watered down due to
- 210 the large fiscal note. He noted that the AMA should be advocating for no more payment cuts.
- 211 The Big 4 is working on a coordinated message.

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- Some Board members felt that the FMA should bypass the AMA and work with other states. Several leaders within the FMA have a meeting with the AMA President to discuss some differences and how the House of Medicine can work together to achieve these goals.
 - The Board and the FMA Delegation thought that the House of Delegates should be more informed about what the Florida delegation does during the year and requested that an annual report be given during the House of Delegates
 - Corey Howard, M.D., Chair Florida AMA Delegation provided an overview of the duties of the Chair of the AMA Delegation and what the Florida delegation’s priorities are in upcoming meetings.
 - Dr. Howard stated that as Chair of the delegation he organizes and coordinates resolutions and the resolution process. In addition to running and participating in meetings throughout the year with leadership in other states he creates delegation assignments, pairings, and formulates tactics and strategies to successfully pass resolutions. As chair, not only does he craft resolutions, he mentors delegates on the process, and provides guidelines on testimony by delegates. Being Chair gives one a direct interface with AMA leadership which has allowed Florida an integral role in pushing Medicare payment reform.
 - The AMA is comprised of 692 delegates across all states, specialties, and sections. The FMA is allotted 16 delegates.
 - At the 2022 Interim meeting, 139 resolutions were presented, 40 resolutions from 50 states (306 delegates), 42 resolutions from the medical student section (28 delegates), and 13 resolutions from the Resident and Fellow Section (33 delegates).
 - There were no significant resolutions about physician payment reform, Medicare payment, physician payment cuts or solutions, or scope of practice issues. Dr. Howard stated that many of the resolutions focused on social issues, and those issues were brought to the House by the student delegates in the AMA. Regardless, Florida’s delegation is focused on Medicare payment reform and what physicians need to practice medicine.
 - Dr. Howard emphasized that national coordination is necessary for these things to happen. Additionally, Dr. Howard stated that the Florida Delegation would like to limit the number of medical students in the AMA House of Delegates as students have an overrepresentation, submit proportionally more resolutions than any other group in the HOD, and focus mainly on social issues and issues for which they have limited, or at times, no exposure or reference points.
 - Based on the overwhelming workload the Chair of the Florida delegation undergoes each year, a motion was made to give the AMA Chair an annual stipend, similar to the stipends received by the Chair of the Council on Legislation.
 - Corey Howard, M.D., Chair, FMA AMA Delegation, stated that in preparation for the June AMA meeting he has a great deal of communication with both the delegation and other delegations around the country. At the first deadline for resolutions, there were 100 submissions with 70 coming from the Medical Student Section, and 30 from the rest of the country.
 - Since that initial deadline, 74 more resolutions were added and Dr. Howard anticipates 30-50 more by the time the AMA Annual Meeting begins. Dr. Howard stated that the Florida delegation only focuses on resolutions that pertains to how physicians practice medicine.
 - Dr. Howard was instrumental in the creation of a new caucus between Pennsylvania, Texas, and Florida. The three delegations make up 10% of the membership in the House

259 of Delegates. The AMA has funded Health 2047, a Silicon Valley innovation firm focusing
260 on developing artificial intelligence technologies.

261 •

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Medical Student Section

264

Major Board Actions:

- Approved an allotment of \$1,000 per each medical school annually for a medical student scholarship fund

Informational Items:

- In October 2022, Ben Schachner, MSS Board of Governors representative asked the Board of Governors for funds to go towards a scholarship for medical students annual, this scholarship was named the Continued Investment in Tomorrow’s Residents Universal Scholarship or the CITRUS Scholarship
 - In May 2023, the Board of Governors voted to rename it the Schachner CITRUS Scholarship in honor of the hard work and dedication Dr. Schachner devoted to the creation and implementation of this scholarship.

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Other

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Major Board Actions:

- Approved hotel contracts
- Approved vendor agreements
- Approved to update the FMA Policies and Procedures to conform with the FMA Bylaws
 - Included a policy that member emails and personal phone numbers are not to be sold to vendors or otherwise be made available without express approval from the Board of Governors
- Declared the Pinellas County Medical Association charter abandoned
- Appointed a subcommittee to explore and facilitate the formation of unions where appropriate (directive from Resolution 22-402)
 - Douglas Murphy, M.D., Eva Crooke, M.D., John Montgomery, M.D.
- Appointed a social media policy task force
 - Rex Ryan (MSS), Rebekah Bernard, M.D., and a resident or fellow to be determined
- Voted to not adopt Resolution 22-313, Electronic Prescribing Requirements

293

294

Electronic Prescribing Requirements

295

Melanie Cross, M.D.

296

House Action: Referred to the Board of Governors for decision

298

299 *RESOLVED, That the FMA seek legislation that restores physicians’ choice to prescribe in the manner they*
300 *choose; and be it further*

301

302 *RESOLVED, That the FMA seek legislation that adds or restores options that traditionally exist for*
303 *physicians to prescribe, including phone-in prescriptions and written or typed prescriptions in paper form.*

304

305 Discussion: Prior to becoming law, the FMA made arguments against mandatory electronic prescribing
306 and fought it vigorously (the FMA was able to get some exceptions). The legislature’s perspective was
307 that electronic prescribing enhances patient safety. Given that federal law requires electronic
308 prescribing for controlled substances with certain exceptions, the Board of Governors did not feel it was
309 in the best interest to adopt this resolution.

310

311 **Informational Items:**

312 • Ronald Giffler, M.D., Chair of FMA Services brought the Board’s attention to the FMA website’s
313 preferred vendors page. Dr. Giffler explained that preferred vendors offer FMA members
314 discounts on items that are needed for practice such as scrubs, equipment, and magazines for
315 office waiting rooms. Patronizing FMA preferred vendors benefits the FMA and he encouraged
316 the Board to take the time to view the website.

317 • Kristy Jones, Chief Financial Officer stated that the Foundation secured a donation of \$225,000
318 from the AMA Foundation to fund grants to physician practices that incurred physical damages
319 and lost medical supplies due to hurricane landfalls in Florida. The Foundation is still accepting
320 grant applications and will meet to evaluate each application to award grants after the January
321 20, 2023 deadline.

322 ○ The Foundation has issued 27 grants totaling \$255,878.

323 • The 11th class of the Leadership Academy concluded, May 20, 2023. Applications are being
324 accepted for the next class which will begin in October 2023.

325 • The Foundation approved donating \$20,000 as a Diamond level supporter for the FMA Annual
326 Meeting to support the CME sessions that will be featuring three nationally recognized
327 speakers.

328 ○ The FMA’s CME program has increased by 165% since 2018 when livestreaming options
329 became available through the FMA.

330

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AM
'23

**FMA Annual
Meeting 2023**

Reference Committee III

Annual Meeting 2023

July 28-30 • Hyatt Regency in Orlando, Florida



Reference Committee No. III Legislation

Saturday, July 29, 2023
10:00 a.m. – 11:30 p.m.

Members:

Michael Cromer, M.D., Chair	Hillsborough
John Bailey, D.O.	Capital
Christopher Bray, M.D.	Fl. Ch. Am. College of Physicians
Tra'Chella Johnson Foy, M.D.	Duval
Jason Kelly, M.D.	Broward
Jon Ward, M.D.	Fl. Society of Dermatologic Surgeons
Stacie Wenk, D.O.	Hillsborough

Agenda:

Board of Governors Report C

Resolutions:

23-301	Liability Protection
23-302	Messaging Only Services
23-303	Health Insurance Identification Card
23-304	Repeal Pharmacy Collaborative Practice Agreements
23-305	Corporate Practice of Medicine
23-306	Staffing Ratios in Emergency Department
23-307	NICA
23-308	Provision of Immigrant Healthcare
23-309	Chiropractors & Vaccine Exemption
23-311	Delta 8 & THC
23-312	Transparency in Care
23-313	Verification that Autonomous Practice Nurses are Having the Reported Impact
23-314	Clarifying and Defining Roles of Healthcare Providers in Spanish
23-315	Healthcare Worker Contact opt-Out

Report C
of the FMA Board of Governors
Joshua Lenchus D.O., President and Chair

The Board of Governors submits the following report to the House of Delegates. This report contains a summary of major actions taken on recommendations from the Council on Legislation and the Florida Medical Association Political Action Committee (FMA PAC).

Council on Legislation

Major Board Actions:

- Approved the FMA’s 2022 Legislative Agenda
- Reviewed and approved recommendations to reaffirm public policies from 2015
 - (See Recommendation A-1)
- Reviewed and approved recommendations to sunset policies from 2015
 - (See Recommendation A-2)
- Adopted P 290.004. This policy was an action item from Resolution 22-109, Elder Abuse in Florida. The policy reads:
 - Resolved, That the FMA advocate for the enforcement of existing laws on elder abuse and that the FMA gather information on existing reporting of cases of elder abuse.
- Resolution 22-303 Improving Price Transparency of Medical Goods and Services was not adopted
- Approved supporting Senator Polsky’s bill relating to fentanyl testing

Resolution 22-303
Improving Price Transparency of Medical Goods and Services
Medical Student Section

House Action: Referred to the Board of Governors for decision; **the Board of Governors voted to reaffirm existing policies P 235.017 and P 260.044 in lieu of adopting this resolution**

RESOLVED, That the FMA supports legislation that requires hospitals and insurers to provide transparent pricing information for common goods and medical services offered.

RESOLVED, That the FMA supports legislation to promote the development and implementation of universal price transparency tools.

Discussion: The 2022 House of Delegates referred Resolution 22-303 to the Board of Governors for decision. The Board of Governors referred this resolution to the Council on Legislation. The Council reviewed this resolution at length and determined that existing policy P 235.017 and P 260.044 should be reaffirmed in lieu of adopting Resolution 22-303. The Board of Governors agreed with this recommendation voted to reaffirm P 235.017 and P 260.044 in lieu of adopting Resolution 22-303.

1 **Informational Items:**

- 2
- 3 • Approved the Legislative Compendium updates
 - 4 • James St. George, M.D., Chair, Council on Legislation stated that the 2023 Legislative Session starts in March.
 - 5 ○ The Council is closely following prior authorization legislation, the newly formed Florida
 - 6 Reimbursement Assistance for Medical Education (FRAME) Program, and
 - 7 pharmaceutical issues such as white bagging and brown bagging medications.
 - 8 ○ Charles Chase, D.O., Treasurer stated that the FMA should monitor the fentanyl crisis.
 - 9 Senator Tina Polsky is sponsoring a bill that allows for test strips to not be classified as
 - 10 paraphernalia so that substances may be tested for fentanyl prior to use.
 - 11 • The 2023 Legislative Session was extremely successful.
 - 12 ○ The FMA secured \$76 million for physician Medicaid to Medicare rate increase for
 - 13 pediatric services, \$30 million for graduate medical education, \$16 million for medical
 - 14 student loan forgiveness, and \$1.25 million for the Stop the Bleed campaign.
- 15

16 **FMA PAC**

17

18 **Major Board Actions:**

- 19
- 20 • Approved appointments to the FMA PAC Board of Directors
- 21

21 **Informational Items:**

- 22
- 23 • In August 2022, Michael Patete, M.D., reported that \$215,000 was raised at Annual Meeting
 - 24 ○ Board members were encouraged to join him in walking door to door and campaign
 - 25 with candidates in the respective local areas.
 - 26 • In October 2022, Michael Patete, M.D. reported that the PAC was ahead in fundraising by
 - 27 \$669,853 and a total of \$2,341,572 has been raised thus far this election cycle.
 - 28 • PAC endorsed candidates won 87% of their races in the primary election.
 - 29 • Michael Patete, M.D., PAC Representative stated that the PAC Board approved the new slate of
 - 30 officers for the 2023-2024 Election Cycle.
 - 31 ○ The new officers are Charles Chase, D.O., President, Andrew Borom, M.D., President-
 - 32 Elect, Aaron Sudbury, M.D., Vice President, Ashley Norse, M.D., Secretary, and Marc
 - 33 Hirsh, M.D., Treasurer. Dr. Chase made several presidential appointments to the FMA
 - 34 PAC Executive Committee including Jason Wilson, M.D., as Treasurer-Designate, Michael
 - 35 Patete, M.D., as 1000+ Club Chair, and Mr. Fraser Cobbe as the CMS Executive.
 - 36 • In January 2023, Michael Patete, M.D., PAC Representative, stated that the FMA PAC had a very
 - 37 successful election cycle with FMA PAC endorsed candidates winning 96.7% of their races.
 - 38 ○ This included 24 out of 25 Florida Senate races, and 88 out of 91 Florida House of
 - 39 Representative races.
 - 40 ○ The FMA PAC Board was able to raise \$2.4 million between dues revenue, 1000+ Club
 - 41 dues, and medical staff and large group donations. This represents an increase in
 - 42 fundraising from the last election cycle by \$646,448 and is the highest fundraising total
 - 43 for the FMA PAC in the last decade.
 - 44 • In May 2023, Michael Patete, M.D., PAC Representative stated that to date the FMA PAC has
 - 45 raised \$566,152 in membership dues, 1000+ Club dues, and large groups and medical staffs.
 - 46 While currently behind the 2021-2022 cycle, the FMA PAC Board anticipates making up that
 - difference in coming months with a focus on fundraising prior to 2024.

Resolution 23-301
Liability Protection for Physicians Caring for Incarcerated People
Capital Medical Society

1 Whereas the Supreme Court of the United States has established that incarcerated persons have a right
2 to “adequate medical care” according to the 8th Amendment of the U.S. Constitution; and
3

4 Whereas, the prison chooses the physician as its agent to fulfill this duty, either by contract in advance
5 or by default (such as inpatient consult, emergency department); and
6

7 Whereas, incarcerated people have limited control regarding timing or condition under which they
8 present to a physician’s office, as compared to non-incarcerated people; and
9

10 Whereas, incarcerated people have limited ability to communicate with their physician’s office, and
11 likewise community physicians cannot communicate directly with an incarcerated person outside of
12 clinical visits; and
13

14 Whereas, once the incarcerated individual leaves the clinical setting, the community physician cannot
15 control whether the patient receives appropriate follow-up visits (examples including but not limited to
16 prison lock-down, inmate transfer to another facility); and
17

18 Whereas, the physician is not the sole authority on questions concerning a patient’s medical treatments;
19 and
20

21 Whereas various regulations and policies may be in place that restrict choices, such as formularies,
22 utilization review, etc; and
23

24 Whereas, missed visits and miscommunication can lead to poor health outcomes (including but not
25 limited to blindness, chronic pain); and
26

27 Whereas, lawsuits against physicians have arisen due poor health outcomes for incarcerated people,
28 including allegations of negligence and deliberate indifference; and
29

30 Whereas, sovereign immunity does not necessarily cover all situations; therefore be it
31

32 RESOLVED, That the FMA supports legislation that would provide additional liability protection for
33 physicians caring for incarcerated individuals.
34

Fiscal Note:

Description	Amount	Budget Narrative
100 staff hours	\$17,000	Can be accomplished with current staff
Total	\$17,000	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation & Miscellaneous

Resolution 23-302
Preventing Messaging-Only Services
Hillsborough County Medical Association

1 Whereas, Access to primary medical care is an important issue for many Floridians; and
2
3 Whereas, Telehealth and telemedicine availability are important components in providing access to
4 medical care; and
5
6 Whereas, In July, 2019, The Florida Legislature signed in to law a requirement that requires physicians
7 without a Florida license to register with the Board of Medicine to be able to provide telehealth services
8 to patients located in Florida; and
9
10 Whereas, This process allows out-of-state physicians licenses to be verified and patients to feel confident
11 in whom they are seeking medical care; and
12
13 Whereas, Some companies are now advertising messaging-only¹ medical visits; and
14
15 Whereas, This process does not allow the physician’s license to be vetted or the patients to know for sure
16 that the physician is who they say they are; and
17
18 Whereas, This process where the physician and the patient never see each other is potentially dangerous,
19 ripe for fraud, significantly lowers the standard of care in establishing a patient-physician relationship,
20 and lowers the standard for providing medical care to patients in Florida; therefore, be it
21
22 RESOLVED, That the FMA support legislation that would prevent companies or physicians who practice
23 messaging-only care from practicing medicine in the state of Florida.

Fiscal Note:

Description	Amount	Budget Narrative
100 staff hours	\$17,000	Can be accomplished with current staff
Total	\$17,000	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation & Miscellaneous

Reference: ¹ <https://clinic.amazon.com>

Resolution 23-303
Health Insurance Identification Transparency
Hillsborough County Medical Association

1 Whereas, Most consumers currently do not know now whether their health care plan falls under state or
2 federal jurisdiction; and
3
4 Whereas, Knowing the difference between state and federal jurisdiction determines the mechanism
5 patients can utilize to resolve disputes and issues with their health insurers; and
6
7 Whereas, Health insurers intentionally obfuscate their plans to confuse consumers and physician groups
8 to make it harder to appeal or dispute claims; and
9
10 Whereas, The jurisdiction of a health insurer plan determines which independent dispute resolution (IDR)
11 system, state vs federal, a group can use to arbitrate predatory underpayment; and
12
13 Whereas, Utilizing improper IDR jurisdiction and submitting to the wrong IDR would result in months of
14 payment loss and arbitrator fees for physician groups; and
15
16 Whereas, There were two 2023 companion bills in the Florida Legislature which did not pass this year’s
17 legislative session—HB1545 by Rep. Stevenson and SB 1500 by Sen. Brodeur—entitled “Health insurance
18 Identification Card Transparency”, which would require state-jurisdiction health plans identify themselves
19 as state or federal plans and attach a QR code to help patients access web resources; therefore be it
20
21 RESOLVED, That the Florida Medical Association (FMA) support any legislation in Florida which calls for
22 health insurance identification card transparency for consumers and which would also aid medical
23 providers in identifying whether a health plan is state or federal plan.

Fiscal Note:

Description	Amount	Budget Narrative
100 staff hours	\$17,000	Can be accomplished with current staff
Total	\$17,000	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation & Miscellaneous

Resolution 23-304
Repeal of Pharmacy Collaborative Practice Agreements
 Florida Chapter of the American College of Cardiology

1 Whereas, Under Florida Statute 465.1865, pharmacists in Florida are allowed to enter collaborative
 2 pharmacy practice agreements for chronic health conditions including arthritis, asthma, chronic
 3 obstructive pulmonary disease, type 2 diabetes, HIV/AIDS, and obesity; and
 4

5 Whereas, Statute 465.1865 empowers the Florida Board of Pharmacy to add any chronic medical
 6 condition they consider appropriate to the list of eligible conditions, with only a requirement to notify
 7 the Board of Medicine; and
 8

9 Whereas, The Board of Pharmacy has used this rulemaking power to add hyperlipidemia, hypertension,
 10 anti-coagulation management, nicotine dependence, and opioid use disorder to the list of eligible
 11 conditions to be treated under collaborative practice agreements; and
 12

13 Whereas, The Board of Pharmacy Rules Committee on April 12, 2023 expressed intent to add additional
 14 conditions including heart failure, multiple sclerosis, and hepatitis C; and
 15

16 Whereas, Collaborative pharmacy practice agreements allow pharmacists to make clinical assessments
 17 of patients and may “order or perform and evaluate laboratory or clinical tests”, requiring only a 20-
 18 hour course of instruction; and
 19

20 Whereas, Statute 465.1865 makes no distinction between retail pharmacists and clinical pharmacists
 21 who have additional training in a clinical setting; and
 22

23 Whereas, Statute 465.1865 offers no guardrails for how to draft collaborative practice agreements that
 24 ensure safe and timely communications between pharmacists and physicians, how to decide and when
 25 to escalate care for uncompensated patients, or what stage of evaluation a chronic condition is in when
 26 care is transferred; and
 27

28 Whereas, Statute 465.1865 does not require patient consent or patient choice in pharmacist to
 29 participate in a collaborative practice agreement; therefore be it
 30

31 **RESOLVED**, That the Florida Medical Association seek repeal of Florida Statute 465.1865
 32

Fiscal Note:

Description	Amount	Budget Narrative
300 staff hours	\$51,000	Can be accomplished with current staff
Total	\$51,000	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation & Miscellaneous

Resolution 23-305

Corporate Practice of Medicine Prohibition

South Florida Caucus, Florida Chapter Division of the American Academy of Emergency Medicine and the Florida College of Emergency Physicians

1 Whereas, A majority of Florida’s physicians are employed with no ownership in their practice (54.8% as
2 of 2021¹); and
3

4 Whereas, This lack of physician ownership, especially in the setting of private equity ownership, leads to
5 a prioritization of profits over quality patient care due to understaffing, replacement of physicians with
6 non-physician practitioners and an inflation of costs to the patients as seen with increases in out of
7 network charges and “surprise billing”²; and
8

9 Whereas, The Corporate Practice of Medicine (CPOM) doctrine is a legal prohibition that exists in many
10 states to keep the business interest out of the physician-patient relationship, specifically prohibits the
11 ownership and operation of medical groups or practices by laypersons; and
12

13 Whereas, Florida already has statutes prohibiting the corporate practice of dentistry and optometry as
14 well as statutes prohibiting the fee splitting of physician professional fees; and
15

16 Whereas, The CPOM prohibition has as its main purpose the protection of patients and the avoidance of
17 the commercialization of the practice of medicine; and
18

19 Whereas, Private equity ownership and corporate practice of medicine constitutes a financial conflict of
20 interest that harms the physician-patient relationship and the quality of healthcare;
21

22 Whereas, A bill to prohibit the Corporate Practice of Medicine was already introduced in both the
23 Florida House and Senate during the 2023 legislative session; therefore be it
24

25 RESOLVED, That FMA will support legislation to limit ownership of physician practices to physicians only;
26 and be it further
27

28 RESOLVED, that this can be accomplished by amending Florida Statutes Title XXXII Chapter 458 Medical
29 Practice with a new section “Proprietorship by Non-physicians” (for any physician practice formed or
30 sold after the effective date of the amended legislation) prohibiting any person (or entity) other than a
31 physician (or group of physicians), hospital or university/medical school, licensed pursuant to Florida law
32 from:

- 33 1. Employing a physician.
- 34 2. Directing, controlling, or interfering with a physician's clinical judgment.
- 35 3. Having any relationship with a physician which would allow the unlicensed to exercise control
36 over:
 - 37 a. The selection of a course of treatment for a patient; the procedures or materials to be
38 used as part of such course of treatment; and the way such course of treatment is
39 carried out by the licensee.
 - 40 b. The patient records of a physician.
 - 41 c. Policies and decisions relating to billing, credit, refunds, and advertising; and

42 d. Decisions relating to the physician or non-physician staffing, office personnel and hours
43 of practice; and be it further

44 RESOLVED, That the Florida Medical Association bring a resolution to the American Medical Association
45 at the next meeting to seek similar legislation or regulation, prohibiting the corporate practice of
46 medicine at a federal level.

47

Fiscal Note:

Description	Amount	Budget Narrative
110 staff hours	\$17,700	Can be accomplished with current staff
Total	\$17,700	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation & Miscellaneous

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- 1) <https://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/HealthResourcesandAccess/physician-workforce-development-and-recruitment/2021DOHPhysicianWorkforceAnnualReport-FINALREPORT-10-25-2021.pdf>
- 2) <https://www.nytimes.com/2017/07/24/upshot/the-company-behind-many-surprise-emergency-room-bills.html>

Florida's Prohibition on the Corporate Practice of Dentistry

Florida law prohibits the corporate practice of dentistry.¹⁴ This law states that its purpose is to: " . . . [P]revent a non-dentist from influencing or otherwise interfering with the exercise of a dentist's independent professional judgment."

This Florida statute¹⁵ prohibits any person (or entity) other than a dentist licensed pursuant to Florida law from:

4. Employing a dentist or dental hygienist;
5. Controlling the use of dental equipment or material in the provision of dental services; or
6. Directing, controlling, or interfering with a dentist's clinical judgment¹⁶;
7. Having any relationship with a dentist which would allow the unlicensed to exercises 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 manner in which such course of treatment is carried out by the licensee;
 - b. The patient records of a dentist;
 - c. Policies and decisions relating to pricing, credit, refunds, warranties, and advertising; and
 - d. Decisions relating to office personnel and hours of practice.¹⁷

The statute specifies that "Directing, controlling or interfering with a dentist's clinical judgment" is defined as not including dental services contractually excluded, the application of alternative benefits that may be appropriate given the dentist's prescribed course of treatment, or the application of contractual provisions and scope of coverage determinations in comparison with a dentist's prescribed treatment on behalf of a covered person by an insurer, health maintenance organization, or a prepaid limited health service organization.¹⁸

89 The statutes does indicate that dentists may contract, lease or rent dental equipment or materials
90 without violating the law. But, any lease agreement, rental agreement, or other arrangement between a
91 non-dentist and a dentist whereby the non-dentist provides the dentist with dental equipment or dental
92 materials shall contain a provision whereby the dentist expressly maintains complete care, custody, and
93 control of the equipment or practice."¹⁹

94 This Florida law provides several different remedies. First, violation by anyone is a crime, which may be
95 prosecuted by the State's Attorney as a felony of the third degree.²⁰ Additionally, the statute itself states
96 that any contract or arrangement that violates this act is void as a matter of public policy.²¹

97 Florida's Dental Practice Act, in Section 456.028(1)(h), specifically allows disciplinary action to be taken
98 against a licensed dentist for: "Being employed by any corporation, organization, group, or person other
99 than a dentist or a professional corporation or limited liability company composed of dentists to practice
100 dentistry."²²

101 The Florida Board of Dentistry has implemented administrative rules, which add additional restrictions
102 and clarifications to enforce this statute.²³ The Florida Board of Dentistry is very active in policing and
103 prosecuting violations of it.

104 §466.0285, Fla. Stat. (2002), entitled "Proprietorship by Nondentists."

105
106 §466.0285, Fla. Stat. (2002).

107
108 §466.0285(1), Fla. Stat. (2002).

109
110 §466.0285(2), Fla. Stat. (2002).

111
112 §466.0285(1) (c), Fla. Stat. (2002).

113
114 §466.0285(1)(c), Fla. Stat. (2002).

115
116 §466.0285(3), Fla. Stat. (2002).

117
118 §466.0285(4), Fla. Stat. (2002).

119
120 §466.028(l) (h), Fla. Stat. (2002).

121
122 Florida Board of Dentistry rules F.A.C. 64B5-17.013.

123
124 §463.014, Fla. Stat. (2002).

125
126 §463.014(l)(b), Fla. Stat. (2002).

127
128 See Cole Vision Corporation and Vision Works, Inc. v. Department of Business and Professional
129 Regulation, Board of Optometry, 688 So,2d 404, 408 (Fla. 1st DCA 1997) (holding that §§463.014(1)(a)
130 and (b) and §484.006(2) Fla. Stat., when read together, mean that, while optometrists cannot form
131 partnerships or professional associations with or be employed by opticians, opticians can be employed
132 by an optometrist).

133

134 F.A.C. 64B13-3.008(5) (prohibiting any control which includes type, extent, availability or quality of
135 optometric services, types of material available, access to or control of records, prescriptions, scheduling
136 and availability of services, time limitations on patient exams, volume of patients, fee schedules and
137 information disseminated to the public).
138 F.A.C.64B13-3.008(15)(f).

139 **Fee Splitting/Kickbacks**

140 **Court Upholds Phymatrix Ruling**

141 BYLINE: Palm Beach Post Staff and Wire Reports

142 DATE: July 2, 1999

143 PUBLICATION: The Palm Beach Post

144 EDITION: FINAL

145 SECTION: BUSINESS

146 PAGE: 7D

147 MEMO: In brief

148 A state appellate court has upheld a ruling that doctors can't pay a percentage of their profits to
149 physician management companies that run their offices and handle their business affairs.

150 The ruling by the 1st District Court of Appeal in Tallahassee upheld a November 1997 order by the
151 Florida Board of Medicine. The June 25 ruling went against PhyMatrix Corp., a company formerly based
152 in West Palm Beach

153 that bought and managed doctors' practices. At issue was a 30 percent annual fee PhyMatrix charged
154 doctors based on a practice's net income.

155 The Board of Medicine had said fees based on a percentage violate state law that prohibits paying or
156 receiving payment in exchange for patient referrals. The board said a flat fee would have been
157 acceptable under the
158 law.

159 The case, involving a 15-doctor practice in the Tampa area, was brought by Magan Bakarania, a
160 cardiologist who was considering joining the practice.

161 PhyMatrix is now getting out of the physician practice management business. This year the company
162 moved to Providence, R.I., and changed its name to Innovative Clinical Solutions.

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164 **Contract Issues**

165 **Percentage of Fees Taken Makes Florida PPM Contract Illegal**

166 According to a report in the *Tampa Bay Business Journal*, a Florida Court of Appeals has affirmed an 18-
167 month old Florida Board of Medicine decision involving a group of Tampa doctors who contracted with a
168 West Palm Beach-based physician practice management company, PhyMatrix Corporation.

169 The Board found that the PhyMatrix contract with Access Medical Care, the primary care practice
170 employing the physicians in question, was illegal. The contract called for Access, in exchange for various
171 services, to pay PhyMatrix a percentage of the revenues doctors get from PPM-generated referrals. The
172 Board said that such percentage payments amount to fee-splitting to pay for referrals, which is illegal
173 under Florida law. The appeals court agreed. As a result, hundreds of Florida doctor-PPM contracts will
174 likely have to be revamped.

175 The story quotes Alan Gassman, the attorney who represented Access in the case, as saying that doctors
176 may have another concern as well-making sure they are not violating criminal statutes under Florida's
177 Patient Brokering Act. Gassman said since the appeals court was the highest court to date to review a
178 decision involving practice management contracts, doctors seeking to escape such pacts are now well-
179 armed to do so in local courtrooms. Further, he said, the Florida decision could have influence in other
180 states, most of which have similar laws against fee splitting.

181 **Note:** This ruling has important implications for EM in Florida and may serve as a guidepost in other
182 states. Importantly, the actions of the Florida Board of Medicine point out a largely untapped resource
183 to fight abusive contracts in EM. Under the fee-splitting prohibitions in Florida and other states, one
184 should not be forced to split their fee in order to receive referrals. With the typical EM contract where
185 the pit doctor gives up 30-50% of their fees in order to work in an ED and thereby receive referrals,
186 these statutes are implicated. Emergency physicians in such arrangements should strongly consider
187 reporting the physicians who front for the big groups or the "dictators" who are the sole owners of one
188 or two lucrative contracts to their state Board of Medicine for investigation of fee-splitting. The various
189 Boards of Medicine are primarily composed of physicians responsible for upholding the moral and
190 ethical aspects of the profession and represent an important resource for EPs.

191 *The most direct effect of this ruling is for emergency physicians in Florida whose contracts spell out a*
192 *percentage-based formula for compensation. Since this ruling invalidates the contract, the rank and file*
193 *emergency physicians in such a situation are now presented with an opportunity to break away from a*
194 *contract group or a dictator and take control of their professional future. For more information on fee*
195 *splitting the reader should access www.aagem.org.*

196
197

198 **FLORIDA**

199 **Statutes**

200 §456.327 (prohibiting the unlicensed practice of medicine)

201 §641.01 et seq. (Health Care Service Plans)

202 §641.17 et seq.(HMO Act) (providing for arrangements between physicians and HMOs.)

203 **Cases**

204 Dr. Allison, Dentist, Inc. v. Allison (1935) 360 Ill. 638, 196 N.E. 799, 800 (stating that doctors who were
205 hired by corporations would "owe their first allegiance to their corporate employer and cannot give the
206 patient anything better than a secondary or divided loyalty."); State Bd. of Optometry v. Gilmore (1941)
207 147 Fla. 776 3 So. 2d 708 (physician employed as salaried optometrist by jewelry store violated statute
208 prohibiting employment of optometrist by corporation); Rush v. City of St. Petersburg (Fla. Dist. Ct. App.
209 1967) 205 So. 2d 11 (where physician argued that a contract to provide radiological service to the city
210 hospital was void on the ground that performance of the contract would result in the illegal corporate
211 practice of medicine by the hospital, the court held that the hospital was not engaged in the illegal
212 practice of medicine because the doctor-patient relationship was maintained); Cohen v. Department of
213 Professional Regulation Bd. of Optometry, (Fla. Dist. Ct. App. 1981) 407 So. 2d 621 (affirming a finding of
214 practicing optometry under a corporate name).

215 **Recent Decisions Clarify Legality of Percentage-based Physician Management Contracts**



By [Mark Bancroft Langdon](#) and [Larri Short](#) of [Arent Fox](#)

216 **Note:** The alert is also available in Adobe PDF format [here](#).

217 On June 25, 1999, in [PhyMatrix Management Co., Inc. v. Bakarania](#), Fla. Dist. Ct. App., No. 97-4534,
218 6/25/99, the Florida First District Court of Appeal, in a per curium decision, affirmed a 1997 Board of
219 Medicine ruling that a physician practice paying a percentage of net income to a physician practice
220 management company ("PPMC") in return for "practice-expansion activities" is engaging in illegal fee-
221 splitting in Florida. The PPMC's "practice-expansion activities" involved developing contracts with
222 insurers, hospitals, and other medical providers designed to generate patient referrals to the practice.
223 The court's decision cannot be appealed.

224 The [Bakarania](#) case came before the Board of Medicine in 1997 when Dr. Bakarania asked the Board for
225 advice about the legality of a contract between PhyMatrix Management Co. and Access Medical Care,
226 Inc., a group medical practice which he was considering joining. Noting that the management company
227 received 30 percent of the physicians' net income in return for services which included practice
228 enhancement activities, attorneys for Dr. Bakarania argued that the payment methodology violated the
229 prohibition against fee splitting in the Florida Medical Practice Act. The Board of Medicine agreed. As
230 written, the ruling could be interpreted to bar all percentage-fee contracts. While not binding outside of
231 Florida, because the Florida statutory provision is similar to those in other states, the decision had a
232 chilling effect upon the growth of PPMCs across the country.

233 Another recent decision from Florida, however, is not so restrictive. Two weeks before the Florida
234 appellate court's affirmance of the [Bakarania](#) decision, the Florida Board of Medicine issued a
235 declaratory statement, ruling that percentage fees paid to a management firm *are* permissible under the
236 fee-split bar if the percentage fees are not tied to activities that are designed to bring more patients into
237 the practice. The case involved a proposed contract between an anesthesiology practice and a
238 management company, where the management company would be paid 50 percent of net collections
239 up to \$10,000 a month to be responsible for office space, staff, equipment, personnel, and billing and
240 collection services but not for the types of "practice enhancement" activities with which the Board took
241 issue in the [Bakarania](#) case. Although the specific rationale underlying the Board's decision will not be
242 known until its final order is published sometime next month, the decision is significant for the PPMC
243 industry since it appears to confirm that percentage-based arrangements involving only basic
244 management services will not run afoul of the Florida fee-splitting law.

245 Reading the two decisions together, it appears the legality of percentage-based contracts between
246 PPMCs and Florida physicians depends upon the types of services the PPMC is contractually required to
247 provide. To the extent the management company provides traditional administrative services, such as
248 billing and collections, the fee-split law should not be implicated. However, PPMCs wishing to furnish
249 marketing services designed to generate referrals appear to be restricted to contracts which provide a
250 flat fee for practice expansion activities.

251 It is ironic that these developments arise from Florida, one of a handful of states which does not prohibit
252 the corporate practice of medicine. Thus, PPMCs operating in Florida can achieve the financial results

253 they seek by restructuring their relationships with physicians from independent contractors to
254 employees. Should other states follow the lead of the Florida Board of Medicine, that option may not be
255 available and PPMCs will be forced to consider alternative financial arrangements with its physicians.

Resolution 23-306

Staffing Ratios in the Emergency Department

South Florida Caucus, Florida Chapter Division of the American Academy of Emergency Medicine and the Florida College of Emergency Physicians

1 Whereas, The Emergency Department is the medical safety net for the people of Florida and provides
2 care to vulnerable patients who may not otherwise have access to primary or specialty medical care;
3 and
4

5 Whereas, In the state of Florida, physicians are the only health professionals authorized to practice
6 medicine in the Emergency Department without limitation, and
7

8 Whereas, Every patient presenting to an Emergency Department should be under the direct, real-time
9 care of a licensed physician, including the on-site and real-time supervision of non-physician
10 practitioners (NPPs)³; and
11

12 Whereas, In the state of Florida there are currently no limits on the number of nurse practitioners a
13 physician can supervise, and a supervisory limit of 10 physician assistants to 1 physician; and
14

15 Whereas, A 2022 NBER paper using data from the VA¹ shows that nurse practitioners working without
16 supervision in the Emergency Department resulted in increased lengths of stay, increased costs,
17 increased 30-day re-admissions and increased mortality rates among the higher acuity patients. Nursing
18 literature also supports that NPs should not be working unsupervised in the ED²; and
19

20 Whereas, In Florida most Emergency Physicians are employed by corporate staffing groups with private
21 equity backing seeking to maximize profit through understaffing physicians and replacing them with
22 non-physician practitioners (NPPs); and
23

24 Whereas, The staffing ratio of NPPs to physicians at any given time in the Emergency Department
25 determines whether a physician has time to adequately supervise and see the patients being cared for
26 by the NPPs^{3,4}; therefore, be it
27

28 RESOLVED, That the FMA seek legislation to ensure the adequate supervision of non-physician
29 practitioners (NPPs) in the emergency department by requiring that the supervising physician may only
30 supervise 2 (two) NPPs at a time⁴, to provide true supervision and appropriate care to the emergency
31 patient. At any given time, there cannot be a ratio exceeding 1:2 of real-time and on-site physicians to
32 NPPs working in the emergency department; and be it further
33

34 RESOLVED, That the Florida Medical Association bring a resolution to the American Medical Association
35 at the next meeting to seek similar federal legislation or regulation, prohibiting staffing ratios that do
36 not allow for proper supervision of NPPs in the Emergency Department; and be it further
37

38 RESOLVED, That the Florida Medical Association bring a resolution to the American Medical Association
39 at the next meeting to seek similar federal legislation or regulation, that would require
40 all Emergency Departments to be staffed 24-7 by a qualified physician.
41

Fiscal Note:

Description	Amount	Budget Narrative
320 staff hours	\$52,400	Can be accomplished with current staff
Total	\$52,400	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation & Miscellaneous

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55 patients per hour and NPP supervision limits...in process

Resolution 23-307
NICA Transparency and Reform

Palm Beach County Medical Society, Florida Chapter Division of the American Academy of Emergency
Medicine and the Florida College of Emergency Physicians

1 Whereas, The Florida Birth Related Neurologic Injury Compensation Act (NICA) currently has assets of
2 over \$1.7 Billion¹; and
3

4 Whereas, A 2021 state OIR audit found that NICA arbitrarily decides how much and who will be
5 compensated for care, has no appeal process for denials of payment and often kept no proper records
6 of denials^{2,3}; and
7

8 Whereas, The NICA just settled a \$51 Million lawsuit in November 2022 due to whistleblower allegations
9 that NICA misused an estimated \$140 Million dollars of state Medicaid funds¹; and
10

11 Whereas, NICA has spent more on administrative and legal professional fees than on services for
12 disabled children⁴; and
13

14 Whereas, All physicians, regardless of their involvement in obstetric care, pay an annual fee into the
15 NICA, but other healthcare professionals, such as midwives and nurse practitioners who can now
16 practice independently without physician oversight in Florida and who care for obstetric patients, do not
17 pay into NICA; therefore, be it
18

19 RESOLVED, That FMA amend policy P 335.006 EXPANDED RESOURCE BASE FOR NICA to: “will seek
20 legislation” to require independently practicing nurse practitioners (NPs) and independent certified
21 nurse midwives (CNMs) to pay the requisite annual NICA program fee; and be it further
22

23 RESOLVED, That the FMA reports to the House of Delegates a review of the most recent NICA audits
24 regarding the appropriateness of the allocation of monies towards administrative and legal fees versus
25 actual payments to patients and the potential impact of additional fees of independent NPs and CNMs.

Fiscal Note:

Description	Amount	Budget Narrative
320 staff hours	\$52,240	Can be accomplished with current staff
Total	\$52,240	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation & Miscellaneous

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34

35 Current FMA Public Policy Compendium 2022

36 **P 335.000 NEUROLOGICAL INJURY COMPENSATION ACT (NICA)**

37 **P 335.001 BIRTH WEIGHT**

38 The Florida Medical Association adopts a position of support for legislation to lower the qualifying birth
39 weight for infants to be covered by the Neurological Injury Compensation Act (NICA program, unless the
40 reduction would make the program actuarially unsound. (*BOG November 1997*) (*Reaffirmed BOG 2007*)
41 (*Reaffirmed HOD 2015*)

42 **P 335.002 EXPANSION OR DISSOLUTION OF NICA**

43 The Florida Medical Association (FMA) requests that any future expansion of the Neurological Injury
44 Compensation Act (NICA) include input and/or approval from the FMA and supports seeking legislation
45 requiring the return of all monies to the contributing physicians should the NICA fund be discontinued.
46 (*Res 97-35, HOD 1997*) (*Reaffirmed BOG 2007*) (*Reaffirmed HOD 2015*)

47 **P 335.003 AUDIT OF NICA**

48 The Florida Medical Association requests from NICA, or, if necessary that legislation be sought to obtain,
49 the following items: the dollar reserve in the fund at present; the amount utilized for patients during each
50 of the past five years as well as the amount in reserve during each of those years; the amount spent on
51 administrative costs during each of the past five years; a detailed list of overhead and other expenses; the
52 number of physicians enrolled in NICA; and future plans for NICA (including, but not limited to, a
53 cost/benefits analysis and any rate changes anticipated). (*Res 97-35, HOD 1997*) (*Reaffirmed BOG 2007*)
54 (*Reaffirmed HOD 2015*)

55 **P 335.004 NICA EXPANSION FOR BRACHIAL PLEXUS INJURED CHILDREN**

56 The Florida Medical Association (FMA) supports passage of legislation which calls for the expansion of
57 the existing Neurological Injury Compensation Action (NICA) program to include brachial plexus injury;
58 and further supports legislation expanding the existing NICA program, that the legislation not create
59 additional financial burden to nonparticipating Florida physicians above the current \$250 annual
60 assessment level. (*Sub Res 08-31, HOD 2008*)(*Reaffirmed HOD 2016*)

61 **P 335.005 EXPANDING PARTICIPATION IN NICA**

62 The Florida Medical Association continues to support the Florida Birth Related Neurological Injury
63 Compensation Association (NICA), and further, since all hospitals benefit from NICA, will explore ways
64 to expand the participation of hospitals that benefit from the program. (*BOG May 2016*) (*Reaffirmed via*
65 *Res 17-310, HOD 2017*)

66 **P 335.006 EXPANDED RESOURCE BASE FOR NICA**

67 The FMA will support legislation to amend Florida Statute 766.314 to require all healthcare practitioners
68 not requiring physician supervision in Florida to pay the annual NICA assessment. The FMA will support
69 legislation to require the State of Florida to review the licensed medical professional assessment
70 established in Florida Statute 766.314 taking into consideration the additional revenue generated by
71 expanding the free to all healthcare practitioners not requiring physician supervision to ensure the
72 sustainability of the program while decreasing the amount of the individual fees yet remaining actuarially
73 sound. (*Res 21-203, adopted as amended*)

74 **P 335.007 NICA REFORM**

75 The FMA will continue to consult on an ongoing basis with the NICA program to ensure that there is
76 transparency in the program, that injured infants are being treated appropriately and that there is equitable
77 support from hospitals and physicians. (*HOD 2021, Res 21-205*)

78

79

Resolution 23-308
Provision of Immigrant Healthcare
Alachua County Medical Society

1 Whereas, An estimated 800,000 undocumented immigrants in Florida are not allowed to obtain a driver’s
2 license, work visa, or health insurance; and

3
4 Whereas, These individuals have increased impediments to care due to language access, cultural barriers,
5 health literacy, transportation, health care coverage, and economic instability; and

6
7 Whereas, These individuals experience increased fear, stigma, and prejudice related to their legal status,
8 and consequently may delay seeking medical care to avoid financial or legal ramifications; and

9
10 Whereas, In upholding our duty to care for all individuals in need, as articulated in the Hippocratic Oath:
11 *“Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-*
12 *doing and harm”*; therefore, be it

13
14 RESOLVED, That the Florida Medical Association will continue to affirm, defend, and refrain from a
15 position of passive neutrality the administration of medical care to any individual, irrespective of his/her
16 nation of origin or immigration status; and be it further

17
18 RESOLVED, That the Florida Medical Association will support legislation that reduces immigrants’ barriers
19 to care, to promote improved public health and prevent individual deleterious health consequences.

Fiscal Note:

Description	Amount	Budget Narrative
105 staff hours	\$17,215	Can be accomplished with current staff
Total	\$17,215	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation & Miscellaneous

Resolution 23-309
Vaccine Exemption Authorizations
Northeast Florida Delegation

- 1 Whereas, Pediatricians are by de facto the kids specialists; and
2
3 Whereas, Pediatrician’s education is focused on child’s health and physiology; and
4
5 Whereas, vaccines are the pinnacle or preventative care; and
6
7 Whereas, Chiropractors do not have the same education as Pediatricians; and
8
9 Whereas, Chiropractors are not well versed in Pediatric physiology, pathophysiology and the vast
10 literature of vaccines; and
11
12 Whereas, the American Academy of Pediatrics (AAP) has confirmed the Pediatric Medical Home model
13 of care; therefore be it
14
15 RESOLVED, That the Florida Medical Association support legislation to amend Florida law to prohibit
16 chiropractors from signing off on vaccine exemptions.

Fiscal Note:

Description	Amount	Budget Narrative
100 staff hours	\$17,000	Can be accomplished with current staff
Total	\$17,000	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation & Miscellaneous

Resolution 23-311
Delta-8-THC (Δ 8-THC)
South Florida Caucus

1 Whereas delta-9-tetrahydrocannabinol (Δ -9-THC) is the principal intoxicating substance in *marijuana*
2 *cannabis plants*, and that Δ -9-THC has been extensively researched for its associated risks vs. benefits;
3 and
4

5 Whereas Δ 9-THC is legally accessible as a *pharmaceutical* substance in 38 States including Florida, three
6 territories and the District of Columbia; and
7

8 Whereas *hemp cannabis plants* are legally grown throughout all 50 United States with more acreage
9 currently under development in Florida than anywhere else in the Country; and
10

11 Whereas the processing of hemp produces cannabidiol (CBD), a non-intoxicating and recently de-
12 scheduled *nutraceutical* substance; and
13

14 Whereas CBD can be chemically altered to produce delta-8-THC (Δ 8-THC), an intoxicating isomer of Δ 9-
15 THC; and
16

17 Whereas Δ 8-THC is currently unregulated and being sold throughout Florida without any determination
18 of public health or public safety guidelines; and
19

20 Whereas there are no reputable studies available to assess the risks vs. benefits of Δ 8-THC; therefore,
21 be it
22

23 RESOLVED, That the FMA support legislative and/or regulatory efforts prohibiting the sale or distribution
24 of delta-8-THC in Florida, while still allowing opportunity for proper scientific research.

Fiscal Note:

Description	Amount	Budget Narrative
100 staff hours	\$17,000	Can be accomplished with current staff
Total	\$17,000	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation & Miscellaneous

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<https://www.marijuanamoment.net/dea-official-says-new-rules-are-coming-for-synthetic-cannabinoids-including-cbd-and-delta-8-thc/>

Resolution 23-312
Transparency and Accountability in Care Delivery
Dade County Medical Association, Broward County Medical Association

1 Whereas, Patients seek medical care from clinicians, not facilities or organizations; and

2
3 Whereas, Facilities and organizations employ many health care professionals of varied training and
4 credentials; and

5
6 Whereas, During the course of treatment, patients may often encounter health care professionals with
7 different credentials and during stages of their education; and

8
9 Whereas, Organized medicine supports transparency and patient safety; therefore, be it

10
11 RESOLVED, That the FMA revise the existing policy P 360.007. Transparency of Care, to require non-
12 physician providers that are working under General Supervision to also secure written informed consent
13 acknowledging they are rendering care without direct physician oversight.

14
15 P 360.007 TRANSPARENCY OF CARE

16 The Florida Medical Association will seek support legislation requiring independent non-
17 physician practitioners without physician supervision to provide notice to patients through the
18 posting of signage in waiting rooms and public areas in their work setting that the practitioner
19 does not have a physician's oversight of the patient's care; and be it further, the Florida Medical
20 Association support legislation that requires non-physician providers that are working
21 independently or under General Supervision to secure written informed consent from patients
22 that they understand that they are being assessed and treated by non-physician providers
23 practicing without direct physician oversight. (Amended Res 21-307, HOD 2021)

24
25 Resolved, that the FMA support legislation that amends the adverse event reporting requirements in the
26 Florida Statutes for all clinicians and settings requiring disclosure of the clinician who was delivering care
27 at the time the adverse event occurred and whether the supervising physician was providing direct or
28 general supervision.

29
Fiscal Note:

Description	Amount	Budget Narrative
100 staff hours	\$17,000	Can be accomplished with current staff
Total	\$17,000	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation & Miscellaneous

Resolution 23-313
Verification that Autonomous Practice Nurses are having the Intended Impact
South Florida Caucus

- 1 Whereas, The justification to support autonomous practice of Nurse Practitioners was to increase access
2 to patients in medically underserved areas where there is a paucity or absence of physicians; and
3
4 Whereas, The American Medical Association has developed a tool that illustrates the non-physician
5 practitioners are just as likely to avoid medically underserved areas given the limited health care
6 infrastructure to support and maintain a viable practice; and
7
8 Whereas, Other medical professionals are likely to consider a similar tactic to justify the expansion of
9 their scope of practice in health care delivery; therefore, be it
10
11 RESOLVED, That the FMA create a report using publicly available data from the Board of Nursing
12 identifying the practice location of all advanced practice registered nurses that are working in
13 autonomous practices as established by Florida Statute 464.0123; and be it further,
14
15 RESOLVED, That the FMA seek legislation that would amend Florida Statute 464.0123, Autonomous
16 practice by an advanced practice registered nurse, to restrict the practice of autonomous advanced
17 practice registered nurses to those areas that qualify as medically underserved communities.

Fiscal Note:

Description	Amount	Budget Narrative
320 staff hours	\$52,240	Can be accomplished with current staff
Total	\$52,240	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation & Miscellaneous

Resolution 23-314
Clarifying and Defining the Roles of Healthcare Providers in Spanish
 FMA Medical Student Section

1 Whereas, Scope of practice should be specifically defined, keeping allied health professionals’
 2 responsibilities in line with their training and respective titles; and
 3
 4 Whereas, In March of 2020 Florida passed HB 607 allowing advanced practice nurses to practice without
 5 the supervision of either an allopathic or osteopathic physician¹; and
 6
 7 Whereas, The change of name from physician ‘assistant’ to ‘associate’ creates confusion in health
 8 provider role and implicates autonomous practice²; and
 9
 10 Whereas, A survey by the American Medical Association (AMA) showed that 25% of patients incorrectly
 11 believe the physician assistant is the physician²; and
 12
 13 Whereas, The AMA survey presented that 45% of patients either had difficulty identifying who was a
 14 licensed physician or did not know who the licensed physician was at all²; and
 15
 16 Whereas, In Florida, the Hispanic population makes up just over one quarter (26.8%) of the total
 17 population³; and
 18
 19 Whereas, Translation of healthcare titles from English to Spanish can lead to misconceptions regarding
 20 who is providing their care and may limit Spanish speaking patients’ ability to properly identify the
 21 physician; and
 22
 23 Whereas, In 2023 Florida passed HB 583 Health Care Practitioner Titles and Designations, which
 24 prohibits certain licensed healthcare practitioners from using specified names or titles unless that
 25 practitioner has the requisite training and certifications⁴; and
 26
 27 Whereas, Most Latin American countries do not have advanced practice nurses (APRNs) or physician
 28 assistants (PAs) in their healthcare system, and there is no formal word or term in Spanish to define an
 29 APRN or PA; and
 30
 31 Whereas, Due to the lack of appropriate terminology in Spanish, APRNs and PAs are often introduced
 32 and identified as “el doctor” or “la doctora”;
 33
 34 RESOLVED, That our Florida Medical Association supports legislation that clearly delineates each
 35 healthcare worker’s title in Spanish. Suggested language includes; NPs to be termed “Enfermero/a
 36 Practicante/a” and PAs to be termed “Asistente medico”.
 37

Fiscal Note:

Description	Amount	Budget Narrative
100 staff hours	\$17,000	Can be accomplished with current staff
Total	\$17,000	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation & Miscellaneous

38 References

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41 [=&URL=0400-0499/0464/Sections/0464.0123.html](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0464/Sections/0464.0123.html)
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43 confusion. Retrieved from [https://www.ama-assn.org/practice-management/scope-](https://www.ama-assn.org/practice-management/scope-practice/pa-rebrand-physician-associates-will-deepen-patient-confusion?gclid=CjwKCAjw-sqKBhBjEiwAVaQ9a4q0pv8GqprmXwlqMIMve4hmYJ8KGZApvjINryO1BEE8VW8ZfCpo2hoCaDMQAvD_BwE)
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45 [confusion?gclid=CjwKCAjw-](https://www.ama-assn.org/practice-management/scope-practice/pa-rebrand-physician-associates-will-deepen-patient-confusion?gclid=CjwKCAjw-sqKBhBjEiwAVaQ9a4q0pv8GqprmXwlqMIMve4hmYJ8KGZApvjINryO1BEE8VW8ZfCpo2hoCaDMQAvD_BwE)
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- 48 3. U.S. Census Bureau. QuickFacts: Florida. Retrieved from
49 <https://www.census.gov/quickfacts/fact/table/FL/RHI725221>
- 50 4. Florida Senate. (2023). Senate Bill 583. Retrieved from
51 <https://www.flsenate.gov/Session/Bill/2023/583/ByVersion>

Resolution 23-315
Healthcare Worker Contact Opt-Out
 FMA Medical Student Section

1 Whereas, The prevalence of physicians who have experienced stalking from 1950 to 2013 has ranged
 2 from 2-25%⁴, and
 3
 4 Whereas, Physician telephone numbers and email addresses were given to patients to facilitate and
 5 revolutionize the delivery of healthcare, current attitudes reveal that if the means of communication
 6 impair the medical care of the patient, the preference is to withhold that information⁵; and
 7
 8 Whereas, Healthcare workers accounted for 73% of all non-fatal workplace injuries and illness due to
 9 violence in 2018⁴; and
 10
 11 Whereas, The American College of Emergency Physicians reported the findings of a 2018 survey which
 12 found that 47% of emergency room physicians had been physically assaulted at work but only 3%
 13 pressed charges⁴; and
 14
 15 Whereas, Physicians have only seen an increase in violence encountered in the workplace¹; and
 16
 17 Whereas, Both state and federal legislators have considered legislation to further criminalize violence
 18 against healthcare workers in an attempt to deter the increase in violence^{2,3}; and
 19
 20 Whereas, A recent survey of emergency medicine physicians showed nearly 50% believed violence in
 21 the Emergency department against healthcare staff had increased dramatically in the last five years¹;
 22 and
 23
 24 Whereas, Allowing physicians the option to opt out of publicly sharing their personal information—
 25 including, but not limited to home address, cell phone number and personal email address—would help
 26 prevent unwanted intrusion of privacy as well as ensuring the safety of physicians; therefore be it
 27
 28 RESOLVED, That our Florida Medical Association support legislation to allow physicians the option to opt
 29 out of their private information from being available in the public domain, including but not limited to;
 30 phone number, email address, and home address.

Fiscal Note:

Description	Amount	Budget Narrative
100 staff hours	\$17,000	Can be accomplished with current staff
Total	\$17,000	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation & Miscellaneous

References

1. STAT. (2022, November 11). Health care workers deserve protection from violence. Retrieved from <https://www.statnews.com/2022/11/11/health-care-workers-deserve-protection-from-violence/>
 - a. 8 in 10 physicians in an ACEP survey say violence in the emergency room has increased
 - b. And 45% of physicians say violence has increased greatly in the last 5 years
2. Florida Senate. (2021). Section 119.071, Florida Statutes. Retrieved from <https://www.flsenate.gov/laws/statutes/2021/119.071>
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5. Peleg, R., Avdalimov, A., & Freud, T. (2011). Providing cell phone numbers and email addresses to patients: The physician's perspective. *BMC Research Notes*, 4, 76. <https://doi.org/10.1186/1756-0500-4-76>

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**FMA Annual
Meeting 2023**

Reference Committee IV

Annual Meeting 2023

July 28-30 • Hyatt Regency in Orlando, Florida



Reference Committee No. IV Medical Economics

Saturday, July 29, 2023
10:00 a.m. – 11:30 a.m.

Members:

Daniel Thimann, M.D., Chair	Duval
Christina Adams, M.D.	ACOG District XII
Shawn Baca, M.D.	Palm Beach
Andrew Cooke, M.D.	Physicians Society of Central Florida
David Dixon, D.O.	Capital
Huy Nguyen, M.D.	Emerald Coast
Rebecca Peck, M.D.	Volusia

Agenda:

Board of Governors Report D

Resolutions:

23-401	Fixing Florida's Independent Dispute Resolution
23-402	Mental Health Screening and Integrated Mental Health Care
23-403	Collective Bargaining
23-404	Decentralize the Funds Generated by Mandatory Use of CPT Codes from AMA
23-405	Medicaid Patient Accountability
23-406	Non-Emergent of Treatment of Patients in an Outpatient Environment
23-407	Collective Bargaining for Physicians in Training

Report D of the Board of Governors

Joshua Lenchus, D.O., President and Chair

The Board of Governors submits the following report to the House of Delegates. This report contains a summary of major Board actions taken on items relating to medical economics. This report also contains information items as presented by the Council on Medical Economics and Practice Innovation.

Council on Medical Economics and Practice Innovation

Major Board Actions:

- Reviewed and approved recommendations to reaffirm public policies from 2015
 - (See Recommendation A-1)
- Reviewed and approved recommendations to sunset public policies from 2015
 - (See Recommendation A-1)
- Adopted Resolution 22-306, Artificial Intelligence
- Voted to not adopt Resolution 22-310, Prevention of Hospital Out-Patient Status Surprise Billing

Resolution 22-306 Artificial Intelligence Medical Student Section

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

RESOLVED, That our FMA support legislation that prevents AI programs and AI-derived algorithms from becoming the sole determinants of clinical decision making; and it further

RESOLVED, That our FMA support legislation preventing healthcare entities from being reimbursed for medical decision making performed by AI programs and AI-derived algorithms alone; and be it further

RESOLVED, That our FMA support legislation requiring a physician to endorse/sign-off/approve of any reimbursable action taken by an AI program or AI-derived algorithm; and be it further

RESOLVED, That our FMA 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.

Discussion: This resolution was referred to the Board of Governors by the 2022 House of Delegates for decision. The Board of Governors referred this resolution to the Council of Medical Economics and Practice Innovation. The Council discussed the resolution and supported its provisions. The Council believed that the resolution was carefully drafted and would place the FMA at the forefront of an issue of growing importance. The Board of Governors agreed with the Council's findings and voted to adopt Resolution 22-306.

Resolution 22-310 Prevention of Hospital Out-Patient Status Surprise Billing Steven Babic, M.D.

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

2
3 *RESOLVED, That the FMA and AMA seek legislation to ensure that the patient, upon hospital admission,*
4 *be notified if their insurer has remanded them to outpatient status and must be presented with an*
5 *estimate of their responsibility for out-of-pocket expenses post discharge. Failure of the insurers or*
6 *Medicare to so notify the patient upon admission will result in the patient being assigned to in patient*
7 *status.*

8
9 Discussion: The 2022 House of Delegates referred Resolution 22-310 to the Board of Governors for
10 decision. The Board of Governors referred this resolution to the Council on Medical Economics and
11 Practice Innovation for study. The Council determined that it would not be feasible to have private
12 insurers and/or Medicare provide this information to patients upon admission. The Board agreed with
13 the Council's findings and voted to not adopt Resolution 22-310.

14
15 **Informational Items:**

- 16 • Resolution 22-407, Uncompensated Care Reimbursement for Physicians
- 17
- 18 ▪ RESOLVED, That the Florida Medical Association study and report back on how
- 19 to compensate physicians for the provision of uncompensated care that is a
- 20 result of EMTALA.
- 21
- 22 ○ The Council on Medical Economics and Practice Innovation discussed the complexity of
- 23 addressing this issue. The Council discussed cooperating with hospitals to seek out a
- 24 potential solution. The Council additionally discussed the possibility of improved ER
- 25 diversion programs and programs that would reduce uninsured rate, thereby reducing
- 26 uncompensated care under EMTALA. The Council, in conjunction with the Board of
- 27 Governors concluded that including physicians in the Low-Income Pool would not likely
- 28 succeed. Instead, it could be problematic and create a number of issues for physicians.
- 29 The Board of Governors stated the FMA should consider fostering a summit with
- 30 stakeholders, including physicians, hospitals, lawmakers, taxing districts, AHCA, and
- 31 commercial payors.
- 32

33 **Federal Legislation**

34
35 **Informational Items:**

- 36 • In January 2023, Jarrod Fowler, Director of Health Care Policy and Practice Innovation provided
- 37 a brief summary on federal issues as it relates to physicians.
- 38 ○ Congress recently released the text of its omnibus bill which addressed Medicare
- 39 payment cuts. Effective January 1, 2023, physicians started seeing a 1.92% reduction in
- 40 the Medicare conversion factor. Effective January 1, 2024, physicians will see a 3.17%
- 41 reduction in the Medicare conversion factor. The 4% PAYGO cuts which were tied to the
- 42 American Rescue Plan Act of 2021 were postponed until 2025. Adjusted for inflation in
- 43 terms of practice costs, the value of the Medicare conversion factor has declined 22%
- 44 from 2001 to 2021. The FMA wrote letters to each member of Florida's congressional
- 45 delegation explaining the urgent need to prevent these cuts and the potential impacts
- 46 on Floridians. Physician-led constituent meetings with numerous members of Florida's
- 47 congressional delegation and US Senate members were also conducted. In addition to
- 48 distributing statewide calls to action, the FMA met with various Congressional

- 1 representatives and co-signed letters with other medical societies explaining the need
2 to prevent the cuts and systemically reform the Medicare payment system. The FMA
3 will continue fighting for improved outcomes.
- 4 ○ The omnibus bill also includes extension of the telehealth flexibilities and creates 200
5 new residency slots with 100 reserved for psychiatry.
 - 6 • In May 2023, Jarrod Fowler, Director of Health Care Policy and Practice Innovation, briefed the
7 Board of Governors on several looming federal issues.
 - 8 ○ The COVID-19 Public Health Emergency officially ended May 11, 2023. The US Drug
9 Enforcement Agency issued a temporary rule on May 11, 2023 which extends the full set
10 of telemedicine flexibilities adopted during the COVID-19 Public Health Emergency until
11 November 11, 2023. For any practitioner-patient telemedicine relationships that have
12 been or will be established up to November 11, 2023, the full set of telemedicine
13 flexibilities regarding prescription of controlled medications established during the
14 COVID-19 PHE will be extended through November 11, 2024.
 - 15 ○ Additionally, the federal government is providing a 90-calendar day transition period for
16 covered health care providers to come into compliance with the HIPAA Rules with
17 respect to their provision of telehealth. The transition period went in effect beginning
18 on May 12, 2023 and will expire at 11:59 p.m. on August 9, 2023.
 - 19 ○ New primary care codes could be implemented next year that would substantially
20 increase the value of office and outpatient evaluation and management (E/M) codes.
21 However, this would result in across-the-board cuts due to the conversion factor. A
22 1.25% cut to the conversion factor will also take effect under current law next year. The
23 FMA conducted an informal survey of members on Medicare. Many stated they would
24 close their practice, consolidate, or stop taking Medicare patients if Medicare rates are
25 not increased. Fixing the Medicare Physician Fee Schedule to update it according to the
26 Medicare Economic Index could cost hundreds of billions of dollars based on
27 conversations with the AMA and others.

Resolution 23-401
Fixing Florida Independent Dispute Resolution
Hillsborough County Medical Association

1 Whereas, Florida currently uses MAXIMUS as its Independent Dispute Resolution (IDR) arbitrator per state
2 statute in order to arbitrate over differences in billing between health care clinicians and health insurance
3 plans; and
4

5 Whereas, Medicaid plans are currently required to use MAXIMUS for IDR and bound by that judgement,
6 but Preferred Provider Organizations (PPO's) and certain Health Management Organizations (HMO's)
7 plan can voluntarily avoid entering IDR; and
8

9 Whereas, the ability for PPO and HMO plans to opt-out of IDR severely reduces the ability of health care
10 clinicians to properly negotiate and bill In-Network rates; and
11

12 Whereas, in 2021 30% of health plans opted-out of unfavorable rulings by MAXIMUS, making those rulings
13 unenforceable; and
14

15 Whereas, the ability for PPO plans to opt-out of IDR weakens the effectiveness of IDR and the state statute
16 initial intent to ban balance billing in exchange for available arbitration for healthcare clinicians in the
17 event health insurers unfairly underpay them; and
18

19 Whereas, closing this ostensibly intentional loophole for health insurance plans will force health insurers
20 to be held accountable for predatory reimbursement where they significantly underpay physician groups;
21 therefore be it
22

23 **RESOLVED**, that our Florida Medical Association seek legislation which would:
24

25 (1) close the Independent Dispute Resolution (IDR) opt-out loophole & require all Florida health plans
26 that are challenged by physician groups or hospitals to enter IDR arbitration and to accept the
27 final IDR ruling; and
28

29 (2) Make all IDR decisions binding and prospectively applied so that health insurance plans cannot
30 continue to under-reimburse physicians.

Fiscal Note:

Description	Amount	Budget Narrative
300 staff hours	\$51,000	This has been accomplished
Total	\$51,000	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: IV – Medical Economics

<https://ahca.myflorida.com/content/download/9660/file/AnnualReportFeb-2021.pdf>

Resolution 23-402
Mental Health Care Screening and Integrated Mental Health Care
Fl. Ch. American Academy of Pediatrics

1 Whereas, Recent data from the CDC has shown increasing numbers of depression in teenagers.
2 Teenaged females are experiencing record high levels of violence, sadness and suicide risk; and
3

4 Whereas, The AAP in conjunction with the AACAP and CHA declared a national state of emergency in
5 child and adolescent mental health in 2021; and
6

7 Whereas, Mental illness is common with the NIMH data estimating more than 1 in 5 adults In the
8 United States lives with a mental illness in 2021; and
9

10 Whereas, The FMA supports legislative action for mental health parity; therefore be it
11

12 RESOLVED, That our FMA advocate for Medicaid and private insurers reimburse physicians for mental
13 health screeners done in outpatient visits inclusive but not exclusive to postpartum depression
14 screening, PH-Q, anxiety screening; and be it further
15

16 RESOLVED, That our FMA advocate for reimbursement rates for psychologists and/or social workers to
17 be at a competitive rate for seeing patients at the primary care office, promoting the integrated
18 medical mental health model; and be it further
19

20 RESOLVED, Our FMA reaffirms policies P330.002 *Mental Health Parity* and P380.009 *Mental Health*
21 *Care in the Primary Care Setting*.
22

Fiscal Note:

Description	Amount	Budget Narrative
105 staff hours	\$6,415	Can be accomplished with current staff
Total	\$6,415	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: IV – Medical Economics

Resolution 23-403

Allowing Businesses of One Employee to Come Together to Negotiate for Affordable Health Insurance
Northeast Florida Delegation

- 1 Whereas, Insurance premiums are on the rise; and
- 2
- 3 Whereas, Consolidation of insurance companies leads to less competition and increase pricing; and
- 4
- 5 Whereas, Hospitals are also consolidating and decreasing competition; and
- 6
- 7 Whereas, Businesses of one employee cannot come together to negotiate improved insurance
- 8 premiums; and
- 9
- 10 Whereas, Businesses of one employee have a limited number of insurance carries and are not able to
- 11 use size to negotiate pricing; and
- 12
- 13 Whereas, One of the largest expenses is medical insurance; therefore be it
- 14
- 15 RESOLVED, The Florida Medical Association study and report back the feasibility to pursue legislation to
- 16 allow businesses of one employee to come together and collective bargain for affordable health
- 17 insurance premiums.

Fiscal Note:

Description	Amount	Budget Narrative
50 staff hours	\$3,100	Can be accomplished with current staff
Total	\$3,100	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: IV – Medical Economics

Resolution 23-404

Decentralize the Funds (Royalties) Generated by the Mandatory Use of CPT Codes from the American Medical Association to State Medical Societies

Ellen W. McKnight, M.D.

1 Whereas, The American Medical Association (AMA) holds the copyright to the Current Procedural
2 Terminology (CPT) codes and CPT® is a registered trademark of the American Medical Association; and
3

4 Whereas, CPT coding must be utilized by ALL physicians for the purposes of billing Medicare, Medicaid,
5 and 3rd parties, and the AMA generates royalty income based on the mandatory use of CPT codes; and
6

7 Whereas, The AMA reported that royalty/credentialing income exceeded 293 million dollars in 2022
8 and less than 10% of practicing physicians are current members of the AMA generating 33.8 million
9 dollars in dues in 2022; and
10

11 Whereas, The royalty income to the AMA is generated from the work of practicing physicians, most of
12 whom are members of their state medical societies and not the AMA; and
13

14 Whereas, The AMA traditionally has provided minimal financial support to the state medical
15 societies; therefore be it
16

17 RESOLVED, That the Florida Medical Association (FMA) work with all willing state medical
18 societies/associations to conduct an immediate review of the current arrangement between the AMA
19 and any 3rd parties regarding CPT coding royalties, including discovering and reviewing all governing
20 federal statutes and regulations; further be it
21

22 RESOLVED, That the FMA provide the results of this review to its members at the next annual meeting;
23 further be it
24

25 RESOLVED, That the FMA work with all willing state medical societies/ associations to procure the
26 equitable distribution of CPT coding revenues among state medical societies; further be it
27

28 RESOLVED, That our FMA, upon procuring these funds, establish an elected board/committee dedicated
29 to:

- 30 1) Providing a transparent accounting of how the funds generated by CPT code royalties
31 would be used; and
32 2) Will actively solicit the opinions from the FMA membership as to how best to use these funds
33 and shall prepare quarterly reports for the membership accounting for the use of said funds.

Fiscal Note:

Description	Amount	Budget Narrative
105 staff hours	\$17,215	Resolved numbers 1-3 can be accomplished with current staff Resolved number 4 – Unable to determine
Total		Unable to Determine

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Resolution 23-405
Medicaid Patient Accountability
 South Florida Caucus

1 Whereas, Pediatricians are expected to follow Healthcare Effectiveness Data and Information Set
 2 (HEDIS) Measures as part of best clinical practices; and
 3
 4 Whereas, Physicians are assigned patients through Medicaid randomly and despite all of our efforts
 5 sometimes we cannot bring the patient into the office for their wellness visits, immunization update, or
 6 their childhood check-up visit; and
 7
 8 Whereas, Parents have the ability to opt out of vaccines and other treatments for pediatric patients
 9 through the Department of Health approved Religious or Medical Exemption Form; and
 10
 11 Whereas, Physicians are penalized for not meeting quality measures and lose a potential financial
 12 benefit when they have little ability to comply given the lack of patient and parental compliance or
 13 religious exemptions; therefore be it,
 14
 15 RESOLVED, That the FMA Board of Governors study the issue of how to account for non-compliant
 16 patients and those taking religious exemptions from treatment in Healthcare Effectiveness Data and
 17 Information Set (HEDIS) measures used to evaluate and compensate physicians for quality care; be it
 18 further
 19
 20 RESOLVED, That the Delegation to the AMA propose a resolution for the AMA to pursue mechanisms for
 21 patient non-compliance and religious exemptions to be accounted for and exempted from Healthcare
 22 Effectiveness Data and Information Set (HEDIS) measures used to evaluate the quality and effectiveness
 23 of physician care.

Fiscal Note:

Description	Amount	Budget Narrative
20 staff hours	\$1,320	Can be accomplished with current staff
Total	\$1,320	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: IV – Medical Economics

Resolution 23-406
Non-Emergent Treatment of Patients in an Outpatient Environment
 South Florida Caucus

- 1 Whereas, The United States’ economic principle is based on a free market; and
 2
 3 Whereas, The purchasing of insurance is a private transaction between and individual and an insurance
 4 carrier devoid of any input by a physician; and
 5
 6 Whereas, There is widespread concern with a perceived lack of physician access; and
 7
 8 Whereas, Closed panels by insurance carriers artificially create barriers for patients to be seen by any
 9 willing provider; and
 10
 11 Whereas, Physicians support transparency in the patient being fully aware of what charges to expect for
 12 the medical services they are soliciting; and
 13
 14 Whereas, Patients should not have to bear the full cost of the medical services when they have
 15 purchased health insurance; and
 16
 17 Whereas, Insurance carriers artificially restrict access to care through pre-authorization and other
 18 bureaucratic barriers; therefore be it
 19
 20 RESOLVED, That the FMA support legislation that will restore free-market principles and patient
 21 responsibility to health care delivery in the State of Florida through the following measures:
 22 1. Eliminate closed panels by insurance carriers enabling patients to choose any willing
 23 provider for the medical services they seek and require;
 24 2. Requires insurance carriers to provide their insureds a detailed overview of the insurance
 25 benefit they are purchasing that details the allowable amount the policy will reimburse
 26 specific medical services and the manner in which all out-of-pocket payments will be applied
 27 to any patient responsibility requirements;
 28 3. Requires facilities and health care practitioners to provide all charges for non-emergent
 29 medical services to patients electronically or in print before the patient chooses to proceed
 30 with the care;
 31 4. Eliminate the balance billing prohibition in the Health Maintenance Organization insurance
 32 statutes in the state, thereby restoring the freedom for patients to pay for health care
 33 services in excess of the reimbursement allowable included in their insurance policy.

Fiscal Note:

Description	Amount	Budget Narrative
400 staff hours	\$68,000	Can be accomplished with current staff
Total	\$68,000	\$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: IV – Medical Economics

Resolution 23-407
Support for Collective Bargaining for Physicians in Training
FMA Medical Student Section

1 Whereas, Resident physicians are skilled professionals who are vital to the delivery of quality healthcare in the
2 United States; and

3
4 Whereas, Physicians in training are often subject to long working hours¹, high levels of stress, and a lack of
5 control over their working conditions, which can lead to burnout² and compromise the quality of care they
6 provide; and

7
8 Whereas, Resident physicians are especially vulnerable to exploitation due to the MATCH contract, which
9 removes their ability to bargain for wages and benefits prior to starting their jobs³; and

10
11 Whereas, House Staff Associations or other employee associations cannot make any enforceable provisions
12 regarding wages, working hours, parental leave, or other conditions impacting resident well-being without being
13 classified as a labor organization under the National Labor Relation Board; and

14
15 Whereas, Collective bargaining can help to ensure fair compensation, benefits, and other protections for
16 physicians in training, which can in turn improve their financial security and overall well-being; and

17
18 Whereas, The American Medical Association has stated that "physicians should have the right to form and join
19 labor unions and engage in collective bargaining" and that "physicians should be included in the protections
20 afforded by federal labor law"⁴; and

21
22 Whereas, Medical residents have increasingly unionized in recent years, recognizing the need for collective
23 bargaining to protect their rights and advocate for improved working conditions; and

24
25 Whereas, Unionized residents in LA County were able to negotiate a base salary pay raise as well as a \$10,000
26 housing allowance for all residents in their most recent contract⁵, and

27
28 Whereas, Approximately 15 percent of US residency programs, representing more than 22,000 house staff are
29 already unionized under the Committee of Interns and Residents⁶, including residents working in Florida;
30 therefore be it

31
32 RESOLVED, That our Florida Medical Association support the development and operation of local negotiating
33 units as an option for all resident and fellow physicians authorized to organize labor organizations under the
34 National Labor Relations Act; and be it further

35
36 RESOLVED, That our Florida Medical Association will work with other organizations and stakeholders to promote
37 greater awareness and understanding of the benefits of collective bargaining for physicians in training and the
38 healthcare system as a whole.

39
Fiscal Note:

Description	Amount	Budget Narrative
70 staff hours	\$11,200	Can be accomplished with current staff

Total	\$11,200	\$0 added to the operating budget
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Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: IV – Medical Economics

40 References

- 41 1. Mercer C. How work hours affect medical resident performance and wellness. CMAJ. 2019 Sep
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- 43 2. West, C. P.; Dyrbye, L. N.; Shanafelt, T. D. (March 5, 2018). "Physician burnout: contributors,
44 consequences and solutions". Journal of Internal Medicine. 283 (6): 516–529
- 45 3. 2023 Match Participation Agreement for Applicants [https://www.nrmp.org/wp-](https://www.nrmp.org/wp-content/uploads/2022/09/2023-MPA-Main-Match-Applicant-FINAL.pdf)
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- 47 4. AMA Advocacy Resource Center "Issue brief: Collective bargaining for physicians and physicians-in-
48 training" 2021
- 49 5. Daily Trojan. (2022, September 1). New contract benefits paid out to LAC+USC residents. Retrieved from
50 <https://dailytrojan.com/2022/09/01/new-contract-benefits-paid-out-to-lacusc-residents/>
- 51 6. "About Us" page of the Committee of Interns and Residents, which is affiliated with the Service
52 Employees International Union. Retrieved from <http://www.cirseiu.org/who-we-are/>

53
54 Relevant Policy

55 **P 283.024 EMPLOYED PHYSICIAN NONCOMPETE CONTRACTS**

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

60
61 **P 480.001 PHYSICIANS RIGHT TO COLLECTIVELY BARGAIN AND THE RIGHT TO FORM BARGAINING UNITS**

62 The Florida Medical Association supports the formation of bargaining units by physicians and the right to
63 affiliate with established trade unions. (Res 98-68, HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2012)
64 (Reaffirmed HOD 2021)

65
66 **P 480.002 ASSURING THE RIGHT OF PHYSICIANS TO COLLECTIVELY BARGAIN**

67 The Florida Medical Association supports legislation which stipulates that: "Any group of health care
68 professionals, negotiating with a health maintenance organization, insurer, or other payer, shall, in connection
69 with such negotiations, be entitled to the same treatment under the antitrust laws accorded to members of a
70 bargaining unit recognized under the National Labor Relations Act. (Res 98-13, HOD 1998) (Reaffirmed HOD
71 2008) (Reaffirmed with technical amendment HOD 2016)

72
73 **P 480.003 NEGOTIATING UNITS FOR PHYSICIANS**

74 The Florida Medical Association (FMA) supports and encourages the American Medical Association to seek
75 means to remove restrictions for physicians to form negotiating units in order to negotiate reasonable payments
76 for medical services and to compete in the current managed care environment; and further shall look into the
77 possibility of either itself or a subsidiary organization forming a physician negotiation unit; and further the FMA
78 is directed to research the ability of physicians to participate in collective bargaining to ensure the quality of care
79 rendered to patients, maintain professional standards and better manage the business of medicine. (Res 97-36,
80 HOD 1997) (Reaffirmed as amended BOG October 2007) (Reaffirmed HOD 2017)