



# FMA Annual Meeting 2022

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## REPORT OF ACTIONS FROM THE 2021 HOUSE OF DELEGATES AND UPDATES

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**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**

*RESOLVED, 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 FCSSO to ensure no LCAs that could have the effect of restricting coverage or access are issued by FMA without FCSSO 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 21<sup>st</sup> 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 FCSSO 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 FCSSO 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 21<sup>st</sup> 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](#)



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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.*

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[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*

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*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.

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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.



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## 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.