

FMA ANNUAL MEETING 2019

REPORT OF ACTIONS FROM THE 2019 HOUSE OF DELEGATES AND UPDATES

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Action on Recommendations from the Board of Governors

Board Recommendation A-1 2011 FMA Policy Review – Reaffirmation and Sunset

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

Board Recommendation A-2 Resolution 18-103 Protection of Physician Communication (2018 House of Delegates)

House Action: Not adopted

RESOLVED, That our Florida Delegation to the American Medical Association will submit a resolution to study and evaluate those issues involving prohibitions placed on physician communication that prevent physicians from providing excellent care to their patients, their families, and themselves; and be it further

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

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

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

Board Recommendation A-3 Resolution 18-114, Sober Houses and Needle Exchange Programs (2018 House of Delegates)

House Action: Not adopted

RESOLVED, That the Florida Medical Association work with the Florida Department of Health to standardize policies and procedures that will encourage community support and appropriate regulation and placement of sober houses and needle exchange programs utilizing statistical evidence and strategic placement to optimize the positive impact and minimize the negative impact to surrounding communities; and be it further

RESOLVED, That the Florida Medical Association advises the state legislature to consider providing an avenue for local engagement from elected officials, law enforcement and the community at-large prior to the development of new sober homes and needle exchange programs, and be it further

RESOLVED, That the Florida Medical Association send a letter to each county commission in the state recommending support of the development of sober houses and needle exchange programs following

the recommendations to be articulated by the Florida Department of Health related to appropriate placement and community involvement.

Board Recommendation A-4
Resolution 18-116, Step 2 – Transfer of Jurisdiction Over Required Clinical Skills Examinations to US Medical Schools
(2018 House of Delegates)

House Action: Adopted

RESOLVED, That the Florida Medical Association support the American Medical Association’s efforts to eliminate the Step 2 Clinical Skills component of the United States Medical Licensing Examination for graduates of Liaison Committee on Medical Education-accredited medical schools.

RESOLVED, That the FMA support legislation to eliminate Step 2 Clinical Skills from the requirements for licensure.

[Compendium updated - P 1430.016](#)

Board Recommendation A-5
Resolution 18-313, Minimizing Lead in School Drinking Water
(2018 House of Delegates)

House Action: Adopted as amended

RESOLVED, That the FMA supports statewide legislation to mandate that all Florida schools, kindergartens, pre-schools, and child care centers filter their drinking water and ice machines with NSF/ANSI filters or an equivalent technology for lead removal and that these filters be maintained and changed on a regularly scheduled basis per manufacturer’s recommendations; and be it further

~~RESOLVED, That the FMA supports the AMA in seeking federal legislation that changes the EPA’s lead in drinking water action level from parts per billion to 1 part per billion; and be it further~~

RESOLVED, That the FMA supports the training of school officials to raise awareness of the potential occurrences, causes, and health effects of lead in drinking water; and be it further

RESOLVED, That the FMA supports open communication with students, parents, school board staff, and the larger community including physicians about monitoring programs, potential risks, the results of testing, and remediation actions.

[Compendium updated – P 445.024](#)

[The FMA Supported SB 164 by Sen. Cruz – Drinking Water in Public Schools. This bill died in committee.](#)

Board Recommendation B-1
Bylaws Amendment, Chapter VI, Board of Governors, Section 1. Composition

House Action: Adopted

This recommendation allows for the creation of an additional public member on the Board of Governors, who shall be appointed by the FMA President, for a term of two years, and approved by the Board of Governors. Each public member shall be an individual who does not possess the degree of Doctor of Medicine or its equivalent and shall not be a medical student. The public members shall serve staggered terms so that one and only one is appointed each year.

[Bylaws updated](#)

Board Recommendation C-1
Resolution 18-301, FMA Campaign Initiative to Protect Public Safety
(2018 House of Delegates)

House Action: Not adopted

RESOLVED, That the Florida Delegation to the American Medical Association submit a resolution that accomplish the following:

Initiate a campaign and work with organizations to strengthen laws to protect citizens from misuse of firearms; and

That assault rifles such as A.R. 15's and AK 47 and automatic weapons, would be declared illegal except when the owner has a federally issued certificate of competence; and

Firearms could not be purchased by an individual under the age of 21; minors under the age of 21 could use a firearm when accompanied by a gun licensed adult; and

Individuals currently in possession of firearms would have to register them and submit to the same prerequisites as individuals purchasing firearms. There would be an amnesty period of one year before fines and punishment would be determined by the courts; and

Firearms to no longer be purchased at gun shows – except from licensed dealers; individual transfer of firearms would require registration with local and federal authorities and be sold only to a person licensed to possess a firearm; and

The sale of “partially prepared” weapons, those parts that are currently unregistered, would be prohibited; and be it further

RESOLVED, The Florida Medical Association would instruct its Delegation to the American Medical Association to seek adoption of these resolves at the Interim -2018 AMA meeting, to become policy of the American Medical Association.

Board Recommendation C-2
Resolution 18-309, Creation of Maintenance of a Database Between Mental Health Professionals and
FDLE
(2018 House of Delegates)

House Action: Not adopted

RESOLVED, That the FMA seek legislation for the creation of a funded and staffed phone or online entity, to the Department within the FDLE that provides the background DATA for new gun purchases, allowing information from qualified healthcare providers to flow into the Registry and to be able to place certain patients who are deemed high risk for self-harm or harm to others on a “ No Sell/No possession List“ for firearm purchases or ownership; be it further

RESOLVED, That the FMA also mandate the legislation includes a funded connectivity between the schools’ mental health system and the outside mental healthcare programs so to assure a better follow up on any suggested or mandated outside mental health assessments for students, even if recently graduated, if they have demonstrated concerning thoughts, behavior, or public display, by any method that suggests homicidal or suicidal ideation.

Board Recommendation D-1
Resolution 17-410, Physician Right to Decline Supervision of Non-Physician Clinicians
(2017 House of Delegates)

House Action: Adopted substitute language

RESOLVED, That the FMA affirms its support for physician-led, team- based care; and be it further

RESOLVED, That the FMA recognizes that physicians who supervise APRNs and PAs have the freedom to address the quality of their supervised APRNs and PAs, without fear of retribution by their employers; and be it further

RESOLVED, That the FMA provide education and guidance to physicians who might be required to supervise APRNs and PAs as a condition of employment.

[Compendium updated – 283.022](#)

[FMA Legal Department is providing education and guidance to any member who has issues regarding the supervision of APRNs and PAs as a condition of employment.](#)

Resolution 19-101

Local Safe Kid Coalition

John J. Lanza, MD, PhD, MPH, FAAP, FHPS

House Action: Adopted

RESOLVED, That the FMA supports the development of local Safe Kids coalitions that provide leadership in their communities and work to reduce unintentional childhood injury and death by identifying and targeting the most common injury problems in their local areas, and, by combining the resources of their diverse membership, they can plan and implement strategies to address those problems by educating adults and children, creating safe environments, conducting research, and by advocating for effective policies; and be it further

RESOLVED, That the FMA encourages physicians to partner with their local Safe Kids coalitions that are reaching out to their communities with injury prevention messages, safety devices, and hands-on training.

[Compendium updated – P 90.024](#)

Resolution 19-102

Initial Assessment and Treatment Recommendations by Specialists

Amaryllis Wohlever Sanchez, M.D.

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

Board Action: Recommends that the 2020 House of Delegates adopt substitute language

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

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

[January 2020:](#) The Council on Medical Economics and Practice Innovation, and the Council on Medical Education, Science, and Public Health studied this resolution. The Councils agreed that primary care physicians and specialists need to be courteous with one another with respect to the way they handle referrals and recognized both groups have a duty to properly utilize Advanced Registered Nurse Practitioners (ARNPs) and Physician Assistants (PAs) when evaluating new patients. The Councils also noted that sometimes the utilization of ARNPs and PAs for new patient evaluations is a matter of institutional or organizational policy rather than a decision made by the supervising specialist physician. Additionally, it was noted that the appropriate way to utilize ARNPs and PAs for new patient appointments may vary by specialty. The Councils believe that having guidelines is increasingly important given the debate around expanding scope of practice for midlevel providers. The Councils recommended language that would request the individual primary care and specialty societies to develop appropriate guidelines on the use of ARNPs and PAs for referrals and evaluations. The Council's proposed substitute language to reads as follows:

RESOLVED, that the FMA request that the various primary care and specialty societies develop and communicate appropriate guidelines on the use of ARNPs and PAs for referrals and evaluations.

The Board of Governors amended the language to spell out “Advanced Registered Nurse Practitioners” and “Physician Assistants” as opposed to “ARNPs” and “PAs” respectively. The Board also struck “communicate” and replaced it with “publish.” A motion carried that recommends that the 2020 House of Delegates adopt substitute language for Resolution 19-102 that reads as follows:

RESOLVED, that the FMA request that the various primary care and specialty societies develop and publish appropriate guidelines on the use of Advanced Registered Nurse Practitioners and Physician Assistants for referrals and evaluations.

Resolution 19-103
Education Regarding Recreational Marijuana
Palm Beach County Medical Society

House Action: Not adopted

RESOLVED, The FMA Committee on Medical Education, Science, & Public Health compile data on medical marijuana and the cost in terms of increased accidents, suicides, ER visits, productivity and increased insurance premiums.

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

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

Board Action: Recommends that the 2020 House of Delegates does not adopt this resolution

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

- implement the specifics and the spirit of the ABMS Vision for the Future Final Report regarding Assessment Recommendation which states “Continuing certification must change to incorporate longitudinal and other innovative formative assessment strategies that support learning, identify knowledge and skills gaps, and help diplomates stay current. The ABMS Boards must offer an alternative to burdensome highly-secure, point-in-time examinations of knowledge.”
- abandon Continued Certification processes characterized by high-stakes summative outcomes (pass/fail examinations), specified timeframes for high-stakes assessment, or require burdensome testing formats (such as testing centers or remote proctoring) that are inconsistent with the desired goals for continuing certification,

- develop innovative formative Continued Certification processes grounded in adult learning principles (e.g. frequent, spaced learning with timely feedback; repeated for reinforcement; gap analysis to aid focus) and support diplomates in their commitment to continuing professional development aimed at keeping current and improving patient care, and be it further

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

October 2019: The Board of Governors felt that this resolution is redundant and would not accomplish its intended purpose. A motion carried to invite Richard Hawkins, M.D., President and Chief Executive Officer of the American Board of Medical Specialties offered to attend the January 2020 Board of Governors meeting to provide an update on the implementation of the Vision of the Future initiative. The Board of Governors voted to recommend that Resolution 19-104 not be adopted.

January 2020: Richard Hawkins, M.D., President and Chief Executive Officer of the American Board of Medical Specialties addressed the Board of Governors at the January Meeting and provided an update on the implementation of the Vision of the Future Initiative. Dr. Hawkins detailed the changes that the various ABMS boards were implementing regarding MOC programs and answered questions from board members.

Resolution 19-105

Advertisement of Electronic Nicotine Delivery Systems

Medical Student Section, Orange County Medical Society, Seminole County Medical Society

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

Board Action: Adopted as amended

RESOLVED, That the Florida Medical Association support ~~legislation the prohibition to prohibit of~~ electronic nicotine delivery system advertisements on websites and online/mobile applications that are directed towards minors; and be it further

RESOLVED, That the Florida Medical Association support ~~the prohibition~~ legislation to prohibit of billboard ads for tobacco products, including electronic nicotine delivery systems, on any outdoor billboard located within 1,000 feet of a school or public playground.

October 2019: This resolution was discussed October Board of Governors meeting. The Council on Legislation recommended that the resolution be adopted as amended. The Board of Governors agreed with the Council's recommendation.

The policy compendium was updated – P 470.015

Resolution 19-106

Opposing Sexual Orientation Therapy

Medical Student Section

House Action: Adopted as amended

RESOLVED, That the Florida Medical Association oppose the practice of **imposed** sexual orientation change efforts, **often termed conversion therapy**, directed toward minors.

[Compendium updated – P 90.025](#)

Resolution 19-107

FMA Support for Removing Barriers for Medicare Patients to Colorectal Cancer Screening Act

Florida Chapter, American College of Surgeons; American College of Obstetricians & Gynecologists, District XII; Florida Society of Clinical Oncology; Florida Society of Facial Plastic & Reconstructive Surgeons; Florida Society of Ophthalmology; Florida Society of Otolaryngology - Head & Neck; Florida Society of Pathologists; Florida Vascular Society

House Action: Adopted

RESOLVED, that the Florida Medical Association send letters urging support and co-sponsorship of the Removing Barriers to Colorectal Cancer Screening Act (HR 1570/S 668) to each member of the Florida Congressional delegation.

[Compendium updated – P 70.010](#)

[Letters sent to each member of Florida’s Congressional Delegation urging support for HR 1570/S 668](#)

Resolution 19-108

Online Database for Physicians and Patients Interested in Stem Cell Therapy

Benjamin Kaplan, M.D.

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

Board Action: Recommends that the 2020 House of Delegates does not adopt this resolution

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

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

[October 2019:](#) This resolution was discussed at the October Board of Governors meeting. The resolution was referred to the Council on Medical Education, Science, and Public Health. The Board of Governors listened to testimony. The Florida Medical Association does not establish practice guidelines and criteria for specific medical procedures and specialty areas of medicine. For this reason, the Board of Governors felt that the resolution requires action that is outside the scope of the organization and is recommending that Resolution 19-108 not be adopted by the 2020 House of Delegates.

Resolution 19-109

SUCCESS: Supporting Climate Change Efforts

Benjamin Kaplan, M.D.

House Action: Adopted as amended

RESOLVED, That the Florida Medical Association ~~support and publish~~ place on their website educational resources on the links between environmental degradation and tangible health problems, such as air pollution, insect-borne diseases, and heatstroke; be it further

RESOLVED, That the Florida Medical Association support ~~legislative advocacy, with a focuses~~ legislation that focuses on the health imperative of addressing climate change.

[Compendium updated – P 170.014](#)

Resolution 19-201

NICA Update

Palm Beach County Medical Society

House Action: Not adopted

RESOLVED, That the Florida Medical Association request the CFO of NICA provide an up-to-date accounting of the NICA funds for past three years at the FMA Annual Meeting.

Resolution 19-202

Physician Non-Compete

Polk County Medical Society

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

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

[May 2020:](#) The Council on Medical Economics and Practice Innovation discussed this resolution at length and analyzed the arguments for and against the use of restrictive covenants by physicians in Florida. Given that there are valid arguments on both sides of the issue, the Council recommended that the Board of Governors conduct a thorough study of physician non-compete clauses in Florida and evaluate whether any changes to the current Florida statute are needed. At the June 18th conference call, the Board approved the Council's recommendation and instructed FMA staff to conduct an in-depth study and evaluation of Florida's non-compete statute. The Board will consider the staff report and will issue their own report to the 2021 House of Delegates.

Resolution 19-203

Educating Members Regarding Legal and Legislative Efforts to End MOC Mandates

Ellen McKnight, M.D., Escambia County Medical Society

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

Board Action: Recommends that the 2020 House of Delegates does not adopt this resolution

RESOLVED, That the FMA develop an educational campaign in the form of a separate, stand alone, comprehensive email, detailing the legal and legislative efforts being made in our state and across the

nation, specifically highlighting the legal action currently being taken against ABIM, including the lawsuit being brought by Practicing Physicians of America and The American Association of Physicians and Surgeons; and be it further

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

[January 2020:](#) At the October 2019 Board of Governors meeting, the FMA Board of Governors invited Richard Hawkins, M.D., President and Chief Executive Officer of the American Board of Medical Specialties to give a presentation on the implementation of the Vision of the Future Initiative. In his presentation to the Board of Governors, Dr. Hawkins, stated that the courts have continuously ruled in favor of the American Board of Medical Specialties. The AMA's Council on Medical Education has studied this issue at length and has created a document that outlines every change boards have made to their continuing certification process. Corey Howard, M.D., Immediate Past President and Chair of the FMA AMA Delegation recommended that the FMA post the findings on the FMA's website. Dr. Howard also argued that the second resolved in this resolution does not stand alone. A motion carried to recommend that the 2020 House of Delegates does not adopt Resolution 19-203.

Resolution 19-204
Public Relations Campaign for Florida Physicians
Collier County Medical Society

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

RESOLVED, That the FMA develop a public relations team to research public attitudes towards physicians in Florida; and be it further

RESOLVED, That research obtained from a public relations study be shared with FMA members so that steps may be taken to improve the public's perception of physicians through education in medical schools, residency programs, county medical societies, and state medical academies and associations; and be it further

RESOLVED, That the FMA develop a statewide public relations campaign to educate and inform patients of physician value, the scope and cost of such campaign to be determined by the Board of Governors.

[January 2020:](#) Tim Stapleton, FMA CEO stated that this resolution is important and the FMA is actively working on initiatives that will accomplish this resolution.

[June 2020:](#) A report was prepared that detailed the FMA's public relations efforts through earned media and other efforts to inform the public of physician value. This report was supplemented in July with additional data. Public relation efforts will be ongoing.

Resolution 19-205
Substance Use Disorders Are Not Social History Problems
Florida Psychiatric Society

House Action: Not adopted

RESOLVED, The FMA shall submit the following recommendations to the AMA as a fundamental change in the manner in which medical evaluations are conducted by physicians. The assessment of the

substance use history should be recorded in the main body of History and Physicals, Evaluations, and Consultations. For follow-up visits, inquiries into substance use should be obtained and included as part of the Psychiatric section of the Review of Systems. This practice should be encouraged with other medical specialties, and promoted in medical education and graduate medical education.

Resolution 19-206

Composition of the Body of the Medical Staff's Executive Committee and/or Board of Trustees

Broward County medical Association

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

[Board Action: Recommends the 2021 HOD adopts AMA Policy H-225.950 in lieu of the original resolution](#)

RESOLVED, That the FMA support legislative or administrative changes to define that the medical staff bylaws in hospitals will require that a majority of the Medical Executive Committee voting members will not be contracted physicians or employed physicians, but rather medical staff members with independent practices without conflict of interest; be it further

RESOLVED, That the FMA will advocate to the AMA to adopt the right to fair market and transparent economic competition in our communities between hospitals with or without employed physicians and other allied healthcare professionals and independent physicians and groups in the delivery of healthcare services and compensation based on appropriate community need.

[January 2020:](#) The Council on Medical Economics studied this resolution and expressed that it would be impossible to implement this resolution as written, since some hospitals employ all of their physicians. The Council further noted that that it might be difficult to implement this resolution without creating unintended consequences, given the complexity of the issue. Additionally, the Council noted that the FMA model medical staff bylaws already include detailed conflict of interest disclosure requirements for employed physicians. Such disclosure requirements may help alleviate some of the concern surrounding the presence of employed physicians on hospital medical staffs. The Council recognized that the FMA has a duty to represent both independent physicians and employed physicians and must consider their respective needs and interests. The Council decided on three recommendations. First, the Council determined that AMA Policy H-225.950, AMA Principles on Physician Employment, represents a sound policy concerning hospital medical staff relations. Therefore, the Council recommends adopting the language from H-225.950 as FMA policy in lieu of resolution 19-206. Second, the Council determined that the FMA should continue to promote its model medical staff bylaws, which include appropriate conflict of interest disclosures for employed physicians. Finally, the Council determined that the FMA should continue to promote its existing Medical Staff Bill of Rights which, among other things calls upon the FMA to advocate that the AMA “adopt the right to fair market and transparent economic competition in our communities between hospitals with or without employed physicians and other allied healthcare professionals and independent physicians and groups in the delivery of healthcare services and compensation based on appropriate community need.” Following debate on the Council on Medical Economic and Practice Innovation’s recommendation, the Board of Governors voted to table this resolution until the May 2020 Board of Governors meeting.

[June 2020:](#) The Board of Governors voted to recommend to the 2021 House of Delegates that AMA Policy H-225.950 be adopted in lieu of Resolution 19-206.

Resolution 19-301
Emergency Medical Transport Service Cost Transparency and Equity
Collier County Medical Society

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

Board Action: Not adopt

RESOLVED, The FMA seek to participate in any further workings of the EMT Working Group of the Insurance Consumer Advocate Office of Florida; and be it further

RESOLVED, The FMA request the AMA support federal legislation that exempts air ambulance services from the 1978 Airline Deregulation Act that precludes states from regulating prices, routes, or services of air carriers; and be it further

RESOLVED, The FMA develop information for consumers including patients and their families of the potential for costly balance billing when choosing EMT services, particularly air ambulance services; and be it further

RESOLVED, The FMA communicate to the Florida Agency for Health Care Administration which has oversight of HMO and EPO network adequacy- the urgency to compel health plans to disclose to consumers the adequacy of their provider networks, specifically, coverage for air-ambulance and ground based EMT; and be it further

RESOLVED, The FMA seek legislation that requires full disclosure by licensed EMT providers of their charges and costs; and be it further

RESOLVED, The FMA seek legislation that expands the legislation of HB 221 (2016) that prohibits balance billing for emergency services by out-of-network providers to include EMT.

October 2019: This resolution was discussed at the October Board of Governors meeting. The Council on Medical Economics and Practice Innovation recommended that the Board of Governors not adopt Resolution 19-301. There was agreement that ground and air ambulances can result in situations that lead to balance billing, however the Council did not believe it would be appropriate for the FMA to adopt this resolution. Pitting the FMA against another powerful provider group, specifically by seeking legislation to prohibit balance billing by ground ambulances, would require expending considerable resources and limit the ability of the FMA to perform other legislative functions that more directly relate to its mission. Further, there are already federal efforts to address balance billing by air ambulances which do not appear to require additional advocacy by the FMA. Moreover, the FMA is currently dedicating considerable resources to ensuring that any federal balance billing legislation does not restrict access to care or harm the practice of medicine. Advocating for federal legislation to address balance billing in the narrow context of air ambulance care would direct resources away from those efforts. The Council felt that the other directives of this resolution would also divert scarce resources away from other functions that more directly relate to the FMA's mission. During discussion, the Council noted that the FMA has comprehensive policy that prescribes an appropriate solution to balance billing. This policy is reflected in P 260.045, "Out-of-Network Principles." The Board of Governors agreed with Council's recommendation to not adopt Resolution 19-301.

Resolution 19-302
Gun Violence Control and Public Health

Florida Chapter American College of Physicians, Dade County Medical Association

House Action: Adopted

RESOLVED, That our Florida Medical Association support state legislation and future AMA initiatives to ban assault weapons and high capacity ammunition devices, including utilizing currently enacted AMA policy and language in future FMA policies and initiatives; and be it further

RESOLVED, That our Florida Medical Association support the passage of legislation to ban the sale, transfer, manufacture, and importation of assault weapons and high-capacity ammunition devices (as defined by the 1994 Violent Crime Control and Law Enforcement Act) within the state.

Compendium updated – P 190.007

No legislation on this issue moved during the 2019 legislative session.

Resolution 19-303
Natural Gas Fracking in Florida to Protect Human Health

Florida Chapter American College of Physicians, Duval County Medical Society, Nassau County Medical Society

***House Action: Referred to Board of Governors for decision**

Board Action: Not Adopt

RESOLVED, That the Florida Medical Association support legislation prohibiting all types of well stimulation drilling (fracking), including high pressure fracking well stimulation, matrix acidization, acid fracturing, and acid maintenance.

The Council on Legislation considered this resolution and recommended to the Board that it not be adopted. The Board of Governors at their June 18th conference call agreed that support of the legislative objective of this resolution would involve the expenditure of a large amount of political capital on a fight that does not directly affect the practice of medicine. The Board of Governors accordingly voted not to adopt Resolution 19-303.

Resolution 19-304
Assure Physician Due-Process in Potential Loss of Privileges

Hillsborough County Medical Society

House Action: Adopted as amended by substitution

RESOLVED, The FMA seek legislation that requires all contracts between hospitals and entities providing physician services to contain a provision affording due process rights for all medical staff members when privileges or employment by the entity are at risk.

RESOLVED, The FMA seek legislation which would entitle all physicians who are medical staff members to due process prior to being involuntarily removed from the schedule at a given facility or losing privileges at a given hospital.

Compendium updated – P 245.015
Issue added to Legislative Agenda

Resolution 19-306
Tobacco 21 Legislation
Orange County Medical Association

House Action: Adopted as amended

RESOLVED, That the Florida Medical Association (FMA) support legislation that would raise the legal age to purchase tobacco products **and other nicotine delivery devices** to 21 years of age.

Compendium updated P 470.014
FMA supported legislation to raise the legal age to purchase to 21 during the 2019 legislative session.

Resolution 19-307
Medicare Reimbursement Standard for Out-of-Network Medicaid Treatment
Dade County Medical Association

***House Action: Referred to the Board of Governors for study and report back**
Board Action: Recommends that the 2020 House of Delegates not adopt this resolution

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

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

October 2019: This resolution was referred to the Council of Medical Economics and Practice Innovation at the October Board of Governors meeting. The FMA has long-standing policy advocating for increased Medicaid rates for all physicians. This resolution seeks to increase Medicaid rates for only a narrow subset of physicians. It was noted that there are many physicians who are not included in the scope of this resolution that could also greatly benefit from increased Medicaid reimbursement. Adopting this resolution would entail expending considerable resources to potentially help a limited subset of the physicians who struggle with low Medicaid reimbursement rates. The Council noted during its discussion of Resolution 19-307 that current FMA policy calls for supporting increased Medicaid reimbursement rates for all physicians. Specifically, current FMA policy supports increasing Medicaid reimbursement rates to at least the Medicare level. The Council believes that supporting increased Medicaid rates for all physicians remains the proper approach to this issue and believes that it would be appropriate to reaffirm this policy P 300.009 “Increase in Medicaid Reimbursement Rates.” Finally, during the discussion of Resolution 19-307 the Council felt that it would do no harm to send a letter to AHCA emphasizing the importance of adequate reimbursement rates under the Medicaid program and requesting that AHCA require that Medicaid HMOs pay all physicians at or above the Medicare rate, consistent with its authority under 409.967 (2)(a), F.S. While the Council notes that such a letter is highly

unlikely to result in higher payments, it would demonstrate that the FMA remains committed to addressing low Medicaid reimbursement rates. The Board of Governors agreed with the Council's findings and recommended that the 2020 House of Delegates not adopt Resolution 19-307.

Resolution 19-308
Youth Sports Safety Initiative
Florida Orthopaedic Society

House Action: Adopted as amended

RESOLVED, That the Florida Medical Association support legislation that ~~will require~~ **encourages** athletic personnel, including organizers and coaches, to participate in free educational programming focused on traumatic injury, heat illness, concussion, and proper training to prevent or decrease the chance of serious injury prior to being involved in high risk youth athletic activities. ("High-risk youth athletic activity" means any organized sport for children 14 years of age or younger where there is a significant possibility for the child to sustain a serious physical injury. The term includes, but is not limited to, the sports of football, basketball, baseball, volleyball, soccer, ice or field hockey, cheerleading, and lacrosse.)

[Compendium updated – 445.025](#)

[There was no legislation on this issue that moved during the 2019 legislative session.](#)

Resolution 19-309
CPR Training for Florida High School Students
Florida Chapter ACP

House Action: Adopted as amended

RESOLVED, That FMA support ~~legislation policies~~ that ~~requires~~ **encourage all** students to receive hands-on, guidelines-based CPR training ~~in order to graduate~~ **before graduating** high school.

[Compendium updated – 445.026](#)

Resolution 19-310
FMA Support of Bleeding Control Kits in Schools and Public Spaces

Florida Chapter, American College of Surgeons, American College of Obstetricians & Gynecologists, District XII, Florida Chapter, American Academy of Pediatrics Florida College of Emergency Physicians, Florida Society of Clinical Oncology, Florida Society of Facial Plastic & Reconstructive Surgeons Florida Society of Ophthalmology, Florida Society of Otolaryngology - Head & Neck Florida Society of Pathologists, Florida Vascular Society

House Action: Adopted

RESOLVED, That the Florida Medical Association support state legislation to fund the purchase, placement, and maintenance of bleeding control kits in schools and high-trafficked public spaces in Florida.

Compendium updated - P 420.045

The FMA supported SB 934 – First Aid for Severe Bleeding – during the 2019 legislative session. The bill died in committee.

Resolution 19-311

Clarification of the Duties of Physicians and Pharmacists in Prescribing and Filling Medication

Ellen McKnight, M.D., Escambia County medical Society

House Action: Adopted as amended with title change

Title: Point of Care Medication Dispensing

~~RESOLVED, That the FMA affirms that it is the physician who has the education and skills necessary to put forth a treatment plan which often consists of prescribing medication including opioids; and be it further~~

~~RESOLVED, That the FMA affirms the vital role of the pharmacist to fill medically indicated and legally written prescriptions; and be it further~~

~~RESOLVED, That the FMA affirms that it is not the role of the pharmacist to determine whether a medically indicated and legally written prescription will be filled; and be it further~~

~~RESOLVED, That the FMA will support legislation which clarifies the recent opioid legislation to enable physicians to prescribe medications appropriately as we attempt to humanely treat pain; and be it further~~

~~RESOLVED, That the FMA will survey their members as to the burdens upon physicians as a result of the opioid dispensing law and to the penalties that may be brought against physicians practicing under this law; and be it further~~

RESOLVED, That the FMA ~~will~~ **continue to** educate their members on point of care dispensing of medications consistent with F.S. 465.0276, Dispensing Practitioner.

Compendium updated – P 130.023

Resolution 19-312

The “For Accuracy and Accountability in Clinical Titles” (FACT) Resolution

Florida Society of Anesthesiologists

House Action: Adopted as amended

RESOLVED, That FMA policy oppose any misappropriation of medical specialties' titles; and be it further

RESOLVED, That the FMA seek legislation that would accomplish the following:

1. Prevents ~~non-physician mid-level providers~~ **Advanced Practice Registered Nurses and Physician Assistants** from using titles and descriptors that are not in line with their state licensure;

2. Prevents ~~non-physician mid-level providers~~ Advanced Practice Registered Nurses and Physician Assistants from using descriptors reserved for physicians, either in whole or in part (e.g. “nurse anesthesiologist”, “nurse cardiologist”, or “nurse dermatologist”); and

3. Establish criminal and or civil penalties for such acts.

4. ~~Define who may present themselves to a patient, or within a clinical or public setting as a “doctor” and limit to Doctor of Medicine, Osteopathy, Dentist, Chiropractor, Optometrist, or Podiatrist.~~

~~RESOLVED, That the FMA refer any violation of this legislation, when passed, to the Attorney General of the State of Florida for appropriate legal action.~~

Compendium updated – P 450.030

The FMA supported SB 500 and HB 309 during the 2019 legislative session. SB 500 passed the Senate but died in messages.

Resolution 19-313
Authorization Denial Letter
Hillsborough County Medical Association

House Action: Adopted as amended

RESOLVED, The Florida Medical Association seek legislation mandating the direct involvement of medical directors of third parties/insurance companies with physicians who order a test/procedure/treatment for their patients prior to denying the test/procedure/treatment; and be it further

RESOLVED, The Florida Medical Association seek legislation mandating that denial letters ~~cannot~~

1. Must include a specific reason for denial; and ~~the medical director’s signature stamp when he/she did not review the denied case.~~

2. Must be hand signed by the medical director.

Compendium updated – P 260.051
Issue added to Legislative Agenda

Resolution 19-314
Drug Prevention
South Florida Caucus

House Action: Not adopted

RESOLVED, That the FMA encourage the State of Florida to allocate funding in their budget for an effective Ad campaign through television and social media, addressing the “Prevention of Drug Abuse.”

Resolution 19-315
Limit Expansion of Cosmetic, Dermatologic Surgery, and/or Facial Aesthetics
Broward County Medical Association

***House Action:** Referred to the Board of Governors for study and report back
Board Action: [Recommends that the 2020 House of Delegates not adopt this resolution](#)

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

[October 2019:](#) The Council on Legislation voted to recommend to the Board of Governors that this resolution not be adopted. Current statutes do not define “dermatologic surgery” or “facial aesthetics” which would create difficulty in supporting or developing legislation to accomplish the directive of this resolution. The Council on Legislation felt that because of these reasons, Resolution 19-315 should not be adopted. The Board of Governors unanimously agreed with the Council on Legislation’s recommendation.

Resolution 19-316
Oppose Elimination of Patient Choice and Physician Prescription Mandates
Capital Medical Society

House Action: Adopted as amended

RESOLVED, That the Florida Medical Association ~~will monitor and~~ oppose legislation which would eliminate patients’ ability to choose among pharmacies for purchase of medications; and be it further

RESOLVED, That the Florida Medical Association will engage in ~~early~~ **proactive** and vigorous opposition to future legislation that would restrict physician-issued forms of prescription by hand-writing, telephonic, or electronic means.

[Compendium updated – P 130.024](#)

[The FMA successfully opposed HB 1103 during the 2019 legislative session. This bill would have required that almost every prescription be submitted electronically.](#)

Resolution 19-317
Restrictive Covenants
South Florida Caucus

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

RESOLVED, That the FMA seek legislation that assures restrictive covenants in the state of Florida

- a. Do not unreasonably restrict the right of a physician to practice medicine for a specified period of time or in a specified geographic area on termination of a contractual relationship
- b. Do allow for reasonable accommodation for patient’s choice of physician.

See Resolution 19-202.

Resolution 19-401
Pharmaceutical Pricing Transparency
Florida Society of Rheumatology

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

Board Action: Adopted substitute language

RESOLVED, That the Florida Medical Association adopt the following policy regarding pharmaceutical pricing transparency:

Drug manufacturers should be required to submit information regarding the wholesale acquisition cost of the drugs they sell, and should be required to disclose certain information when the wholesale acquisition cost increases above a certain threshold.

Pharmacy benefit managers should be required to disclose information on the rebates they collect, including the amount of aggregate rebates and fees collected and the amount passed through to clients and health plan enrollees.

Health plans should be required to disclose the following information for all of their product lines: (1) the names of the 25 most frequently prescribed prescription drugs; (2) the percent increase in annual net spending for prescription drugs; (3) the percent increase in premiums that were attributable to prescription drugs; (4) the percentage of specialty prescription drugs with utilization management requirements; and (5) the premium reductions that were attributable to specialty drug utilization management.

Health insurers should be required to disclose certain information in advance of a premium increase that provides a justification for the increase.

January 2020: The Council on Medical Economics and Practice Innovation recognized that the regulation of PBMs is an extremely important and complex subject. The Council determined that it would be best to adopt a policy that has been vetted by experts at the AMA and supported by a variety of relevant specialty groups. The Council recommended that the FMA adopt language from AMA Policy D-110.987, “The Impact of Pharmacy Benefit Managers on Patients and Physicians” as substitute language. The Council noted that this policy encompassed many of the same elements as resolution 19-401 and was recently supported by the AMA House of Delegates with input from rheumatologists and other relevant physician stakeholders. The below substitute language was passed by the Board of Governors:

The Impact of Pharmacy Benefit Managers on Patients and Physicians
(adopted from
AMA Policy D-110.987)

1. Our FMA supports the active regulation of pharmacy benefit managers (PBMs) under state

departments of insurance.

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

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

4. Our FMA supports improved transparency of PBM operations, including disclosing:

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

5. Our FMA encourages increased transparency in how DIR fees are determined and calculated.

Resolution 19-402

The ASAM Criteria Addiction Treatment Guidelines and ASAM Continuum as Standard for Third Party Payor Reimbursement

Florida Society of Addiction Medicine

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

Board Action: Recommends that the 2021 House of Delegates adopt substitute language in lieu of the original resolution

RESOLVED, That the Florida Medical Association petitions the Florida Office of Insurance Regulation, to accept a position statement that supports the established, nationally accepted and recognized

treatment guidelines of the various national medical specialty organizations as the standard for third party payor payment criteria, treatment criteria, placement criteria and all additional matters relating to the medical care of patients and strongly discourages the use of other self-created, non-evidence based, non-validated and non-nationally established treatment guidelines.

June 2020: The Council on Medical Economics and Practice Innovation studied this resolution. When insurance companies fail to adequately and appropriately cover clinically appropriate treatment, addiction medicine specialists face challenges in helping their patients receive medically necessary care. As the resolution recognizes, this problem also persists for physicians practicing in other specialties. The resolutions seeks to address this issue by asking the FMA to urge the Florida Office of Insurance Regulation (FLOIR) to adopt a position that “established, nationally accepted and recognized treatment guidelines” from “various national medical specialty organizations” be accepted as the appropriate standard for insurance companies to use in making coverage determinations. The resolution further asks the FMA to urge the FLOIR to “strongly discourage” the use of other “self-created, non-evidence based, non-validated and non-nationally established treatment guidelines.”

The intent of this resolution is admirable. Certainly, health insurers should adopt coverage policies that are based on sound evidence, and there is no doubt that national medical societies are an authoritative source of appropriate treatment guidelines.

However, the language of this resolution offers room for improvement. First, it should be noted that FLOIR is a regulatory body and may lack the authority to implement the sort of wide-ranging policy requested under this resolution. While the FLOIR may have the authority to effectuate changes related to insurance coverage determinations in some instances, statutory changes may be required in others. Additionally, some coverage determinations may fall under the jurisdiction of other bodies including the Agency for Health Care Administration (AHCA) or the Centers for Medicaid and Medicare Services (CMS), rather than the FLOIR. Therefore, the Council proposed modified language to expand the range of options available to pursue appropriate remedies for deficiencies in coverage areas identified by the FMA in collaboration with the various specialty societies.

The Council also recommend changes to help ensure that the underlying policy goal of the authors is pursued in an ongoing manner. For instance, even when regulatory bodies provide guidance with respect to coverage determinations, insurers sometimes fail to adhere to those standards. In other words, even if the FMA were to pursue this resolution and achieve its aim as originally written, this would not foreclose upon the possibility that further action would be needed. So, given that the FMA lacks to manpower to continually monitor whether all “nationally accepted and recognized treatment guidelines” from the “national medical specialty organizations” are being appropriately adhered to by all payors, the Council proposed that the FMA instead work with the various state and national specialty societies to help determine what specific coverage deficiencies exist at any given point in time and to then determine and pursue the appropriate remedy accordingly. This modification will also allow us to better navigate situations wherein there are disagreements among specialty societies and physician experts regarding the appropriateness of certain clinical guidelines and situations where insurance companies are failing to provide medically necessary coverage that is not clearly addressed under the current guidelines.

The Board of Governors approved the Council’s recommendation that the 2021 House of Delegates adopt the following substitute language in lieu of Resolution 19-402:

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

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

Resolution 19-403

Medicare for All

Palm Beach County Medical Society

House Action: Adopted as amended by substitution

RESOLVED, that the Florida Medical Association reaffirm its support for a health care system that offers health insurance to all Floridians through an innovative and competitive health care marketplace of both public and private insurers.

~~**RESOLVED, That the FMA inform the public that our association is against Medicare for All.**~~
Compendium updated – P 325.027

Resolution 19-404

Inclusion of Medical Students as Recipients of Benefits of Workers Compensation

Medical Student Section

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

Board Action: Recommends that the 2021 House of Delegates adopt substitute language in lieu of the original resolution

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

The Council on Medical Economics and Practice Innovation studied this resolution, and working with the authors of this resolution, recommended to the Board of Governors that substitute language be adopted that would address the concern expressed by the resolution without involving the need for legislation involving the state's Workers Compensation system. The Board of Governors agreed and recommends that the 2021 House of Delegates adopt the following substitute language in lieu of Resolution 19-404:

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

Resolution 19-405
Effect of Expanding Insurance Coverage
Broward County Medical Association

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

Board Action: Not adopted

RESOLVED, That the FMA create a document and communicate it to physicians as soon as possible summarizing the implications and potential effects of expanding governmental insurance coverage without responsibly and its downstream effect on the ability of physicians to practice medicine both in hospital and/or the private practice of medicine including, but not limited to reimbursement and regulatory and other costs associated with such governmental insurance; be it further

RESOLVED, That the FMA's AMA Delegation create a document that can be distributed to physicians as soon as possible summarizing the effects of expanding the governmental insurance coverage as in "Medicare For All" and/or the "Public Option;" be it further

RESOLVED, That the document will be published and made available for physicians to present to patients, national, federal, state and local organizations.

January 2020: The Council on Medical Economics and Practice Innovation recognized that it is important for the FMA to closely monitor the debate around Medicare For All and other potential health care reform initiatives, such as a 'public option'. However, the Council did not believe that it would benefit the FMA to adopt this resolution for several reasons. First, the Council noted that the author of this resolution envisioned the creation of a document that is merely one to two pages in length and that would explain Medicare For All and various 'public option' proposals. The Council noted that the AMA's document summarizing Medicare For All is 12 pages long, and that a forthcoming document on various 'public option' proposals will likely also be at least several pages. Therefore, attempting to create an extremely short document explaining of these two complex policy proposals seems impractical. Additionally, there are already numerous high-quality sources of information on this subject matter for those who wish to review it, including the aforementioned document on Medicare For All published by the AMA. Moreover, the Council noted that FMA Board of Governors already has the power to educate its members on important pieces of pending legislation and policy matters, if and when it determines that doing so is appropriate. The Board of Governors voted to note adopt Resolution 19-405.