

FMA ANNUAL MEETING 2019



House of Delegates Handbook

Florida Medical Association, Inc.
August 9-11, 2019
at the Hilton Orlando Bonnet Creek

First House – Saturday, August 10, 2019
8:00 am – 9:45 am

Second House – Sunday, August 11, 2019
8:00 am – 12:00 pm

Notice: This information is published for members of the FMA House of Delegates. The reports contained herein are preliminary and are subject to necessary changes. They will be official only after they, or some modification of or substitute for them, have been acted on by the 2019 House of Delegates.

FMA ANNUAL MEETING 2019

FMA DELEGATE HANDBOOK CONTENTS

General Information

- Speakers' Letter to all Delegates
- House of Delegates
 - Order of Business
 - Delegate Rosters as of June 6, 2018
 - Procedures of the House of Delegates
 - Privilege of the Floor
- 2019 Reference Committees
- 2019 Resolution Titles and Fiscal Note Summary
- Reaffirmation Calendar
- In Memoriam, Florida Physicians
- In Memoriam, Past Presidents
- Business Travel Accident Insurance
- 2018 House of Delegates – Final Actions and Status of Resolutions

Elections and Candidate Information

- Announced Candidates for FMA Elective Offices
- Candidates - FMA Officers
- Candidates - FMA Board of Governors
- Candidates – AMA Delegates
- Election Process and Campaign Rules

Reference Committee No. I - Health, Education and Public Policy

- Agenda
- Board of Governors - Report A
- Resolutions

Reference Committee No. II - Finance and Administration

- Agenda
- Board of Governors - Report B
- Resolutions

Reference Committee No. III – Legislation

- Agenda
- Board of Governors – Report C
- Resolutions for Reference Committee III

Reference Committee No. IV - Medical Economics

- Agenda
- Board of Governors – Report D
- Resolutions



General Information



Joshua Lenchus, D.O.
Speaker



Ashley Norse, M.D.
Vice Speaker

TO: Members of the 2019 House of Delegates

We look forward to seeing you August 9-11 at the Hilton Bonnet Creek in Orlando for the 2019 FMA Annual Meeting. The contents of this Delegate Handbook contain general information including 2019 delegate rosters, announced candidates for 2019 elective office, candidate bios, reference committee agendas and resolutions. A Handbook Addendum, if needed, will be available on Friday, July 26, 2019.

Meetings of the House of Delegates (House)

The House is scheduled to meet in two sessions in Floridian D-L

Saturday, August 10, 8:00 a.m. - 9:45 a.m.

Sunday, August 11, 8:00 a.m. - 12:00 noon

New Delegate Orientation

If you are a new or first year returning delegate we encourage you to attend the New Delegate Orientation on Friday, August 9 from 4:30-5:30 pm in Bonnet Creek XII. This informative session will help delegates understand their role in the business of the House.

Rules and Order of Business

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

Reference Committees

Reference Committees are scheduled to meet on Saturday, August 10, from 10:00 a.m. - 12:30 p.m. The policy of the House of Delegates restricts attendance at Reference Committee meetings to FMA members, other Doctors of Medicine or Osteopathy who are guests of the association, staff to assist the reference committees, and individuals invited by FMA officers to the Reference Committee itself.

As a reminder, the primary purpose of a Reference Committee is to provide members an opportunity to appear and be heard and thus have a voice in the business of the FMA. Members who are interested in any report or resolution should attend the Reference Committee meeting to which the resolution is assigned. Reference Committees have the added advantage of time for robust discussion leading to

thoughtful deliberation in crafting recommendations, thereby mitigating the need for long discussions during the House. Members, interested in particular resolutions, may request the Chair of a Reference Committee defer those items so they can participate in the discussion. All resolutions should have a sponsor present to address the Reference Committee to which it is assigned. At the conclusion of each Reference Committee, a report will be compiled and available on our website, August 11, prior to the second session of the House.

Resolutions

Resolutions that were received by the FMA prior to June 28 have been assigned to one of four reference committees and are included as part of this Handbook. Resolutions received after 5:00 p.m. on June 28 and prior to 11:00 a.m., August 9 are considered ‘late’ and will be sent to the Credentials and Rules Committee for review. Sponsors of late resolutions are required to attend the Credentials and Rules Committee meeting on Friday, August 9 at 2:00 pm in Bonnet Creek XII to discuss the reason for the late submission. If accepted, the late resolution(s) will be assigned and distributed to the appropriate Reference Committee.

Credentials and Rules Committee

The Speaker has appointed the following members to serve on the Credentials and Rules Committee. This Committee is responsible for determining whether to accept late filed resolutions, providing the roll call report to the House of Delegates and monitoring the distribution of election ballots and electronic voting devices to voting delegates. The Committee is also responsible for counting ballots and providing election results to the Speaker. The Committee is scheduled to meet on Friday, August 9 at 2:00 pm in Bonnet Creek XII

Credentials and Standing Rules Committee	
John, Mahoney, M.D., CHAIR	Capital MS
Andrew Berkman, M.D.	Palm Beach CMS
Ray Kordonowy, M.D.	Lee CMS
Stephen Mandia, M.D.	Orange CMS
Christina Pravia, M.D.	Fl. Ch., American College of Physicians
Joel Silverfield, M.D.	Hillsborough CMA
Daniel Thinmann, M.D.	Duval CMS
Tracy Vo, D.O.	Lee CMS

Delegate Credentials

Delegates and Alternates are certified by their component county medical society, recognized specialty medical society, or other recognized section or entity. All certified Delegates will be provided a credentials card at the FMA registration desk and will be required to present that card prior to receiving a voting device and ballot.

Delegate Registration and Check In- Bonnet Creek West Foyer

Friday, August 9, 2019	7:00 a.m. – 5:00 p.m.
Saturday, August 10, 2019	6:30 a.m. – 4:00 p.m.
Sunday, August 11, 2019	6:30 a.m. – 10:00 a.m.

Elections

Elections in contested races will be held by paper ballot on Sunday from 7:00 am – 8:00 am, prior to the start of the second session of the House. If run-off races are necessary they will be conducted after the start of the House.

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



Joshua Lenchus, D.O.
Speaker



Ashley Norse, M.D.
Vice Speaker

2019 FMA HOUSE OF DELEGATES ORDER OF BUSINESS

FIRST MEETING - Saturday, August 10, 2019

Floridian D-L

8:00 – 9:45 a.m.

Call to Order

Pledge of Allegiance

National Anthem

Introduction of Members of Credentials and Rules Committee

Report from the Credentials and Rules Committee

Introductions and Recognition of Distinguished Guests

Memorial Service

Remarks from the Speaker of the House – Joshua Lenchus, D.O.

Adopt the Rules, Order of Business

Late Resolutions and Emergency Resolutions

Reference Committee Updates

FMA President’s Annual Address – Corey Howard, M.D.

Karl Altenburger M.D. Physician Leadership Academy Graduation

Report from the AMA President – Patrice Harris, M.D.

Report from the FMA Treasurer – Jason Goldman, M.D.

Report from FMA PAC – Doug Murphy, M.D.

Nominations for Uncontested Election - FMA President-elect

Uncontested Elections – FMA Officers

Remarks of Candidates for the Florida AMA Delegation

Gerold L. Schiebler, M.D. Advocate for Medical Students Award

Announcements

The House will recess until Sunday morning, August 11, 2019 at 8:00 a.m.

FMA CELEBRATION

Saturday, August 10, 2019 6:30 pm – 9:30 pm

Celebration event that will support the Karl Altenburger leadership Academy, the FMA poster symposium, and recognition of Ronald Giffler, M.D., the 143rd FMA President.

2019 FMA HOUSE OF DELEGATES ORDER OF BUSINESS

Second Meeting – Sunday, August 10, 2019.

Floridian D-L

8:00 a.m. – 12:00 p.m

Elections

7:00 – 8:00 am – Floridian B & C

Call to Order

Report of Credentials and Rules Committee

Announcements and Introductions

Installation and Remarks of 2019-2020 President, Ronald Giffler, M.D.

Reports of Reference Committees:*

No. I Health, Education and Public Policy

No. II Finance and Administration

Elections – Runoff race if needed

Reports of Reference Committees:

No. III Legislation

No. IV Medical Economics

Announcements

Closing Remarks

Adjournment **

*Order of Reference Committees are subject to change

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

BOG/County Medical Society	Delegate Name	Delegate Type
22 of (22) Delegate Positions Filled - Board Of Governors	Christienne Patrice Alexander, MD	Board of Governors Delegate
	Ankush Kumar Bansal, MD	Board of Governors Delegate
	Andrew John Cooke, MD	Board of Governors Delegate
	Lisa Anne Cosgrove, MD	Board of Governors Delegate
	Mark Alan Dobbertien, DO	Board of Governors Delegate
	Ronald Frederic Giffler, MD	Board of Governors Delegate
	James Nathan Goldenberg, MD	Board of Governors Delegate
	Jason Michael Goldman, MD, FACP	Board of Governors Delegate
	Corey Lee Howard, MD, FACP	Board of Governors Delegate
	John Nonda Katopodis, MD	Board of Governors Delegate
	Joshua David Lenchus, DO, FACP	Board of Governors Delegate
	Christopher Patrick Libby, MD	Board of Governors Delegate
	Guy Rudolph Moise, DO	Board of Governors Delegate
	Douglas R. Murphy, Jr., MD	Board of Governors Delegate
	Ashley Booth Norse, MD	Board of Governors Delegate
	Michael Louis Patete, MD	Board of Governors Delegate
	Jason John Pirozzolo, DO	Board of Governors Delegate
	Jayant David Rao, MD	Board of Governors Delegate
	Mobeen Hasan Rathore, MD, MBBS	Board of Governors Delegate
	Charles Edwin Riggs, Jr., MD	Board of Governors Delegate
	Sergio B. Seoane, MD	Board of Governors Delegate
Hansel Emory Tookes, III, MD, MPH	Board of Governors Delegate	
7 of (31) Delegate Positions Filled - Alachua CMS	Victoria Yvonne Bird, MD	County Delegate
	Carl A. Dragstedt, IV, DO	County Delegate
	John William Hiemenz, MD	County Delegate
	Norman Stuart Levy, MD	County Delegate
	Jesse August Lipnick, MD	County Delegate
	Matthew Francis Ryan, MD	County Delegate
	Joseph Edward Thornton, MD	County Delegate
5 of (5) Delegate Positions Filled Brevard CMS	Gobivenkata Balaji, MD	County Delegate
	Devin Kumar Datta, MD	County Delegate
	Adam Ryan Fier, DO	County Delegate
	Lance Francis Grenevicki, MD	County Delegate
	Ashish Rajendra Udeshi, MD	County Delegate
	Piyush Narmadashank Joshi, MD	Alternate County Delegate
	Eugene Frank Wawrzyniak, MD	Alternate County Delegate
10 of (18) Delegate Positions Filled - Broward CMS	Abram Berens, MD	County Delegate
	Aaron Elkin, MD	County Delegate

	Shahnaz Fatteh, MD	County Delegate
	Vania Enid Fernandez, MD	County Delegate
	David Noah Kenigsberg, MD	County Delegate
	Arthur Edward Palamara, MD	County Delegate
	Rachel M. Pevsner Crum, DO	County Delegate
	Ramsey Kay Pevsner, DO	County Delegate
	Robert Paul Raggi, MD	County Delegate
	Pablo Alberto Urbandt, MD	County Delegate
11 of (11) Delegate Positions Filled - Capital CMS	John Temple Bailey, DO	County Delegate
	Andrew Hicks Borom, MD	County Delegate
	David Jerry Dixon, Jr., DO	County Delegate
	Michael William Forsthoefel, MD	County Delegate
	Rohan Abraham Joseph, MD	County Delegate
	Alma Brown Littles, MD	County Delegate
	Maribel Urrutia Lockwood, MD	County Delegate
	John Patrick Mahoney, MD	County Delegate
	Winston Ramon Ortiz, MD	County Delegate
	Kenneth Clifford Whithaus, MD	County Delegate
	Gary Edwin Winchester, MD	County Delegate
2 of (3) Delegate Positions Filled Charlotte CMS	Lee Steven Gross, MD	County Delegate
	Jose Augusto Ross, MD	County Delegate
3 of (3) Delegate Positions Filled Clay CMS	David Jalal El Hassan, MD	County Delegate
	Joseph Michael Parra, MD	County Delegate
	John Joseph Zapp, MD	County Delegate
7 of (8) Delegate Positions Filled Collier CMS	Rebekah Ann Bernard, MD	County Delegate
	George Brinnig Jastrzebski, MD	County Delegate
	Zubin Pachori, MD	County Delegate
	Alejandro Daniel Perez-Trepichio, MD	County Delegate
	Rebecca Gwendolyn Smith, MD	County Delegate
	Gary D. Swain, MD	County Delegate
	David Richard Wilkinson, MD	County Delegate
	Rafael Christopher Haciski, MD	Alternate County Delegate
	James Vincent Talano, MD, MM, FACC	Alternate County Delegate
18 of (25) Delegate Positions Filled - Dade CMS	Carmel Jean Barrau, MD	County Delegate
	Jefry Loyd Biehler, MD	County Delegate
	Adriana Maria Del Valle Bonansea-Frances, MD	County Delegate
	Hugo Martin Espinosa, MD	County Delegate
	Enrique Salazar Fernandez, MD	County Delegate

	Rafael J. Fernandez, Jr., MD	County Delegate
	Eugene Shyh-Shing Fu, MD	County Delegate
	Raul Grosz, MD	County Delegate
	Jorge Luis Marcos, MD	County Delegate
	Antonio Mesa, DO	County Delegate
	Barbara Ann Montford, MD	County Delegate
	Andrew E. Nullman, MD	County Delegate
	Jason Lawrence Radick, MD	County Delegate
	Raul Ravelo, MD	County Delegate
	Jose David Suarez, MD	County Delegate
	Manuel Bernard Torres, MD	County Delegate
	Irit Ludin Ullman, MD	County Delegate
	Stephen Edward Vernon, MD	County Delegate
25 of (25) Delegate Positions Filled - Duval CMS	Cynthia Sinha Anderson, MD	County Delegate
	Jessica Nilufar Bahari-Kashani, MD	County Delegate
	Ingrid Anne Carlson, MD	County Delegate
	Marie Lynn Crandall, MD	County Delegate
	Patrick Joseph Demarco, MD	County Delegate
	Elizabeth Louise DeVos, MD	County Delegate
	Ferdinand Joseph Formoso, DO	County Delegate
	Tra'chella Johnson Foy, MD	County Delegate
	Ruple Jayantilal Galani, MD	County Delegate
	Walter Alan Harmon, MD	County Delegate
	Sunil Nalin Joshi, MD	County Delegate
	Steven B. Kailes, MD	County Delegate
	Ali Kasraeian, MD	County Delegate
	James Knox Kerr, III, MD	County Delegate
	Yazan Khatib, MD	County Delegate
	Glenn William Knox, MD, JD	County Delegate
	John Michael Montgomery, MD, MPH, FAAFP, CPE	County Delegate
	Monika Yogesh Patel, MD	County Delegate
	Thomas Guy Peters, MD	County Delegate
	Gazanfar Rahmathulla, MD	County Delegate
	Todd Larrieu Sack, MD, FACP	County Delegate
	James Kevin St. George, MD	County Delegate
	Daniel Alexander Thimann, MD	County Delegate
	Claudio E. Vincenty, MD	County Delegate
	Janet Marie West, MD	County Delegate
8 of (8) Delegate Positions Filled Emerald Coast CMA	Steven Jay Clark, MD	County Delegate
	Daniel Campbell Daube, Jr., MD	County Delegate
	Steven Eric Finkelstein, MD	County Delegate
	Khurram Nazir, MD	County Delegate
	Toni Lynn Pennington, MD	County Delegate

	Jeffrey R. Pyne, DO	County Delegate
	Jeremy Alexander Sunseri, MD	County Delegate
	Jon Ryan Ward, MD	County Delegate
	Debra Sue Williams, MD, FACEP, CPE	Alternate County Delegate
7 of (8) Delegate Positions Filled Escambia CMS	Susan Rea Griffee-Belcher, MD	County Delegate
	Hillary O'Shea Hultstrand, MD	County Delegate
	Brian Scott Kirby, MD	County Delegate
	John Joseph Lanza, MD	County Delegate
	Ellen W. McKnight, MD	County Delegate
	Brett Louis Parra, MD	County Delegate
	Thomas Gerard Westbrook, MD	County Delegate
19 of (22) Delegate Positions Filled - Hillsborough CMS	Scott Richards Anderson, MD	County Delegate
	Thomas Lane Bernasek, MD	County Delegate
	Madelyn Espinosa Butler, MD	County Delegate
	Damian Eduardo Caraballo, IV, MD	County Delegate
	Michael Allen Cromer, MD	County Delegate
	Eva Marie Crooke, MD	County Delegate
	Anthony J. Dedeia, MD	County Delegate
	Stanley Robert Dennison, Jr., MD	County Delegate
	Wanda Elizabeth Espinoza-Cruz, DO	County Delegate
	Mintallah Haider, MD	County Delegate
	Rebecca Lynn Johnson, MD	County Delegate
	Subhasis Misra, MD	County Delegate
	C. Christopher Pittman, MD	County Delegate
	Radhakrishna Kanthawara Rao, MD	County Delegate
	Nicole Demers Riddle, MD	County Delegate
	Abhik Roy, MD	County Delegate
	Bruce Dennis Shephard, MD	County Delegate
	Joel Charles Silverfield, MD	County Delegate
	Deborah Ann Trehy, MD	County Delegate
1 of (3) Delegate Positions Filled Indian River CMS	Laurie Ann Welton, DO	County Delegate
5 of (7) Delegate Positions Filled Lake-Sumter CMS	Shelley Coleman Glover, MD	County Delegate
	Wendy Ann Lavezzi, MD	County Delegate
	Steven Eugene Pillow, MD	County Delegate
	Ernesto Gustavo Zavaleta, MD	County Delegate
	Sheyla Karina Zelaya Aragon, MD	County Delegate
11 of (14) Delegate Positions Filled - Lee CMS	Jon Patrick Burdzy, DO	County Delegate
	Scott Raymond Caesar, MD	County Delegate
	Stefanie Ann Colavito, MD	County Delegate
	Elizabeth Marie Cosmai, MD	County Delegate
	Daniel De La Torre, MD	County Delegate

	Michael Joseph Katin, MD	County Delegate
	Raymond William Kordonowy, MD	County Delegate
	Andres Laufer, MD	County Delegate
	Richard Carmine Macchiaroli, MD	County Delegate
	Florentino Enrique Palmon, MD	County Delegate
	Tracy Vo, DO	County Delegate
7 of (8) Delegate Positions Filled Manatee CMS	Laterica Shavawn Barton, DO	County Delegate
	Scott Kent Clulow, DO	County Delegate
	Eric Martin Folkens, MD	County Delegate
	Jennifer R. McCullen, MD	County Delegate
	Kinga Zosia Porter, DO	County Delegate
	Aaron Matthew Sudbury, MD	County Delegate
	Silvio Suetlinov Tanev, Sr., MD	County Delegate
7 of (8) Delegate Positions Filled Marion CMS	Odest Frank Cannon, Jr., MD	County Delegate
	Claudia Jane Emmons, MD	County Delegate
	Lawrence R. Field, DO	County Delegate
	Stephen Edward Fischer, MD	County Delegate
	Stephanie Shealy Harrell, MD	County Delegate
	John Socrates Scales, MD	County Delegate
	David Charles Willis, MD	County Delegate
16 of (30) Delegate Positions Filled - Orange CMS	Lisa Angele Bowers, MD	County Delegate
	Krishna Karthik Chivukula, MD	County Delegate
	Megan Bevis Core, MD	County Delegate
	Melanie Kaye Cross, MD	County Delegate
	Caridad Ana Hernandez, MD	County Delegate
	Brenda Brown Holson, MD	County Delegate
	Benjamin Matthew Kaplan, MD	County Delegate
	Stephen Ernest J Mandia, MD	County Delegate
	Thomas Roy Prince, MD	County Delegate
	Sundeeep Kumar Ram, DO	County Delegate
	Srinivas Seela, MD	County Delegate
	Clifford Allen Selsky, MD	County Delegate
	Kevin Mark Sherin, MD, MPH	County Delegate
	Frank Henry Stieg, III, MD	County Delegate
Giridhar Venkata Vedula, MD	County Delegate	
Cecil Bruce Wilson, MD	County Delegate	
22 of (22) Delegate Positions Filled - Palm Beach CMS	Jose Francisco Arrascue, MD	County Delegate
	Dwight Guido Ayala, MD	County Delegate
	Stephen Babic, MD	County Delegate
	Shawn Bonifacio Baca, MD	County Delegate
	Andrew Ross Berkman, MD	County Delegate
	David Armando Coradin, MD	County Delegate

	Anthony Nicholas Dardano, Sr., MD	County Delegate
	Dawn Marie Davanzo, MD	County Delegate
	Roger Lee Duncan, III, MD	County Delegate
	Henry Madison Haire, MD	County Delegate
	Marc Jay Hirsh, MD	County Delegate
	James Thomas Howell, MD	County Delegate
	Leonard Kaufman, MD	County Delegate
	Tulisa Hanflink LaRocca, MD	County Delegate
	Brandon J. Luskin, MD	County Delegate
	Claudia Elia Mason, MD	County Delegate
	Emanuel Newmark, MD	County Delegate
	Lynn Christine Palmeri, MD	County Delegate
	Norman Henry Pevsner, MD	County Delegate
	Martha Mercedes Rodriguez, MD	County Delegate
	Mark Allen Rubenstein, MD	County Delegate
	Jack Zeltzer, MD	County Delegate
8 of (13) Delegate Positions Filled - Pinellas CMS	Paul David Anderson, MD	County Delegate
	Vijaya L. Cherukuri, MD	County Delegate
	Trina Elena Espinola, MD, FACS	County Delegate
	Kevin Fred Garner, MD	County Delegate
	Frank Bernard Marsalisi, MD	County Delegate
	Jack Neil Rothman, MD	County Delegate
	Aron Schlau, MD	County Delegate
	Peter Alan Wainwright Swain, MD	County Delegate
5 of (6) Delegate Positions Filled Polk CMS	James Judson Booker, IV, MD	County Delegate
	Ralph J. Nobo, Jr., MD	County Delegate
	Debra L. Seoane, MD	County Delegate
	Arvind Bunty Soni, MD	County Delegate
	Dale Evelyn Wickstrom-Hill, DO	County Delegate
3 of (2) Delegate Positions Filled Santa Rosa CMS	Kenneth William Long, MD	County Delegate
	Casey Mickler, MD	County Delegate
	Kacey Anne Montgomery, MD	County Delegate
9 of (9) Delegate Positions Filled Sarasota CMS	Jody G. Abrams, MD	County Delegate
	William Brodie Adams, MD	County Delegate
	Sean Matthew Daley, MD	County Delegate
	Jenny Kosman, MD	County Delegate
	Robert Raymond Lastomirsky, MD	County Delegate
	Viengsouk Phommachanh, MD	County Delegate
	Katarzyna Ewa Piotrowska, MD	County Delegate
	Yemuna Emmy Satya, MD	County Delegate
	H. Cory Scott Weitzner, MD	County Delegate

5 of (6) Delegate Positions Filled Seminole CMS	Tanya Olga Lisa Agard, MD	County Delegate
	Virgil Leon Dawson, Jr., MD	County Delegate
	Sara Hiott Irrgang, MD	County Delegate
	George Schroeder, MD	County Delegate
	Babak Alex Vakili, MD	County Delegate
4 of (4) Delegate Positions Filled St. Johns CMS	Digna Marlene Acosta, MD	County Delegate
	Jeremy Alan Caudill, DO	County Delegate
	Neenad Mahendra Shah, MD	County Delegate
	Jocelyn Amber Soto, DO	County Delegate
	Todd Jason Broder, MD	Alternate County Delegate
	Kye Im Chong, MD	Alternate County Delegate
	Marc Philips Sokolay, MD	Alternate County Delegate
8 of (8) Delegate Positions Filled Volusia CMS	Elizabeth Anne Eads, DO	County Delegate
	Andrew William Gamenthaler, MD	County Delegate
	Johnsie Carol Grigg, MD	County Delegate
	Christopher Allen Grove, MD	County Delegate
	Andria Marie Klioze, MD	County Delegate
	Scott David Klioze, MD	County Delegate
	Nichole Ella Robinson, DO	County Delegate
	Tina Tso, MD	County Delegate

Specialty Society Delegate Roster	Delegate Name	Delegate Type
7 of (22) Delegate Positions Filled - FL Acad. of Family Physicians	E. Coy Irvin, Jr., MD	Specialty Society Delegate
	Elizabeth Brooke Shepard Orr, MD	Specialty Society Delegate
	Maryam Phillips, MD	Specialty Society Delegate
	Matthew Duane Rensberry, MD	Specialty Society Delegate
	Amaryllis E. Sanchez Wohlever, MD	Specialty Society Delegate
	George Andrew W Smith, MD	Specialty Society Delegate
	Trishanna Crystal Sookdeo, MD	Specialty Society Delegate
1 of (1) Delegate Positions Filled - FL Acad. of Pain Medicine	Tse Chung Lee, MD	Specialty Society Delegate
1 of (1) Delegate Positions Filled - FL Assoc. of Occupational and Environmental Medicine	Michael John Webb, MD	Specialty Society Delegate
	Phyllis Annette Gerber, MD	Alternate Specialty Society Delegate
6 of (11) Delegate Positions Filled - FL Ch. Am. Acad. of Pediatrics and Fl. Pediatric Soc.	Lisa Ann Gwynn, DO, MBA	Specialty Society Delegate
	Madeline Matar Joseph, MD, FAAP	Specialty Society Delegate
	Robert Daniel Karch, MD	Specialty Society Delegate
	Sarah Marie Marsicek, MD	Specialty Society Delegate
	David Paul Robinson, MD	Specialty Society Delegate
	Shaista Syeda Safder, MD	Specialty Society Delegate
5 of (14) Delegate Positions Filled - FL Ch. Am. College of Cardiology	Houman Khalili, MD	Specialty Society Delegate
	Fred Masaru Kusumoto, MD	Specialty Society Delegate
	Mark Edward Panna, Jr., MD	Specialty Society Delegate
	David Edward Perloff, MD	Specialty Society Delegate
	A. Allen Seals, MD	Specialty Society Delegate
17 of (29) Delegate Positions Filled - FL Ch. Am. College of Physicians	Angeli Maun Akey, MD	Specialty Society Delegate
	Abdo Raymond Asmar, MD	Specialty Society Delegate
	Jose Miguel Baez, MD	Specialty Society Delegate
	Yvonne Jeanette Braver, MD	Specialty Society Delegate
	Karen Alexandra Echeverria-Beltran, MD	Specialty Society Delegate
	George Douglas Everett, MD	Specialty Society Delegate
	Keely Elizabeth Fischbach, MD	Specialty Society Delegate
	Manning H. Hanline, Jr., MD, FACP	Specialty Society Delegate
	Pran M. Kar, MD	Specialty Society Delegate
	Himangi Kaushal, MD	Specialty Society Delegate
	John G. Langdon, MD, FACP	Specialty Society Delegate
	Benjamin Mena, MD	Specialty Society Delegate
	Cynthia Eve Miller, MD	Specialty Society Delegate
	Naresh Hemantkumar Pathak, MD, FACP	Specialty Society Delegate
	Cristina I. Pravia, MD	Specialty Society Delegate
	Elisa Marie Sottile, MD	Specialty Society Delegate
	Michael Andrew Zimmer, MD, FACP	Specialty Society Delegate

6 of (6) Delegate Positions Filled - FL Ch. Am. College of Surgeons	John Hulse Armstrong, MD	Specialty Society Delegate
	Patricia Marie Byers, MD	Specialty Society Delegate
	Susan Jane Hoover, MD	Specialty Society Delegate
	William Alan Liston, MD	Specialty Society Delegate
	Jay Alan Redan, MD	Specialty Society Delegate
	Jose Gilberto Trevino, MD	Specialty Society Delegate
	Danielle Alison Henry, MD	Alternate Specialty Society Delegate
	Mark Karam Soliman, MD	Alternate Specialty Society Delegate
	Vic Velanovich, MD	Alternate Specialty Society Delegate
3 of (8) Delegate Positions Filled - FL College of Emergency Physicians	Curtis Blake Buchanan, MD	Specialty Society Delegate
	Michael Lozano, Jr., MD	Specialty Society Delegate
	Jill Angela Ward, MD	Specialty Society Delegate
4 of (4) Delegate Positions Filled - FL Gastroenterological Soc.	Jodie Adam Barkin, MD	Specialty Society Delegate
	David James Becker, MD	Specialty Society Delegate
	Ashley Lauren Canipe, MD	Specialty Society Delegate
	Pushpak Taunk, MD	Specialty Society Delegate
11 of (14) Delegate Positions Filled - American Congress of Obstetricians & Gynecologists (ACOG) District XII (Florida)	Christina Stough Adams, MD	Specialty Society Delegate
	Guy Ieshua Benrubi, MD	Specialty Society Delegate
	Daniel Ross Christie, MD	Specialty Society Delegate
	Andrea King Friall, MD	Specialty Society Delegate
	Karen Eloise Harris, MD	Specialty Society Delegate
	Sujatha Prabhakaran, MD	Specialty Society Delegate
	Dana Delores Teagarden, DO	Specialty Society Delegate
	Anna Edouardovna Varlamov, MD	Specialty Society Delegate
	Maureen Whelihan, MD	Specialty Society Delegate
	Amanda Lynn Wilmot, DO	Specialty Society Delegate
	Melissa Marie Yates, MD	Specialty Society Delegate
12 of (12) Delegate Positions Filled - FL Orthopaedic Soc.	George Hubert Canizares, MD	Specialty Society Delegate
	David Ray Chandler, MD	Specialty Society Delegate
	Justin Travis Deen, MD	Specialty Society Delegate
	Douglas Keith Dew, MD	Specialty Society Delegate
	Christopher William Grayson, MD	Specialty Society Delegate
	Jeffrey Fraser Linder, MD	Specialty Society Delegate
	Steven Thomas Lyons, MD	Specialty Society Delegate
	John Charles Nordt, III, MD	Specialty Society Delegate
	David Jason Oberste, MD	Specialty Society Delegate
	Derek Francis Papp, MD	Specialty Society Delegate
	Vani Janaki Sabesan, MD	Specialty Society Delegate
	Richard Lance Snyder, MD	Specialty Society Delegate
7 of (7) Delegate Positions Filled - FL Psychiatric Soc.	Debra Marie Barnett, MD	Specialty Society Delegate
	Francis Kevin Butler, MD	Specialty Society Delegate
	Almari Ginory, DO	Specialty Society Delegate

	Ryan Chaloner Winton Hall, MD	Specialty Society Delegate
	Rigoberto Rodriguez, MD	Specialty Society Delegate
	Oscar Manny Villaverde, MD	Specialty Society Delegate
	Tonia Lara Werner, MD	Specialty Society Delegate
1 of (1) Delegate Positions Filled - FL Pulmonary Soc.	Jeffrey Mark Berman, MD	Specialty Society Delegate
7 of (10) Delegate Positions Filled - FL Radiological Soc., Inc.	Gregg Anthony Baran, MD	Specialty Society Delegate
	Douglas Neal Hornsby, MD	Specialty Society Delegate
	Rick Richard Ramnath, MD	Specialty Society Delegate
	Manuel Silva Rose, MD	Specialty Society Delegate
	Sukhwinder Johnny Singh Sandhu, MD	Specialty Society Delegate
	George Arthur Stanley, MD	Specialty Society Delegate
	Jeffrey Alan Stone, MD	Specialty Society Delegate
11 of (12) Delegate Positions Filled - FL Soc. of Anesthesiologists	Jodi Lynne Bosak, MD	Specialty Society Delegate
	Charles Joseph Chase, DO	Specialty Society Delegate
	Christian Diez, MD	Specialty Society Delegate
	Steven Irvin Gayer, MD	Specialty Society Delegate
	Elena Juliana Holak, MD, PharmD, MPH	Specialty Society Delegate
	Nicholas Boris Nedeff, MD	Specialty Society Delegate
	Sher-Lu Pai, MD	Specialty Society Delegate
	Leopoldo Vicente Rodriguez, MD	Specialty Society Delegate
	Brence Alan Sell, MD	Specialty Society Delegate
	Jonathan Howard Slonin, MD	Specialty Society Delegate
	Todd Jeffery Smaka, MD	Specialty Society Delegate
	Elird Bojaxhi, MD	Alternate Specialty Society Delegate
	Naveen Gandreti, MD	Alternate Specialty Society Delegate
	Gary Orlando Gomez, MD	Alternate Specialty Society Delegate
	Keya Aisha Locke, MD	Alternate Specialty Society Delegate
	Rene Przkora, MD	Alternate Specialty Society Delegate
	Matthew Duwain Warrick, MD	Alternate Specialty Society Delegate
1 of (9) Delegate Positions Filled - FL Soc. of Clinical Oncology, Inc.	William V. Harrer, III, MD	Specialty Society Delegate
1 of (3) Delegate Positions Filled - FL Soc. of Dermatologic Surgeons	Clifford Warren Lober, MD, JD	Specialty Society Delegate
5 of (6) Delegate Positions Filled - FL Soc. of Dermatology and Dermatologic Surgery	Craig Jeffrey Eichler, MD	Specialty Society Delegate
	Sima Jain, MD	Specialty Society Delegate
	James Matthew Knight, MD	Specialty Society Delegate
	Oliver Milton Reed, MD	Specialty Society Delegate
	Cynthia Jill Yag-Howard, MD	Specialty Society Delegate
	Brad Peter Glick, DO	Alternate Specialty Society Delegate
2 of (3) Delegate Positions Filled - FL Soc. of Nephrology	Harold Avon Doll, Jr., MD	Specialty Society Delegate
	David Roth, MD	Specialty Society Delegate

6 of (6) Delegate Positions Filled - FL Soc. of Ophthalmology	Courtney Elise Bovee, MD	Specialty Society Delegate
	Kara Marie Cavuoto, MD	Specialty Society Delegate
	Krishna Siddheswara Kishor, MD	Specialty Society Delegate
	Darby Douglas Miller, MD	Specialty Society Delegate
	Joseph T. Nezgoda, MD	Specialty Society Delegate
	Ankit Anil Shah, MD	Specialty Society Delegate
3 of (3) Delegate Positions Filled - FL Soc. of Pathologists	Harvey J. Feld, MD	Specialty Society Delegate
	Antonio Enrique Martinez, MD	Specialty Society Delegate
	Patricia Moody McNab, MD	Specialty Society Delegate
1 of (1) Delegate Positions Filled - FL Soc. of Physical Medicine and Rehabilitation	Lindsay Nicole Shroyer, MD	Specialty Society Delegate
2 of (2) Delegate Positions Filled - FL Soc. of Plastic Surgeons	Christopher George Constance, MD	Specialty Society Delegate
	John James O'Brien, Jr., MD	Specialty Society Delegate
	Alissa Marie Shulman, MD	Alternate Specialty Society Delegate
2 of (2) Delegate Positions Filled - FL Soc. of Rheumatology	Catherine Nina Kowal, MD	Specialty Society Delegate
	Robert William Levin, MD	Specialty Society Delegate
	Yvonne Smallwood-Sherrer, MD	Alternate Specialty Society Delegate
1 of (1) Delegate Positions Filled - Southeast Thoracic Association	Michael Andrew Diamond, MD	Specialty Society Delegate
5 of (6) Delegate Positions Filled - FL Urological Soc.	James Eugene Alver, MD	Specialty Society Delegate
	Edward Dubois King, MD	Specialty Society Delegate
	Justin Lewis Parker, MD	Specialty Society Delegate
	Eduardo Puente, MD	Specialty Society Delegate
	Arash Rafiei, MD	Specialty Society Delegate
2 of (2) Delegate Positions Filled - FL Vascular Soc.	Deepak Gopalan Nair, MD	Specialty Society Delegate
	Charles Stuart Thompson, MD	Specialty Society Delegate
1 of (1) Delegate Positions Filled - Florida Society of Gynecologic Oncologists	James Peter Lapolla, MD	Specialty Society Delegate

FMA ANNUAL MEETING 2019

The logo features the text "FMA ANNUAL MEETING 2019" in white, bold, sans-serif font against a teal background. The word "MEETING" is smaller and positioned below "ANNUAL". The number "2019" is large, with a white caduceus symbol (a staff with two snakes) integrated into the zero.

PROCEDURES OF THE FMA HOUSE OF DELEGATES

Last Updated 3/21/2019

INTRODUCTION

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

Joshua Lenchus, D.O.
Speaker

Ashley Norse, M.D.
Vice Speaker

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

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

Contents

Preface	4
Business of the House of Delegates	5
Agenda of the House of Delegates.....	5
Reports.....	5
Resolutions.....	5
Submitting Resolutions	6
Emergency Resolutions	6
Structure of Resolutions.....	6
Presentation of Resolutions	7
Credentials and Standing Rules.....	7
Reference Committees.....	7
Reference Committee Reports.....	8
Consent Calendar	9
Form of Action upon Reports and Resolutions	10
Parliamentary Procedure in the House Of Delegates	11
Bylaws	13
Charter	13
Elections of FMA Officers and Board of Governors	14
Election of Delegates to the American Medical Association.....	14
Standard Code of Parliamentary Procedures.....	15

Preface

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

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

Business of the House of Delegates

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

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

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

Agenda of the House of Delegates

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

Reports

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

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

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

Resolutions

Business is introduced into the House through the presentation of resolutions by voting delegates on behalf of their county or specialty medical society, special section or individually. In order to be considered as regular business each resolution must be submitted to the FMA Headquarters Office no later than 45 days prior to commencement of the session at which it is to be considered.

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

Submitting Resolutions

Resolutions received by end of the day **June 14, 2019**, will be published in the Delegate Handbook. Resolutions received after **June 14** and prior to end of day **June 28** will be published in the Handbook Addendum. Resolutions received after **June 28** and **prior to 11:00 a.m. on August 9** will be considered late and referred to the Credentials and Standing Rules Committee for review.

Resolutions should not be late-filed unless they are from a section conducting business the same weekend as the Annual Meeting or address an urgent or time-sensitive issue arises after the **June 28** deadline. If a resolution is late the sponsor is required to attend the Credentials and Standing Rules Committee to testify why it is late and its importance for consideration by the House. The Credentials and Standing Rules Committee meets **Friday August 9, 2019**. If accepted, the Speaker will assign it to the appropriate Reference Committee for consideration.

Emergency Resolutions

Resolutions received later than 11:00 a.m. on **Friday, August 9, 2019** will be considered an emergency resolution and must be printed and distributed to the members of the House and a 2/3 vote is required for consideration as business of the House. The Speakers will determine a time to hold debate on such resolutions and a majority vote is required for its passage.

Structure of Resolutions

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

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

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

In general, the question which will ultimately be before the House is the adoption or other disposition of

a specific "Resolved" or a series of "Resolves." It is time-consuming, unnecessary (except as indicated above) and, therefore, usually out-of-order to propose formal amendments to the working of accessory statements or the language of the Reference Committee report in making its recommendations.

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

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

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

Presentation of Resolutions

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

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

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

Credentials and Standing Rules

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

Reference Committees

Reference Committees are groups of at least five delegates, who are not current officers or members of

the Board of Governors, selected by the Speaker to conduct open hearings on matters of business of the House of Delegates. All members of the Reference Committee are voting members. Having heard discussion on the subject before it, the Committee draws up a report with recommendations to the House for disposition of its items of business.

Reference Committee hearings are open to delegates, all members of the FMA staff, MDs or DOs who are guests of the FMA, and others invited by FMA officer or the Reference Committee itself. Any FMA member is privileged to speak on a resolution or report under consideration. Non-member physicians, guests, or interested outsiders may, upon recognition by the Chair, be permitted to speak. The Chair is privileged to call upon anyone attending the hearing if, in his/her opinion, the individual called upon may have information which would be helpful to the Committee. Equitable hearings are the responsibility of the Committee Chair, and the Committee may establish its own rules on the presentation of testimony with respect to limitations of time, repetitive statements, and the like. It is recommended that Reference Committee Chair **not** ask for an expression of the sentiments of those attending the hearing by an informal vote on particular items.

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

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

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

Minority reports from Reference Committees are in order.

Reference Committee Reports

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

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

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

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

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

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

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

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

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

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

Consent Calendar

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

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

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

Form of Action upon Reports and Resolutions

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

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

1. When the House wishes to acknowledge that a report has been received and considered, but that no action upon it is either necessary or desirable, the appropriate proposal for action is that the report be **FILED**. For example, a report which explains a government program or regulations, or clarifies the issues in a controversial matter, may properly be filed for

information. This does not have the effect of placing the FMA on record as approving or accepting responsibility for any of the material in the report.

2. When a report offers recommendations for action, these recommendations may be **ADOPTED**, **APPROVED**, or **ACCEPTED**, each of which has the effect of making the FMA responsible for the matter. In the interest of clarity, the use of the terms "accepted for information" or "approved in principle" should be avoided.
3. When the House does not wish to assume responsibility for the recommendation of a report in its existing form, it may take action to refer back to committee, to refer elsewhere, to reject the report in its entirety or in specific part, or to adopt as amended (**Amend and Adopt**).

Parliamentary Procedure in the House of Delegates

It is necessary in a large assembly to insist that each individual speaking to an issue be recognized by the Speaker, be at a microphone, and be properly identified by stating the delegate's name, whether or not he/she is speaking as an individual or on behalf of their group, and whether they rise in support or opposition to the question at hand.

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

A few comments on specific procedures may be helpful.

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

The motion to REFER FOR DECISION: When the House refers an item of business to the Board for decision, the House delegates to the Board the decision as to what action is appropriate. Once the Board determines the appropriate action, whether affirmative or negative, the Board subsequently will inform the House by written communication to the delegates prior to the next meeting and may use other appropriate means such as FMA publications.
- B. **The motion to RECONSIDER:** If a motion to **RECONSIDER** is sustained, debate resumes on the motion which is being reconsidered. Any member may offer the motion to be reconsidered.
- C. **The motion to AMEND something already adopted:** Not infrequently it becomes desirable on the basis of afterthought or further consideration to modify an action which has already been taken. If the modification is a simple addition to the action taken, rather than a substantive change, it is not necessary to **RECONSIDER**. A motion to **AMEND** the previous action is in order, and it becomes a main motion.
- D. **The motion to VOTE IMMEDIATELY:** A motion to vote immediately is the same as the older form, **PREVIOUS QUESTION**, and has the effect of closing debate on a pending motion. It requires a 2/3 affirmative vote to sustain such a motion. It is, in effect, a statement by the assembly that it has heard enough and wishes to vote on the matter at hand at once. It applies

only to the immediately pending question unless the delegate making the motion to vote immediately qualifies the motion by specifically stating that it applies to all pending questions. A motion to **VOTE IMMEDIATELY** on all pending matters will only be accepted if the Speaker rules that both sides have been heard on **ALL** pending matters. In the event such latter motion prevails, the House must act without further debate on the item of business and all pending amendments in proper order of precedence.

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

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

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

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

Bylaws

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

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

Charter

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

Elections of FMA Officers and Board of Governors

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

Election of Delegates to the American Medical Association

The FMA has 14 delegate & 14 alternate delegate seats in the AMA House of Delegates. In 2019 six (6) delegate seats and eight (8) alternate delegate seats (*one of which is reserved for a member representing the Young Physician Section*) are up for election for a two-year term. The first six (6) candidates receiving the most votes will be elected as AMA delegates and the next eight (8) receiving votes in descending order will become alternate delegates.

Due to the large number of candidates there will be no nominating or seconding speeches, however, the Speaker will recognize each candidate by name for a one minute speech.

**American Institute of Parliamentarians
Standard Code of Parliamentary Procedure**

BASIC RULES				
<i>Order of precedence¹</i>	<i>Can interrupt?</i>	<i>Requires a Second?</i>	<i>Debatable?</i>	<i>Amendable?</i>
Privileged Motions 1. Adjourn 2. Recess 3. Question of privilege	No No Yes	Yes Yes No	Yes ² Yes ² No	Yes ² Yes ² No
Subsidiary Motions 4. Table 5. Close debate 6. Limit or Extend debate 7. Postpone to a certain time 8. Refer to committee 9. Amend	No No No No No No	Yes Yes Yes Yes Yes Yes	No No Yes ² Yes ² Yes ² Yes ² Yes ³	No No Yes ² Yes ² Yes ² Yes ² Yes
Main Motions 10. a. The main motion b. Specific main motions Adopt in-lieu-of Amend a previous action Ratify Recall from committee Reconsider Rescind	No No No No No Yes ⁴ Yes	Yes Yes Yes Yes Yes Yes Yes	Yes Yes Yes Yes ³ Yes ² Yes ² Yes	Yes Yes Yes Yes No No No
INCIDENTAL MOTIONS				
<i>No order of precedence</i>	<i>Can interrupt?</i>	<i>Requires a Second?</i>	<i>Debatable?</i>	<i>Amendable?</i>
Motions Appeal Suspend the rules Consider informally	Yes No No	Yes Yes Yes	Yes No No	No No No
Requests Point of order Inquiries Withdraw a motion Division of question Division of assembly	Yes Yes Yes No Yes	No No No No No	No No No No No	No No No No No

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

2019 FMA House of Delegates - Privilege of the Floor

The privilege of the floor shall be restricted to:

FMA members who are seated delegates

Members of the Board of Governors

FMA Past Presidents

AMA Delegates and Alternate Delegates

FMA Council and Section Chairs

Presidents of the County Medical Societies

Members of the Specialty Society Section

AMA General Officers

FMA ANNUAL MEETING 2019

Reference Committee Meetings

Saturday, August 10, 2019

Hilton Bonnet Creek

10:00 am – 12:30 pm

Reference Committee I Health, Education, and Public Policy Bonnet Creek X

Tra'Chella Johnson Foy, M.D., Chair	Duval
Jon Burdzy, D.O.	Lee
Ruple Galani, M.D.	Duval
Steven Gayer, M.D.	Florida Society of Anesthesiology
Rohan Joseph, M.D.	Capital
Himangi Kaushal, M.D.	Fl. Ch., American College of Physicians
Claudia Mason, M.D.	Palm Beach
Robert Raggi, M.D.	Broward
Deborah Trehy, M.D.	Hillsborough

Reference Committee II Finance and Administration Bonnet Creek XI

Rick Palmon, M.D., Chair	Lee
Jeremy Caudill, D.O.	St. Johns
Dawn Davanzo, M.D.	Palm Beach
Vania Fernandez, M.D.	Broward
Jay Redan, M.D.	Fl. Ch., American College of Surgeons
Brence Sell, M.D.	Florida Society of Anesthesiology
Janet West, M.D.	Duval

FMA ANNUAL MEETING 2019

Reference Committee III Legislation & Miscellaneous Floridian AB

John Armstrong, M.D., Chair	Fl. Ch., American College of Surgeons
Rebekah Bernard, M.D.	Collier
Michael Cromer, M.D.	Hillsborough
Douglas Dew, M.D.	Fl. Orthopedic Society
Wanda Espinoza-Cruz, D.O.	Hillsborough
Adam Fier, D.O.	Brevard
James Kerr, M.D.	Duval
	Fl. Society of Dermatology and Dermatologic Surgeons
J. Matthew Knight, M.D.	
Maribel Lockwood, M.D.	Capital

Legislation Committee IV Medical Economics Bonnet Creek XII

Rafael Haciski, M.D., Chair	Collier
Jeff Berman, M.D.	Florida Pulmonary Society
Daniel De la Torre, M.D.	Lee
Justin Deen, M.D.	Fl. Orthopedic Society
Roger Duncan, M.D.	Palm Beach
Ali Kasreian, M.D.	Duval
Naresh Pathak, M.D.	Fl. Ch., American College of Physicians
Abhik Roy, M.D.	Hillsborough
Bruce Shephard, M.D.	Hillsborough

2019

Resolution Fiscal Note Summary

Resolution Number	Title	Staff hours	Total Cost	Effect on Budget
19-101	Local Safe Kids Coalitions	5	\$300	\$0
19-102	Initial Assessment and Treatment Recommendations by Specialists	4	\$458	\$0
19-103	Education Regarding Recreational Marijuana	25	\$1,700	\$0
19-104	FMA Endorsement of ABMS Vision for the Future Commission Final Report	15	\$1,480	\$0
19-105	Advertisement of Electronic Nicotine Delivery Systems	2	\$80	\$0
19-106	Opposing Sexual Orientation Change Therapy	1	\$40	\$0
19-107	FMA Support for Removing Barriers for Medicare Patients to Colorectal Cancer Screening Act	7	\$674	\$0
19-108	Online Database for Physicians and Patients Interested in Stem Cell Therapy	100	\$7,500	\$2,500
19-109	SUCCESS: Supporting Climate Change Efforts	100	\$115,300	\$100,000
19-201	NICA Update	5	\$800	\$600
19-202	Physician Non-Compete	1	\$40	\$0
19-203	Educating FMA Members Regarding Legal and Legislative Efforts to End MOC Mandates	47	\$4,400	\$0
19-204	Public Relations Campaign	Unable to Determine	\$120,000 to Millions	Potential of millions added to the operating budget

2019

Resolution Fiscal Note Summary

19-205	Substance Use Disorders Are Not Social History Problems	10	\$650	\$0
19-206	Composition of the Body of Medical Staffs, Executive Committee and Board of Trustees	110	\$15,950	\$0
19-207	Creation of Oversight Database	20	\$1,200	\$0
19-301	Emergency Medical Transport Service Cost Transparency and Equity	622	\$9,800	\$0
19-302	Gun Violence Control and Public Health	210	\$31,250	\$0
19-303	Natural Gas Fracking in Florida to Protect Human Health	100	\$15,300	\$0
19-304	Assure Physicians Due-Process in Potential Loss of Privileges	300	\$1,600	\$0
19-306	Tobacco 21 Legislation	100	\$15,300	\$0
19-307	Medicare Reimbursement Standard for Out-of-Network Medicaid Treatment	310	\$47,560	\$0
19-308	Youth Sports Safety	100	\$15,300	\$0
19-309	CPR Training for Florida High School Students	100	\$15,300	\$0
19-310	FMA Support for Bleeding Control Kids in Schools and Public Spaces	100	\$15,300	\$0
19-311	Duties of Physicians and Pharmacists	103	\$15,420	\$0
19-312	The "For Accuracy and Accountability in Clinical Trials" FACT Resolution	300	\$45,900	\$0
19-313	Authorization Denial Letter	300	\$45,900	\$0
19-314	Drug Prevention	300	\$45,900	\$0
19-315	Limit Expansion of Cosmetic, Dermatologic Surgery and/or Facial Aesthetics	100	\$15,300	\$0

2019**Resolution Fiscal Note Summary**

19-316	Oppose Elimination of Patient Choice and Physician Prescription Mandates	300	\$45,900	\$0
19-401	Pharmaceutical Pricing Transparency	5	\$200	\$0
19-402	The ASAM Criteria Addiction Treatment Guidelines and ASAM Continuum as the Standard for Third Party Payor Reimbursement	25	\$4,150	\$0
19-403	Medicare for All	15	\$890	\$0
19-404	Inclusion of Medical Students as Recipient of Benefits of Workers Compensation	100	\$15,300	\$0
19-405	Effect of Expanding Insurance Coverage	120	\$7,100	\$0

2019
Resolution Fiscal Note Summary

Comments
Can be accomplished with current staff
\$2,500 added to the operating budget for meeting expenses
\$100,000 added to operating budget for contracting with climate scientist
\$600 added to operating budget for meeting expenses
Can be accomplished with current staff
Can be accomplished with current staff
Potential of millions added to the operating budget to conduct a professional research study and carryout a statewide PR campaign

2019

Resolution Fiscal Note Summary

Can be accomplished with
current staff

Reaffirmation Calendar

1 The Speaker, in consultation with FMA staff, have reviewed all resolutions submitted for consideration
2 by the 2019 House of Delegates and have determined the following resolution to be a reaffirmation of
3 existing FMA policy or action already taken. The Speaker therefore recommends reaffirming the
4 following resolution:

5

6 **RESOLUTION TO REAFFIRM:**

19-305 Motor Vehicle Insurance

Hillsborough County Medical
Association

Resolution 19-305
Protection of Physician Reimbursement in Motor Vehicle Insurance Care
Hillsborough County Medical Society

1 Whereas, The Florida House of Representatives has tried to pass legislation which will dissolve motor
2 vehicle Personal Injury Protection (PIP) insurance in exchange for Bodily Injury (BI); and
3
4 Whereas, There is currently a \$5000 Med-Pay carve out for physicians and other medical clinicians who
5 provide PIP-related care in the current system; and
6
7 Whereas, Over 20% of patients in Florida do not have any other health insurance other than PIP when
8 seeking motor vehicle accident (MVA) care; and
9
10 Whereas, The currently proposed Bodily Injury law does not have a designated Med-Pay carve out which
11 would significantly delay and potentially remove any MVA-related payments to physicians; and
12
13 Whereas, Per a government-commissioned study, a switch to BI Insurance without a mandatory Med-
14 Pay would not save Floridians on Auto-Insurance while simultaneously decreasing physician
15 reimbursement for EMTALA-based care physicians; therefore be it
16
17 RESOLVED, The Florida Medical Association oppose any legislative changes to Florida motor-
18 vehicle insurance coverage that does not specify a mandatory and reasonable physician Med-Pay
19 carve out; further
20
21 RESOLVED, That any Florida Medical Association supported Med-Pay carve out specify
22 physician reimbursement, and not get bundled into a hospital/chiropractor/therapist Med-Pay
23 set-aside.

Fiscal Note:

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

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

Reference Committee: III – Legislation & Miscellaneous

In Memoriam

FMA Physician Members

Bays

Michael Allen Ingram, MD
George Glazebrook Tracy, MD

Broward

Timothy Blaine Aliff, MD
Nile Randolph Lestrangle, MD
Alfred Richard Rosenthal, MD

Capital

Nancy Van Vessem, MD

Collier

Rohit Rick Bhasin, MD
Malia Mahoe Jackson, MD

Dade

W. Michael Canning, MD
Oscar Del Rio, MD
Jack Greener, MD
Stanley P. Silverblatt, MD

Duval

James J. Long, PA

Hillsborough

Omar Hashim Howard, MD

Indian River

Daniel Lines Thornton, MD

Lee

David Gregory Graham, MD
Frederick Warren Schaerf, MD

Manatee

George Tsitse Lin, MD
Stuart Matthew Shapiro, DO

Martin

Maghraj Thanvi, MD, FACP

Okaloosa

Dale Kelley Johns, MD

Orange

Bethany Lucille Ballinger, MD
Scott Jay Warner, DO

Palm Beach

Douglas Grimshaw MacLear, DO

Polk

Patrick D. Sullivan, MD

Sarasota

Domenick Enzo Cover, MD
Robert Charles Kane, MD

Seminole

William Elon Dalton, MD



Florida Medical Association, Inc.

Past Presidents - In Memoriam

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

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

FMA ANNUAL MEETING 2019

July 12, 2019

TO: Members, House of Delegates
SUBJECT: Business Travel Accident Insurance Policy

We are pleased to bring to your attention to the continuation of the business travel accident insurance policy that provides coverage for designated officers, members, employees of the Association, and county medical society executives while on out-of-town business for the Association.

The schedule of benefits provides for "Authorized Delegates to the FMA," Accidental Death and Dismemberment, Principal Sum of a minimum of \$50,000 to a maximum of \$200,000. Benefits are payable for accidental death or dismemberment from accident sustained by the injured person while on any out-of-town trip authorized by the Association including:

Riding as a passenger on a scheduled airline aircraft;

- (b) Riding as a passenger in any aircraft having a current and valid airworthiness certificate and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft;
- (c) Riding as a passenger on any land or water conveyance;
- (d) Riding in or operating a private passenger automobile.

Business trips commence when the insured person leaves his residence or place of regular employment for the purpose of going on an out-of-town business trip for the Association. Normal commutation and vacation travel is not covered.

Indemnity for loss of life will be paid in one lump to the estate of the insured, unless otherwise stated in writing by the individual and on file with the Association.

The policy has been extended but it should be borne in mind that the policy is subject to cancellation. This memorandum should in no way be construed, as a contract of insurance, but is simply to inform you of the provisions of this insurance while it is in effect. For more information contact Kristy Jones at (800) 762-0233.

FMA Liability for Damages

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

*Board of Governors, October 1970.



REPORT OF ACTIONS FROM THE 2018 HOUSE OF DELEGATES AND UPDATES

Action on Recommendations from the Board of Governors – pgs. 3-6

Action of 2018 Resolutions – pgs. 7-20

Resolutions Referred to the Board of Governors:

- 17-410 Physician Right to Decline Supervision of non-Physician Clinicians
Collier County Medical Society
- 18-103 Protection of Physician Communication
Dade County Medical Society
- 18-106 Initial Assessment and Treatment Recommendations by Specialists
Florida Academy of Family Physicians
- 18-112 Pharmacists Prescribing
Emerald Coast Medical Society
- 18-114 Sober House and Needle Exchange Programs
Dade County Medical Association
- 18-116 USMLE – Step 2 Transfer of Jurisdiction Over Required Clinical Skills Examinations to US Medical Schools
Medical Students
- 18-301 FMA Campaign Initiative to Protect Public Safety
Broward County Medical Association
- 18-308 Controlled Substance Legislation Fixes
Florida Orthopaedic Society, Orange County Medical Society
- 18-309 Creation of Maintenance of a Database Between Mental Health Professionals and FDLE
Hillsborough County Medical Association
- 18-311 Mandatory PDMP Checking

Hillsborough County Medical Society

18-313 Minimize Lead in School Drinking Water
Mobeen Rathore, M.D.

18-314 FMA Campaign Initiative to Educate, Advocate, Research, and Protect Public Safety
"EARP"
Broward County Medical Society

18-315 HB 21 Epilepsy Exemption
Florida Neurological Society

Action on Recommendations from the Board of Governors

Board Recommendation A-1 2010 FMA Policy Review – Reaffirmation and Sunset

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

Board Recommendation A-2 Resolution 17-203 Pharmacy Solicitation (2017 House of Delegates)

House Action: Resolution not adopted

RESOLVED, that when notified with appropriate documentation the FMA will send a letter of concern to the State Attorney General and the State Surgeon General to consider investigation of possible HIPPA violations by using personal health information.

Board Recommendation A-3 Informational Report from the FMA Board of Governors

House Action: Report A filed for information

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

House Action: Bylaws amendment not adopted

This recommendation would have allowed for the creation of three additional seats on the Board of Governors who shall be appointed by the President, for a term of three years, so that one member is appointed each year for three years. Each appointee must be a graduate within the last ten years of an FMA Board of Governors approved leadership academy.

Board Recommendation B-2 Bylaws Amendment Chapter III, Section 5, Section 10; Chapter VII, Section 7. House of Delegates and Sections

House Action: Bylaws amendment not adopted

This recommendation allows for a Women's Physician Section of the FMA, which will be allotted 1 delegate in the House of Delegates.

Board Recommendation B-3 Bylaws Amendment Chapter VI, Section I. Composition

House Action: Adopted

This recommendation removes the Alliance seat on the Board of Governors.

Board Recommendation B-4
Bylaws Amendment Chapter III, Section 5; Chapter IV, Section 4; Chapter VI, Section 6

House Action: Adopted

This recommendation allows for technical changes to be made to several areas of the bylaws to reflect previous amendments to the bylaws.

Board Recommendation B-5
Bylaws Amendment Chapter VI, Section 9. Appointments Outside of the FMA bylaws or Policies

House Action: Adopted

This recommendation allows for the FMA President to appoint all outside positions allotted to the FMA with the approval of the Board of Governors.

Board Recommendation B-6
Bylaws Amendment Chapter IV, Section 1. Elections and Term of Office

House Action: Adopted

This recommendation allows for the term of the Resident Physician's seat on the Board of Governors to last for 2 years or until the completion of their residency, whichever comes first.

Board Recommendation B-7
Bylaws Amendment Chapter III, Section 6 & Section 10. Delegates to the House of Delegates of the American Medical Association

House Action: Bylaws amendment not adopted

This recommendation would have allowed the process for electing the representatives to the House of Delegates of the American Medical Association be changed to provide that the FMA House of Delegates shall elect a slate of representatives and the representatives shall determine who shall serve as a delegate and who shall serve as an alternate delegate during each meeting of the AMA House of Delegates.

Board Recommendation C-1
Resolution 17-304 Recognition and Reimbursement for POLST (Physician-Orders for Life-Sustaining Treatment)
(2017 House of Delegates)

House Action: Adopted as amended

RESOLVED, That our Florida Delegation to the American Medical Association support the fundamental foundation of the goals and objectives of the Physician Orders for Life-Sustaining Treatment (POLST) Form **and support POLST legislation. The POLST form would neither force nor constrain the delivery of care the provider deems appropriate; and be it further**

~~RESOLVED, That our Florida Medical Association support POLST legislation in the next legislative session.~~

RESOLVED, That our Florida Medical Association support a financial reimbursement at the highest complexity to those providers that partake and document the discussion of the POLST form, whether the form is ultimately signed or not.

[The Policy Compendium has been updated \(P 160.014\).](#)

**Board Recommendation C-3
Informational Report from the FMA Board of Governors**

House Action: Report C filed for information.

**Board Recommendation D-1
Resolution 17-303, Physician Payments to Same Day of Service
(2017 House of Delegates)**

House Action: Adopted as amended.

RESOLVED, That the FMA ~~seek support~~ legislation to require health insurance companies to pay physicians within 15 days at the time of service (office visit, ER visit, procedure, treatment, radiologic test); be it further

RESOLVED, That the FMA establish policy to support ~~health insurance companies paying physicians at the time of service~~ prompt payments to physicians by reimbursement entities for services rendered (office visit, ER visit, procedure, treatment, radiologic test); be it further

RESOLVED, That the FMA AMA Delegation encourage the AMA to adopt a policy supporting ~~health insurance companies paying physicians at the time of service~~ prompt payments to physicians by reimbursement entities for services rendered (office visit, ER visit, procedure, treatment, radiologic test).

[The legislative agenda and Policy Compendium has been updated P 380.026.](#)

**Board Recommendation D-2
Resolution 17-410, Physician Right to Decline Supervision of Non-Physician Clinicians
(2017 House of Delegates)**

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

RESOLVED, that the FMA affirm the rights of physicians to decline to supervise non-physician clinicians based on patient safety issues such as inadequate supervision time, lack of cooperation from non-physician clinicians, or quality of care concerns.

RESOLVED, that the FMA conduct research to propose legislation or regulatory changes that prohibit non-physician clinician supervision as a term of employment and protect physicians' right to decline supervision of non-physicians.

January Board of Governors: An extensive study was conducted on this issue. The Board of Governors explored three potential avenues to address the concern of the resolution. After multiple proposed amendments and extensive discussion, the Board of Governors voted to have the Council of Medical Economics further study this resolution and report back at the May Board of Governors meeting.

May Board of Governors: The Council on Medical Economics reviewed the testimony heard at the January Board of Governors meeting and presented its recommendation to the Board of Governors. The Board of Governors recommended that the 2019 House of Delegates adopt the below language in lieu of Resolution 17-410:

Resolved, that the FMA affirms its support for physician-led, team-based care.

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.

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

**Board Recommendation D-3
Informational Report from the FMA Board of Governors**

House Action: Report D filed for information.

Resolution 18-101
Physician Workforce Issues
Dade County Medical Association

House Action: Resolution not adopted

RESOLVED, That the Florida Medical Association (FMA) urges each local county medical society to analyze the physician workforce needs of its community; and further be it

RESOLVED, That the FMA recognizes that decisions regarding shortages in physician workforce numbers or composition must be made in consultation with the local medical community; and further be it

RESOLVED, That the FMA recommends supporting only those physician workforce initiatives that are also explicitly supported by the county medical societies in the communities those workforce initiatives are to be located.

Resolution 18-102
Board Certification Testing Disparities
Dade County Medical Association

House Action: Resolution not adopted

RESOLVED, That the Florida Medical Association ask the American Medical Association to study whether maintenance of certification programs by member boards of the American Board of Medical Specialties has a disparate impact on women and minorities and produce a report of the AMA's findings.

Resolution 18-103
Protection of Physician Communication
Broward County Medical Society

***House Action: Referred to the Board of Governors for Study and Report Back**

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.

[January Board of Governors Meeting:](#) The resolution was reviewed and determined that AMA policy H5 989 mimics this resolution. It was recommended that that 2019 House of Delegates not adopt this resolution.

Resolution 18-104
Drug Prevention
South Florida Caucus

House Action: Resolution not adopted

RESOLVED, That the FMA seek an appropriation in the 2019-2020 State Budget to fund an effective statewide educational ad campaign through television and social media to prevent drug use.

Resolution 18-105
Medical Director and Physician Involvement in Treatment Facilities
South Florida Caucus

House Action: Adopted as amended

RESOLVED, That the Florida Medical Association will request that Department of Children and Families modify the existing rules in Chapter 65D-30 ~~thus by~~ requiring a qualified physician to serve as Medical Director for each and every component of care; ensuring the involvement of a ~~Board-certified~~ **or other qualified physician licensed under Chapter 458 or 459, Florida Statutes**, for evaluation and treatment recommendations; determination of admission/discharge; and, overseeing the provision of medically-indicated evidence-based treatment with proper documentation.

[Added to Policy Compendium as P 90.023](#)

[A letter was sent to Department of Children and Families](#)

Resolution 18-106
Initial Assessment and Treatment Recommendations by Specialists
Florida Academy of Family Physicians

***House Action: Referred to the Board of Governors for Decision – NOT ADOPTED**

RESOLVED, That the FMA submit a resolution to the AMA and petition all ABMS specialty boards to develop appropriate clinical guidelines that ensure patients referred to specialist physicians have an initial assessment, diagnostic evaluation, and formulation of a treatment plan performed by the specialty physician rather than a non-physician, allied health provider.

[January Board of Governors:](#) The Board of Governors reviewed this resolution, considered the function of the ABMS, and voted not to adopt.

Resolution 18-107

Physician Education Regarding Clinical Training of Nurse Practitioners
Florida Academy of Family Physicians

House Action: Adopted as amended

RESOLVED, That the FMA ~~Board develop a report for presentation at the 2019 House of Delegates focused on how best to educate physicians (MD/DO) regarding, but not limited to: understanding make available on their website information regarding~~ the wide range of training standards utilized by ~~NP Nurse Practitioners (NPs) and Physician Assistants (PAs) educational institutions;~~ the training differences between physicians, and NPs ~~and PAs in the last ten years;~~ and a physician's specific medical and legal responsibilities regarding supervision and on-the-job clinical training of NPs ~~and PAs, and the rising medico-legal risk to physicians who agree to supervise and train NPs; and be it further.~~

~~RESOLVED, That the FMA support efforts in Florida and nationally for requiring a Flexner type report to standardize current NP education and training in hopes of improving clinical training to protect patients and support the highest quality physician-led, team-based healthcare.~~

Added to Policy Compendium as P 340.007
Staff is working to prepare materials for website

Resolution 18-108
Epilepsy Treatment and Awareness
Orange County Medical Society

House Action: Adopted as amended

RESOLVED, That the Florida Medical Association support Epilepsy Awareness Month by shall work to increase awareness of possible system of care improvements, and treatments for refractory seizures including midazolam at home, rectal diazepam, auto injector of diazepam, implantable vagal stimulator, epilepsy alarms, CBD oil, and epilepsy dogs, by publishing an article in the FMA News during Epilepsy Awareness Month highlighting advances in care, new treatment options, and services that are available for patients on the FMA website; ~~further be it~~

~~RESOLVED, That our Florida Medical Association shall write a letter to the Surgeon General encouraging the creation of a work group to discuss advances in treatment and services that would include FMA volunteers, the Epilepsy Association of Florida, Florida Department of Health Chronic Disease Prevention, and the Florida Department of Health School Health Program.~~

Added to Policy Compendium as P 420.044
An epilepsy resource center has been added to the FMA's website

Resolution 18-109
CME Credit for Board Member Participation in County Medical Society Board Meetings
Manatee County Medical Society

House Action: Resolution not be adopted

RESOLVED, That the Florida Medical Association seek an amendment to 64B8-13.005, Florida Administrative Code, to provide that up to 5 hours every year or 10 hours per biennium, of continuing education credit may be fulfilled by attending County Medical Society Board meetings, with credit given on an hour per hour basis.

Resolution 18-110
Local Alliances for Drug Endangered Children
John L. Lanza, M.D.

House Action: Adopted as amended

~~RESOLVED, That the FMA shows support through the FMA News for the activities of the National and Florida Alliance for Drug Endangered Children (DEC) to break the cycle of abuse and neglect by empowering practitioners including physicians who work to transform the lives of children and families living in drug environments; and be it further~~

RESOLVED, That the FMA supports the development of local Drug Endangered Children alliances to reach the goals of: raising awareness of the issue of drug endangered children; providing support, information, and resources to all individuals and organizations that serve and care for drug endangered children; facilitating multi-disciplinary, coordinated provisioning of services and care to drug endangered children; preventing endangerment to children in dangerous drug environments by encouraging intervention at the earliest possible point; and, developing and sustaining a network of experts and professionals including physicians who can be called upon to conduct research, evaluate practices and procedures, and provide accurate advice and information regarding the needs of drug endangered children.

[Added to Policy Compendium as P 90.022](#)

Resolution 18-112
Pharmacists Prescribing
Emerald Coast Medical Society

***House Action: Referred to the Board of Governors for Decision - ADOPTED**

RESOLVED, That the FMA supports the modern healthcare needs of a pharmacy to monitor patient prescriptions for potential side effects and inter medication reactions, potential patient pharmaceutical abuse, and patient education and discourages pharmacists from refusing to fill valid prescriptions unless that denial is made because of potential side-effects or inter-medication reactions.

[October Board of Governors:](#) The Board of Governors reviewed this resolution and adopted it as policy P 130.021

Resolution 18-113
Post Doctorate Certification
Emerald Coast Medical Society

House Action: Resolution not adopted

RESOLVED, That the FMA believes that all Florida providers with prescriptive authority should be required by law to perform a medical history and physical examination before prescribing medication and properly maintain medical records in accordance with 64B8-9.003, Florida Administrative Code; and be it further

RESOLVED, That the FMA seek legislation to create a post-doctorate certification that all pharmacists must obtain prior to the prescribing of medications consistent with established law for all other prescribing providers.

Resolution 18-114
Sober Houses and Needle Exchange Programs
Dade County Medical Association

***House Action: Referred for the Board of Governors for Study and Report Back**

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.

January Board of Governors: Dr. Hansel Tookes reviewed the Annual Report of the IDEA Exchange with the Board of Governors. It was noted that needle exchange programs and sober houses are separate entities with different objectives. While other counties have seen a rise in deaths by overdose, Miami-Dade has had a decrease in deaths since the IDEA Exchange opened. Further, the FMA has policy in support of needle exchange programs, and legislation has been filed to expand the program statewide (HB 171 and SB 366). Based on this information the Board of Governors recommends that the 2019 House of Delegates not adopt this resolution.

Resolution 18-115
Emergency Resolution to Outpatient Medical Facilities and Offices
Aaron Elkin, M.D.

House Action: Resolution not adopted

RESOLVED, That the FMA supports legislation or rulemaking that would require power, telephone, internet or other utility providers to prioritize restoring services to outpatient medical facilities and outpatient physician's offices when those services are interrupted.

Resolution 18-116

USMLE – Step 2 – Transfer of Jurisdiction Over Required Clinical Skills Examinations to US Medical Schools

Medical Students

***House Action: Referred to the Board of Governors for Study and Report Back**

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.

October Board of Governors: The Council on Medical Education, Science, and Public Health proposed a substitute resolution that focused the efforts on decreasing cost and travel time for students to take this exam versus eliminating the exam altogether. The Board of Governors discussed this resolution at length, the substitute resolution failed, and Resolution 18-116 was tabled until the January Board of Governors meeting, allowing the Council of Medical School Deans to review the information and testimony.

January Board of Governors: Dean Charles Lockwood reviewed the Council of Medical School Deans' findings. The cost and travel time were acknowledged, however as reflected by the AMA's Council on Medical Education, there are significant issues with eliminating the test altogether. Dean Lockwood outlined the Council of Medical School Deans' recommendations. After much debate, the Board of Governors voted to recommend that the 2019 House of Delegates adopt Resolution 18-116.

Resolution 18-201

FMA Website

South Florida Caucus

House Action: Adopted as amended

RESOLVED, That the FMA shall maintain an up-to-date copy of FMA Bylaws on the FMA website; and be it further

RESOLVED, That, starting in 2018, the FMA shall maintain a copy of all resolutions finally approved as policy by that year's House of Delegates on the FMA website for at least ~~two (2)~~ seven (7) years.

The website has been updated to reflect the current bylaws and resolutions from the last 7 years.

Resolution 18-202

Access to State Mandated Opioid CME

Clay County Medical Society, Collier County Medical Society, Dade County Medical Society, Duval County Medical Society, Escambia County Medical Society, Lee County Medical Society, Nassau County Medical Society, Palm Beach Medical Society, Santa Rosa County Medical Society

House Action: Resolution not adopted

RESOLVED, The Florida Medical Association will provide the state-mandated Opioid CME for free to all members of the Florida Medical Association as long as it is mandated by the state of Florida; and be it further,

RESOLVED, The Florida Medical Association shall provide access to the CME to State Specialty Societies and County Medical Societies with representation in the FMA House of Delegates at no charge, provided that entity also provides it at no charge to its members.

Resolution 18-204

Medical Marijuana

Family Society of Addiction Medicine

House Action: Adopted as amended

RESOLVED, That the Florida delegation to the AMA submit a resolution to take all necessary steps to remove regulatory barriers to cannabis research and to develop the resources and infrastructure needed to conduct comprehensive research and establish conclusive evidence on short- and long-term health effects of cannabis use and its efficacy regarding relief of manifestations of specific illnesses; and be it further,

RESOLVED, The FMA should petition the Florida Department of Health to maintain careful surveillance systems to monitor the long- and short-term health effects of cannabis use, both through the Office of Medical Marijuana ~~Use for use of marijuana as a medication (Florida Administrative Code Chapter 64-4)~~ and under its other offices for use of marijuana in communities including treatment for cannabis use disorders

~~RESOLVED, the Florida Medical Association should support and contribute to these research efforts and should refrain from promoting use of marijuana as a medication, including the development and offering of courses for the Office of Medical Marijuana, until sufficient data has been collected to serve as an evidence base for such recommendations~~

~~RESOLVED, Florida physicians should be educated in the appropriate use of already approved or close-to approval cannabinoid medications~~

- ~~• Dronabinol – a Schedule III drug approved for chemotherapy induced nausea and vomiting (CINV) and Wasting Syndrome in AIDS~~
- ~~• Nabilone – a Schedule II drug approved for CINV~~
- ~~• Nabiximols – currently in Phase III trials in U.S. for CINV, multiple sclerosis and cancer pain, already approved in Canada and Europe.~~

Policy compendium updated: P 307.005

Staff is preparing resolution for June AMA meeting and working on letter to DOH.

It was determined that the AMA has existing policy on this issue.

Resolution 18-301
FMA Campaign Initiative to Protect Public Safety
Broward County Medical Association

***House Action: Referred to the Board of Governors for Study and Report Back**

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 fire arms; 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

Fire arms 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 fire arms 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 Associate 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.

October Board of Governors Meeting: The Board of Governors reviewed this resolution and after some debate thought that further discussion with the authors regarding the intent of the resolution was necessary. Further, the Board of Governors felt that a special task force should be created to study this issue. Resolution 18-301 was tabled to the January Board of Governors meeting.

January Board of Governors: The taskforce did not have a chance to meet prior to the January meeting. The resolution was tabled until the May Board of Governors meeting.

May Board of Governors: The Gun Resolution Taskforce met and created a chart that compares the policies sought by the resolutions, current FMA policies and current AMA policies. The taskforce reviewed a summary of CS/SB 7026, the Marjory Stoneman Douglas High School Public Safety Act that passed in 2018.

Based on the findings of the taskforce, the Board of Governors recommends to the House of Delegates that Resolution 18-301 not be adopted.

Resolution 18-303
Long Term Care Insurance
Palm Beach County Medical Society

House Action: Resolution not adopted

RESOLVED, That the Florida Medical Association support legislation to fund long term care to cover \$100/day by imposing a small payroll tax.

Resolution 18-304
Medicaid Access to Diabetes Prevention Program
Palm Beach County Medical Society, Orange County Medical Society, Duval County Medical Society

House Action: Resolution not adopted

RESOLVED, the Florida Medical Association will support legislation to mandate coverage of the Diabetes Prevention Program Lifestyle Change Program for Medicaid eligible patients.

Resolution 18-305
FMA on ARNP Compact
Florida Society of Anesthesiologists

House Action: Adopted

RESOLVED, That the Florida Medical Association reaffirms its position that health care teams are best led by physicians; and be it further

RESOLVED, That the Florida Medical Association oppose any legislation that would enact into law, directly or indirectly, the Advanced Practice Registered Nurse (APRN) Multistate Compact proposed by the National Council of the State Boards Nursing; and be it further

RESOLVED, That the Florida Medical Association's House of Delegates directs the attention of the FMA's Council on Legislation to prevent enactment of the APRN Compact; and be it further

RESOLVED, That the Florida Medical Association's Council on Legislation places the APRN Compact on its watch list of undesirable legislation; and be it further

RESOLVED, That the Florida Medical Association effectively educate the public, legislators, regulators, and healthcare administrators and effectively oppose state legislative efforts aimed at inappropriate scope of practice expansion.

The Policy Compendium was updated: P 340.006. This topic was added to the FMA's legislative agenda. The FMA is vigorously opposing all of the scope of practice bills filed during the 2019 legislative session.

Resolution 18-306
Reducing the Impact of Adding Pediatric Hospital Medicine Board Requirements
Orange County Medical Society

House Action: Resolution not adopted

RESOLVED, that the FMA support legislation or administrative rules that would prohibit hospitals from requiring pediatricians be board certified in pediatric hospital medicine.

Resolution 18-307
Indemnity for Physicians Recommending Medical Marijuana
Orange County Medical Society

House Action: Resolution not adopted

RESOLVED, That the Florida Medical Association create and support legislation that would accomplish the following:

- (1) Delete the provision in section 381.986 that requires physicians to recommend a specific route, dose, frequency and type of marijuana.
- (2) Ensure that any physician who opines in the medical records that the patient would benefit from medical marijuana is immune from civil liability.

Resolution 18-308
Controlled Substance Legislation Fixes
Florida Orthopaedic Society, Orange County Medical Society

***House Action: Referred to the Board of Governors for Decision – ADOPTED AS AMENDED**

RESOLVED, That the Florida Medical Association **seek support** legislation to address the following concerns with the current controlled substances statutes in Florida:

- 1) Restrict the mandatory consult of the prescription drug monitoring program to only those prescriptions for opioids, not all scheduled drugs;
- 2) Eliminate the mandate to prescribe an opioid antagonist for all patients with a **trauma severity score Injury Severity Score** of 9 or above;
- 3) Eliminate the mandate for those physician practices that need to claim an exemption from the pain clinic statutes to apply for a Certificate of Exemption every other year, enabling those practices to claim

their exemption once and maintain that exemption unless their practice status changes eliminating their exemption.

January Board of Governors: The Board of Governors voted to adopt the resolution as amended. The first amendment changed “seek” to “support” and the second, amendment was a technical amendment that corrected “trauma severity score” to “Injury Severity Score”. Both amendments are reflected in the above resolution.

Resolution 18-309
Creation of Maintenance of a Database Between Mental Health Professionals and FDLE
Hillsborough County Medical Association

***House Action: Referred to House of Delegates for Study and Report Back**

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 fire arm 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.

October Board of Governors: The Board of Governors reviewed this resolution and recommends that the 2019 House of Delegates not adopt this resolution. The recommendation is based on testimony in which the Board of Governors learned that the Department of Law Enforcement already has a database for background checks and new gun purchases, as well as a national database which provides results within 2 minutes when trying to sell a firearm. Recent legislation passed that included changes to the minimum age to purchase a firearm, law enforcement’s ability to seize firearms, and authority for the Court to takeaway firearms for up to a year if the person is proven to be homicidal.

Resolution 18-310
Make Texting While Driving a Primary Offense
Hillsborough County Medical Association

House Action: Adopted as amended

RESOLVED, That the Florida Medical Association ~~seek~~ support legislation to make texting while driving a primary offense in the State of Florida.

Resolution 18-310 has been added to the legislative agenda, and the Policy Compendium (P 420.043).

Resolution 18-311
Mandatory PDMP Checking
Hillsborough County Medical Society

***House Action: Referred to the Board of Governors for Decision – NOT ADOPTED**

RESOLVED, That the FMA seek legislation to change the existing requirement under Florida Statute 893.055 concerning the PDMP, so that the physician is no longer required to check the PDMP before providing a controlled substance prescription to the patient, mandating that the requirement is SOLELY the responsibility of the dispenser, or their designee, to consult the PDMP prior to dispensing any controlled substance that is an opiate or opiate-like substance.

October Board of Governors: The Board of Governors felt that the legislature would not be amenable to a drastic change based on the fact that HB 21 just passed. It was suggested that the FMA work with the legislature to tweak the bill as opposed to fighting to overturn the bill. The Board of Governors voted to not adopt Resolution 18-311.

Resolution 18-312
Prescription Resolution
Hillsborough County Medical Association

House Action: Resolution not adopted

RESOLVED, That the FMA again seek legislation which will allow medical conditions to be included on all prescription bottles.

Resolution 18-313
Minimizing Lead in School Drinking Water
Mobeen Rathore, M.D.

***House Action: Referred to the Board of Governors Study and Report Back**

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 53 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 15 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.

October Board of Governors: The Board of Governors recommends that the 2019 House of Delegates adopt Resolution 18-313 as amended in the above resolution.

Resolution 18-314

FMA Campaign Initiative to Educate, Advocate, Research, and Protect Public Safety “EARP”
Broward County Medical Society

***House Action: Referred to the Board of Governors for Decision – NOT ADOPTED**

RESOLVED, That the Florida Delegation to the American Medical Association submit a resolution at the AMA Interim Meeting that would direct the AMA to (1) initiate a campaign and work with organizations to research and educate the public about gun safety, responsible gun ownership and ways to prevent gun violence; (2) create model state and/or federal legislation that would protect citizens from the misuse of fire arms, teach the public about responsible gun ownership and address the problem of gun violence; (3) seek Congressional funding to allow the Centers for Disease Control and Prevention to conduct research into gun violence; and be it further

RESOLVED, That the FMA (1) promote research and education to the public and physicians about gun safety, responsible gun ownership and ways to prevent gun violence, and (2) promote unfettered dialogue about firearm related issues between physicians, their patients and the public at large.

January Board of Governors: The Board of Governors voted to table this resolution until the May Board of Governors meeting, giving the newly formed taskforce (see Resolution 18-301) time to study.

May Board of Governors: The Board of Governors reviewed the information compiled by the Gun Resolution Taskforce which included a chart that compared the policies sought by the resolutions, current FMA policies and current AMA policies. The taskforce also reviewed a summary of CS/SB 7026, the Marjory Stoneman Douglas High School Public Safety Act, which was passed by the legislature in 2018. Based on this information, the Board of Governors voted to not to adopt Resolution 18-314.

Resolution 18-315

HB 21 Epilepsy Exemption
Florida Neurological Society

***House Action: Referred to Board of Governors for Decision - ADOPTED**

RESOLVED, That the FMA seek legislative action to amend HB21 to exempt Phenobarbital, Parempanel and Clonazepam from mandatory PDMP database consultation and three-day limits, provided that the diagnosis of epilepsy is included on the prescription.

Staff is working with the Department of Health on this issue and is lobbying the legislature to include their exemption in any bill dealing with the PDMP that move during the 2019 session.

Resolution 18-316

Denial of Prescriptions by Walmart Health & Wellness Practice Compliance Office
Escambia County Medical Society

House Action: Adopted

RESOLVED, That the FMA communicate to Walmart the need for their community pharmacists to collaborate with the local physicians by openly publishing and providing specific “prescribing patterns and other factors” parameters that they are monitoring and offer a time frame for recourse; and be it further

RESOLVED, That the FMA request Walmart discontinue sending, and rescind, physicians’ letters addressing “the physician’s prescribing patterns and other factors” until a more collaborative approach to the opioid crisis can be agreed upon; and be it further

RESOLVED, That the FMA request the AMA, state associations, and national specialty societies engage national pharmacist organizations and corporate entities to ensure that physicians and pharmacists are collaborating to more effectively address the opioid crisis while not endangering patients or interfering with physician’s ability to care for patients.

[The Policy Compendium was updated \(P 130.21\) and a letter has been sent to the appropriate parties.](#)

Resolution 18-401

Provider Insurance Credentialing Delay

American College of Obstetricians and Gynecologists District XII

House Action: Resolution adopted

RESOLVED, The Florida Medical Association will survey its members within the next 6 months to gain insight into issues members are having with delays in credentialing; and be it further

RESOLVED, The Florida Medical Association will work on behalf of its members with the appropriate agency to address issues with specific payers, If systematic credentialing delays are noted with a payer or class of payers. To be included in the potential remedies considered is pursuit of regulations that mandate insurer response to a credentialing application within 90 days of submission.

[The FMA surveyed its members and appropriate action was taken. This is included in the Policy Compendium as P 104.006.](#)

Resolution 18-402

Unfair Medicare Penalty

South Florida Caucus

House Action: Adopted as amended

RESOLVED, That the Florida Delegation to the AMA submit a resolution requesting the AMA to ~~petition~~ **lobby CMS to rescind all penalties related to MIPS, including those related to the use of EHRs. the 2% penalty on physician practices that have not converted to certified computerized medical records.**

The Policy Compendium has been updated (P 235.018). The FMA AMA delegation sent a resolution on this issue to the 2018 AMA interim meeting of the House of Delegates. The resolution was referred to the AMA Board of Trustees. A Board of Trustees Report on this subject will be prepared for consideration by the House of Delegates at the 2019 Interim Meeting.

Resolution 18-404
Duplicative Credentialing for In-Network Practice Transitions
Orange County Medical Society

House Action: Adopted

RESOLVED, That the FMA support legislation or administrative rules that would prohibit insurance carriers from subjecting in-network providers to re-credentialing while they transition to a new practice.

The Policy Compendium has been updated: P 260.047, and the issue has been added to the FMA legislative agenda.

Resolution 18-405
Denials for Substitute Procedures that can be Reasonably Anticipated
Florida Orthopaedic Society

House Action: Adopted as amended

RESOLVED, That the Florida Medical Association seek legislation to prohibit insurance carriers from denying claims for the performance of ~~substitute~~ **surrogate** procedures that can be reasonably anticipated to be a valid substitution for an authorized procedure to ~~cure~~ **treat** an underlying ailment or injury.

The legislative agenda and Policy Compendium has been updated (P 260.048).

Resolution 18-406
Prior Authorization for In-Patient Care and Non-Emergent Procedures
Florida Orthopaedic Society

House Action: Adopted as amended

RESOLVED, That the Florida Medical Association seek **support** legislation to prohibit insurance carriers from requiring prior authorization for patients who ~~have been admitted to~~ **are being treated in** the hospital; and be it further

RESOLVED, That the Florida Medical Association seek **support** legislation that would prohibit insurance carriers from requiring prior authorization for **treatment** ~~procedures codes that can be reasonably expected to be administered in connection with or substituted for~~ **associated with** an emergency **condition** ~~procedure that does not require prior authorization.~~

The legislative agenda and Policy Compendium has been updated (P 260.049).

Resolution 18-407
Sham Reviews and Transparent Authorization Process
Florida Orthopaedic Society

House Action: Adopted as amended

RESOLVED, That the Florida Medical Association seek **support** legislation to mandate that all treatment guidelines and authorization protocols implemented by insurance carriers must be 1) transparent **and readily available** to their insured and treating physician and 2) that Medical Directors making coverage determinations on the grounds of Medical Necessity must certify that they have **directly** reviewed the relevant medical records and received input from a physician in the same specialty as the treating physician, **prior to the denial**.

[The legislative agenda and Policy Compendium has been updated \(P 260.050\).](#)

Resolution 18-408
Insurers Practicing Medicine without a License
Hillsborough County Medical Association

House Action: Resolution not adopted

RESOLVED, That the Florida Medical Association seek legislation to eliminate insurance companies from delaying or overriding the practicing physicians' request for medical tests and procedures as there are established standards of care in place that are in the patients' best interest; and be it further

RESOLVED, That the Florida Medical Association request the American Medical Association seek legislation to eliminate medical management by insurance companies; and be it further

RESOLVED, That there should be any return of non-patient approved second opinion/medical management oversight.

Resolution 18-409
CMS Reduction of Evaluation and Management Reimbursement
Florida Chapter, American College of Physicians

Resolution 18-411
Opposing Blending Outpatient Reimbursement Rates
Escambia County Medical Society, Santa Rosa County Medical Society

House Action: Adopted in lieu of Resolutions 18-409 and 18-411 including title change

Proposed Changes to Evaluation and Management Codes

RESOLVED, That the Florida Medical Association work diligently with the AMA to urge CMS to not adopt any changes to E/M payments that would adversely impact physicians, and instead enact reforms that would reduce administrative burdens without compromising access to care.

The Policy Compendium has been updated (P 300.032). The FMA sent a letter to CMS outlining our strenuous opposition to the proposed rule. Subsequently, CMS issued a final rule in which the policy was modified and delayed for 2 years.

Resolution 18-410
Support for the CMS Proposal to Overhaul E/M Service Payments
John Ward, M.D.

House Action: Resolution not adopted

RESOLVED, That the FMA write a letter of support to CMS regarding this overhaul of the payment system; and further be it

RESOLVED, That the FMA also urge the AMA to support this overhaul of the E/M payment system.



Elections



Open Seats and Announced Candidates FMA Elected Offices 2019

FMA members wishing to announce their intent to run for elected office should contact the FMA by phone at 1-800-762-0233 and ask for Brittany Jackson or by email at bjackson@flmedical.org. Elections will be held during the 2019 FMA Annual Meeting August 9-11 in Orlando

FMA Officers

Elected Seats Expiring in 2019

<u>Office</u>	<u>Term</u>	<u>Incumbents</u> <i>(term expires August 10, 2019)</i>	<u>2019 Announced Candidates</u>
President-Elect	1 yr.	Ronald F. Giffler, M.D.	Michael Patete, M.D.
Vice President	1 yr.	Michael L. Patete, M.D. (1 st term)	Doug Murphy, M.D. (1 st term)
Secretary	1 yr.	Doug Murphy, M.D. (1 st term)	Lisa Cosgrove, M.D. (1 st term)
Treasurer	1 yr.	Jason Goldman, M.D. (3 rd term)	Jason Goldman, M.D. (4 th term)
Speaker	1 yr.	Joshua Lenchus, D.O. (2 nd term)	Joshua Lenchus, D.O. (3 rd term)
Vice Speaker	1 yr.	Ashley Norse, M.D. (2 nd term)	Ashley Norse, M.D. (3 rd term)

FMA Board of Governors

Elected Seats Expiring in 2019

<u>Office</u>	<u>Term</u>	<u>Incumbents</u> <i>(term expires August 10, 2019)</i>	<u>Announced Candidates</u>
District B	3 yr.	Mobeen Rathore, M.D. (1 st term)	Mobeen Rathore, M.D. (2 nd term) James St. George, M.D. (1 st term)
District C	3 yr.	Jay Rao, M.D.	Jay Rao, M.D. (1 st term)
District D	3 yr.	Jason Pirozzolo, M.D. (1 st term)	Sanjay Pattani, M.D. (1 st term)
District F	3 yr.	James Goldenberg, M.D. (1 st term)	Ramsey Pevsner, D.O. (1 st term)
District G	3 yr.	Rudy Moise, D.O.	Rudy Moise, D.O. (1 st term)
RFS	2 yr.	Chris Libby, M.D.	Michelle Falcone, M.D.

AMA Delegation

Elected Seats Expiring in 2019

In 2019, six (6) delegate seats and eight (8) alternate delegate seats (*one of which is reserved for a member representing the Young Physician Section*) are up for election for a two-year term. Voting will be for six (6) delegates. The first six (6) candidates receiving the most votes will be elected as AMA delegates and the next eight (8) receiving votes in descending order will become alternate delegates. Following are the incumbent AMA Delegates and Alternates whose terms expire in 2019 and announced candidates for a new 2-year term (2019-21).

Incumbent AMA Delegates Terms expiring August 10, 2019

David Becker, M.D.

W. Alan Harmon, M.D.

Corey Howard, M.D.

E. Coy Irvin, Jr., M.D.

Aaron Sudbury, M.D.

Hansel Tookes, III, M.D.

Incumbent AMA Alternate Delegates Terms expiring August 10, 2019

Ankush Bansal, M.D.

Andrew Cooke, M.D.

Aaron Elkin, M.D.

James Goldenberg, M.D.

Mark Panna, Jr., M.D. (*Young Physician Section*)

James St. George, M.D.

Michael Zimmer, M.D.

2019 AMA Announced Candidates 2 year term expiring 2021

Ankush Bansal, M.D.

David Becker, M.D.

Jake Booker, M.D.

Andrew Cooke, M.D.

Mark Dobbertien, D.O.

Aaron Elkin, M.D.

Ryan Hall, M.D.

W. Alan Harmon, M.D.

Corey Howard, M.D.

Coy Irvin, M.D.

James St. George, M.D.

Michael Zimmer, M.D.



FMA Elections 2019

Michael L. Patete, M.D.

Candidate: FMA President-Elect

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE

Board Certified Otolaryngology
American Academy of Otolaryngology-Head & Neck Surgery
Fellow, American College of Surgeons
Private Practice

LOCATION: Venice, Florida (Sarasota County)

SERVICE TO FMA

FMA PAC President
FMA Vice President
FMA Secretary
FMA Delegate
AMA Delegate
FMA Committee on Membership
FMA 1000+ Club
FMA Board of Governors - District E Representative

SERVICE TO OTHER MEDICAL ORGANIZATIONS

Sarasota County Medical Society President 2008
Sarasota County Medical Society Board of Governors
Sarasota County Medical Political Action Committee President
Sarasota County Medical Society Board of Censors
Chief of Surgery Venice Regional Medical Center

COMMUNITY LEADERSHIP SERVICE

Bon Secours Foundation Board
Venice Youth Boating Association

ADDITIONAL PERSONAL INFORMATION

Born: April 22, 1962
Wife: Celeste
Daughter: Carissa

COUNTY MEDICAL SOCIETY ENDORSEMENT

The Sarasota County Medical Society is privileged to endorse the election of Michael L. Patete, M.D. as President-Elect of the FMA Board of Governors. He has dedicated immeasurable time to the Medical Society and serves on both SCMS Board of Governors & Censors and SAMPAC Board with honor, integrity and dedication.

PERSONAL STATEMENT

Consistency and resilience are both important components of a strong organization.

As I announce my candidacy for FMA President-Elect, I am honored of the opportunity to continue my journey of advocacy for organized medicine. My commitment and loyalty to our profession will never waiver although it appears we're on the battlefield every day as we promote our efforts of stabilizing healthcare.

As a devoted FMA and FMA PAC member for many years and serving on numerous FMA committees and councils, I understand the importance of unity and trust within an organization. As President-Elect, I will continue to build strong personal and professional relationships with all physicians of Florida. I will encourage my peers to support the FMA with preferred levels of memberships as we continue to work for the betterment of all physicians.

As FMA President-Elect I will ensure the integrity of the board governance of the policies and procedures of the organization. I will also assume the responsibility for implementation of decisions made by the Board of Governors.

I will *always* represent the FMA with dignity and respect.



FMA Elections 2019

Douglas R. Murphy, Jr., M.D., FACOG

Candidate: FMA Vice President

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE:

Obstetrics/Gynecology 1984 to present
Board Certified, American Board Obstetrics & Gynecology
Private Group Practice Gynecology

LOCATION:

1500 SE 17 Street, Suite # 200, Ocala, FL 34471 (Marion County)
Email address: drmurphy3576@yahoo.com

SERVICE TO THE FMA:

FMA Secretary	2018 to 2019
Chairman, FMA Council on Legislation	2014 to 2018
FMA Political Action Committee President	2019-present
FMA Political Action Committee Board of Directors	2003-2013; 2013-present
1000+ Club	2003 to present
FMA Board of Governors, District G	2013
Member of AMA Delegation	2016-present
FMA Council on Legislation, Member	2013
Delegate of the FMA (Marion County)	1986 to 2014; 2016 to present
Chairman, Gator Group Caucus	2013 to 2014; 2009 to 2010
Chairman, Marion County FMA Delegation	1991; 1999 to 2002
Member FMA Malpractice Committee	1988

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

President, Marion County Medical Society	1994
President-Elect, Marion County Medical Society	1993
Secretary-Treasurer, Marion County Medical Society	1992
Chairman, Marion County Medical Society, Public Relations Committee	1986 to 1988; 2002 to 2005
Marion County Medical Society, Professional Review Committee, Member	1990; 1995
Marion County Medical Society, Delegate Representative to Executive Committee	1991; 1999 to 2002
Marion County Medical Society, Member at Large	2009 to 2014
Marion County Medical Society, Legislative Committee Chairman	1993

Medical Director, Operating Room, Munroe Regional Medical Center	2012 to present
Member, Quality Committee, Munroe Regional Medical Center	2009 to 2011
Obstetrics/Gynecology, Chief of Staff, Munroe Regional Medical Center	1993 to 1995
Florida Society of Obstetrics and Gynecology Member	1984 to present
American Medical Association, Member	

COMMUNITY LEADERSHIP SERVICE:

We Care Program Participant	1988 to present
We Care Program Medical Director	1995
Anatomy and Physiology Teacher, Trinity Catholic High School	2008-present
Special Olympics Volunteer Physician	
Big Sun Regional Science Fair Judge, Health and Medical Section	

PERSONAL INFORMATION:

Married to Susan A. Murphy, BSN
 Three daughters: Deanna Dorsy, Kelly Tusha, Mary Katherine Murphy
 Grandson, Declan Dorsy, Liam Tusha

COUNTY MEDICAL SOCIETY ENDORSEMENT: The Marion County Medical Society enthusiastically endorses the candidacy of Douglas R. Murphy, Jr., M.D. as Vice President of the Florida Medical Association.

PERSONAL STATEMENT:

Throughout my three decades of service to the Florida Medical Association, it has been gratifying to play an active role in carrying out our mission: Helping physicians practice medicine. Time and time again, I have witnessed the power of organized medicine to make physicians’ voices heard and to achieve meaningful, lasting change. Whether at the county, state or national level, unity and strong leadership are key to protecting the integrity of medicine and our patients’ well-being.

I would like to thank you for the privilege of serving as an FMA delegate to the American Medical Association for the past two years. Now, I humbly ask for your support in electing me as your FMA Vice President.

My involvement with the FMA began in 1986 as a delegate representing Marion County, and I have served on many committees over the years. Joining the FMA PAC Board 15 years ago awakened me to the importance of building relationships with legislative candidates and actively participating in the political process.

No single person has all the answers. However, I remain committed to working diligently on behalf of Florida’s physicians and the patients we serve. To that end, I ask for your support in electing me as your next FMA Vice President.



FMA Elections 2019

Lisa Ann Cosgrove, M.D.

Candidate: FMA Secretary

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE:

Board Certified Pediatrics, Private Practice

LOCATION:

Merritt Island Florida

SERVICE TO THE FMA:

FMA Board of Governors Specialty Society Representative 8/2017-Present

FMA Board of Governors District D representative 8/2010 to 8/2016

FMA Board of Governors Primary Care Representative 8/2008 to 8/2010

FMA Foundation Committee member 2005 to present

FMA "Eagle" 2004 Constitutional Amendment

FMA Board of Governors IMG Representative August 2003-2004

FMA Rules and Credentials Chair 2002, 2003,2004 FMA

Rules and Credentials Member 1999-2004 FMA IMG

Section Secretary 2001,2002,2003

FMA Delegate for Florida Pediatric Society 2005 to present

FMA Delegate for Brevard County 1995 to 2004

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

FCAAP President 5/2010 to present

FCAAP 1st Vice President 11/2009 to 5/2010

FCAAP 2nd Vice President 6/2008 to 11/2009

Brevard County Medical Society President 2008

Brevard County Medical Society Board of Governors 1995-1998 and 2004 to present

Brevard County Medical Society Secretary 1998

AMA Member 1985 to 2003

Flampac Member 1996 to present

COMMUNITY LEADERSHIP SERVICE:

BCBS Physicians advisory Board 1/2009 to present

AAP Quality Improvement Network Steering committee member 1/2009 to present

Florida Medicaid Pharmacy and Therapeutics Board Member and Chair 1/06 to 6/09

Florida Immunization Coalition Champion 2005 to present

Florida PROS (Pediatric Research in Office Setting) Coordinator

Florida Chapter AAP ADHD Workshop Steering Committee Member

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

ADDITIONAL PERSONAL INFORMATION:

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

CONFLICT OF INTEREST:

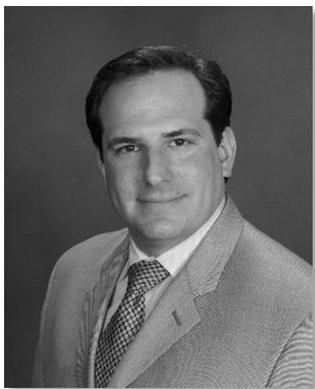
Conflict of Interest Declaration submitted to the FMA

COUNTY MEDICAL SOCIETY ENDORSEMENT:

Brevard County Medical Society

PERSONAL STATEMENT:

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



FMA Elections 2019

Jason M. Goldman, MD, FACP

Candidate: FMA Treasurer

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE

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

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

SERVICE TO THE FMA

Treasurer, FMA 2016 to present; FMA PAC President-Elect 2017-2021; Treasurer-Designee, FMA PAC executive committee 2015-2017; FMA Board of Governors, Primary Care Representative 2014-2017, Chair MD 1000 Club, FMA PAC executive committee 2013-2015; Florida Medical Association Reference Committee Chair Legislation 2013; Florida Medical Association Reference Committee Chair Medical Economics 2012; Florida Medical Association Reference Committee Medical Economics 2011; Florida Medical Association Reference Committee Finance and Administration 2010; Florida Medical Association Reference Committee Health, Education and Public Policy 2009; FMA PAC Executive Board 2013 to present; Board Member Florida Medical Association PAC 2008 to present (raised over \$160,000); MD 1000 club; MD 10,000 club; FMA Scope of Practice Task Force member 2012; Delegate to the FMA for the Florida Chapter, American College of Physicians 2005 to present

SERVICE TO OTHER MEDICAL ORGANIZATIONS

ACP Richard Neubauer National Advocate for Internal Medicine 2018; National ACP Vice-Chair ACP Medical Practice Quality Committee 2019-present; National ACP Executive Committee Board of Governors 2019-2020; National ACP Board of Governors 2016-2020; National ACP Medical Practice Quality Committee 2016-present; National ACP PAC Board 2015-2017; Florida Chapter ACP, Governor 2016-2020; Florida Chapter ACP, Governor Elect 2015; Treasurer, Florida Chapter of ACP 2011 to 2016; Vice-Chair of Industry ACP 2011 to 2016; Florida Chapter ACP Internist of the Year 2013; Florida Chapter ACP Legislative Key Contact 2010; National ACP Top 10 National Legislative Key Contact 2008; President of the Florida Internal Medicine PAC 2009 to 2011; Chairman of Membership Committee FL Chapter American College of Physicians 2008 to 2016; Medical Economics Committee Florida Medical Association 2007 ; Appointee to the Healthier Florida Advisory Board to the Florida Legislature for Medicaid Services 2007 to 2009; Legislative Committee Florida Chapter, American College of Physicians 2005 to present; Vice-Chairman Legislative Committee Florida Chapter, ACP 2008 to 2016; MERC Committee, Florida Chapter, American College of Physicians 2005 to present; Tallahassee Legislator Visitation Program, Florida Chapter, ACP 2005 to present; Washington, D.C. Congressional Visitation Program Florida Chapter ACP May 2005 to present; Broward County Medical Association Board of Directors 2016 to present

COMMUNITY LEADERSHIP SERVICE

Member of Medical Executive Committee Northwest Medical Center 2009 to 2010; Chairman Peer Review Committee Northwest Medical Center 2009 to 2010; Chairman of Quality Committee Northwest Medical Center 2007 to 2014; Member Quality and Credentials Committee Northwest Medical Center 2008 to 2014;

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

ADDITIONAL PERSONAL INFORMATION: Married, 2 children (wife Joy, Evan 14 and Ryan 11) and dog Ruby

CONFLICT OF INTEREST: Conflict of Interest Declaration submitted

COUNTY MEDICAL SOCIETY ENDORSEMENT: FL Chapter American College of Physicians

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

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

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

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

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



FMA Elections 2019

Joshua D. Lenchus, DO, RPh, FACP, SFHM

Candidate: FMA Speaker

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE: Hospital Medicine, ABIM, academic

SERVICE TO THE FMA: Speaker (2017-present); Vice Speaker (2015-2017); Executive committee member (2014-present); Board of Governors at-large member (2014-15); Committee on Bylaws member (2014-15); Ad Hoc Committee on POLST and Advanced Care Directives member (2014-15); Committee on Finance and Appropriations member (2014-15); Optometry Prescribing Education Course planning committee member (2013); MD1000 member (2013-15); Task Force on the Future of Medicine in Florida member (2012-14); Council on Healthy Floridians Chairman (2012-14); Scope of Practice Task Force member (2012); Vaccine Safety Educational Course planning committee member (2012); Council on Medical Education and Science member (2011-12); Board of Governors Primary Care Specialty Section representative (2010-12); Committee on Membership member (2010-12); Task Force on Employed Physicians member (2010-11); Reference Committee III: Legislation, member (2010, 2013); Reference Committee I: Health, Education, and Public Policy, member (2009); Committee on CME and Accreditation member (2008-12); Young Physician Section Governing Council (2005-9); FMA PAC member (2004-present); member (2004-present); testimony provided in opposition (nurse practitioner independent practice bill: 2014; optometry prescribing bill: 2010; pharmacist vaccination bill: 2009)

SERVICE TO OTHER MEDICAL ORGANIZATIONS: (1) America's Essential Hospitals (formerly National Association of Public Hospitals and Health Systems) member (2012-18); (2) American Medical Association Section on Medical Schools, University of Miami representative (2012-18); (3) Society of Hospital Medicine Public Policy Committee chair (2017-present), member (2011-present); (4) Dade County Medical Association member (2012-present); (5) Broward County Medical Association Treasurer (2011-12); Secretary (2010-11); Board of Directors (2008-12); member (2004-13); (6) Miami-Dade County Osteopathic Medical Society President and Trustee (2010-present); (7) American College of Physicians Board of Regents member (2014-15); Council of Early Career Physicians Chairman (2014-15); Chair-elect (2013-14); Southern Regional representative (2010-13); Board of Governors member (2013-14); Clinical Skills committee chair (2016-18), member (2012-18); Health and Public Policy committee member (2016-present); Medical Practice and Quality committee member (2010-13); Chapter Leader Network (2006-10); (8) Florida Chapter of the ACP Governor's Council member (2008-15); Medical Economics Regulatory committee member (2007-15); Legislative committee member (2007-15); (9) Florida Osteopathic Medical Association President (2018-19); President-elect (2017-18); 1st Vice President (2016-17); 2nd Vice President (2015-16); Director-at-Large (2012-15); (10) Association of Program Directors in Internal Medicine member (2006-16); (11) Broward County Osteopathic Medical

Association member (2000-10); (12) American Osteopathic Association delegate to the House (2010-12, 14-present), member (1996-present)

COMMUNITY LEADERSHIP SERVICE: Jackson Health System President of the Medical Staff and Chairman of the Medical Executive committee (2012-18), Credentials committee chairman (2010-12), co-chairman (2008-10), member (2005-12), Pharmacy and Therapeutics Medication Safety subcommittee member (2009-10), Formulary Review subcommittee member (2009-10), Cardiopulmonary Resuscitation committee chairman (2006-10); University of Miami Hospital Pharmacy and Therapeutics committee chairman (2008-10); UHealth Safety and Quality Governing Council member (2008-11); Aetna National Pharmacy and Therapeutics committee member (2012-16); Center for Medicine in the Public Interest senior fellow (2011-present); National Quality Forum National Priorities Partnership Evaluation Advisory Panel (2010-12); State of Florida Controlled Substance Formulary committee member (2016); State of Florida Pharmacist Prescribing committee member (2007-present); State of Florida Medicaid Drug Utilization Review Board/Practitioner Prescribing Review Panel chairman (2007-11); Clinical Assistant Professor, University of Florida College of Pharmacy (2007-16); Clinical Instructor of Pharmacy Practice, Palm Beach Atlantic University School of Pharmacy (2006-16); Broward County Medical Reserve Corps volunteer member (2003-13)

ADDITIONAL PERSONAL INFORMATION: Married, 4 children

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

PERSONAL STATEMENT: The practice of medicine continues to undergo a transformation as legislative efforts affect our profession on a state and national level. With every challenge comes opportunity, and I see the FMA as perfectly poised to capitalize and, if needed, create them.

We have an amazing team of people who selflessly serve the organization, as do you. The staff constantly defends us and our profession from those who would poach, encroach, or attempt to demean our calling. Your executive leadership is a nimble, capable group of volunteers who expertly discuss issues and arrive at consensus to navigate the best path forward. I am honored and privileged to be among them.

If re-elected Speaker of your House of Delegates, I will continue to represent you at the executive committee level. Presiding over the House is an incredible responsibility, one to which I look forward. The Speaker must ensure the House deliberations run smoothly, bolstered by reference committee member appointment and operations, and that debate is conducted in a fair and orderly process so that the minority can be heard but the majority rules. I look forward to the opportunity to continue to serve in this capacity this coming year and appreciate your support.



FMA Elections 2019

Ashley Booth Norse, MD

Candidate: FMA Vice-Speaker

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE

Emergency Medicine

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

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

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

SERVICE TO THE FMA

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

SERVICE TO OTHER MEDICAL ORGANIZATIONS

Duval County Medical Society:

DCMS Foundation Board of Directors, President (2013-14)	2006-2018
DCMS Mentoring Task Force, Member	2015-2018
DCMS Board of Directors, President 2012-13	2006-2014
DCMS Bylaws Committee; Member	2013-2014
DCMS Nominating Committee; Chair	2013-2014
DCMS Task Force on Committees; Member	2013-2014
DCMS Membership Committee; Chair 2010-11	2005-2011
DCMS Governmental and Legislative Affairs Committee; Vice-Chair	2013-present
DCMS Governmental and Legislative Affairs Committee; Member	2005-2013
DCMS, Delegate to the FMA	2004-2010
DCMS; Young Physician Representative	2005-2006

Florida College of Emergency Physicians:

FCEP Board of Directors:

Immediate Past President	2015-2016
President	2014-2015
President-Elect	2013-14
Vice-President	2012-13
Secretary-Treasurer	2011-12
Member	2008-2016
FCEP Medical Economics Committee, Chair	2008-2013
FCEP Medical Economics Committee, Member	2013-present
FCEP Governmental Affairs Committee, Member	2008-present
FCEP Academic Affairs Committee, Member	2008-present
FCEP, Councilor to ACEP (alternate 2005)	2005-present
FCEP Board Liaison and Mentor to the EMRAF (resident section)	2009-2012

American College of Emergency Physicians:

ACEP Delegate to the AMA	2019-present
ACEP Federal Governmental Affairs Committee; Chair	2015-2018
ACEP Federal Governmental Affairs Committee; Member	2005-present
ACEP State Legislative Affairs Committee; Member	2014-present
ACEP Section Grant Task Force; Member	2007-2018
ACEP Academic Affairs Committee; Member	2006-2013
ACEP's Council Steering Committee; Member	2010-2012
ACEP Regionalization of Emergency Care Task Force; Member	2008-2010
ACEP Reference Committee on Emergency Medicine Practice Issues; Member	2008-2009
ACEP's NEMPAC Board of Trustees; Member	2005-2009
ACEP Healthcare Policy Fellowship Selection Committee; Member	2006-2008
ACEP Young Physicians Section; Chair	2006-2007

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

ADDITIONAL PERSONAL INFORMATION: Married to Ron Norse and have 3 children: Hudson (8), Emma (6) and Adeline (4)

CONFLICT OF INTEREST: Conflict of Interest Declaration submitted.

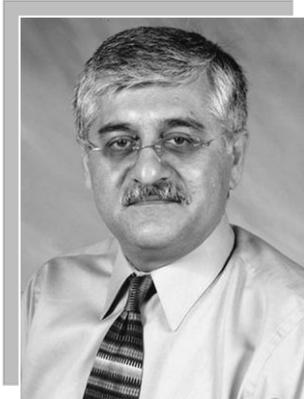
COUNTY OR SPECIALTY MEDICAL SOCIETY ENDORSEMENT: Duval County Medical Society and Florida College of Emergency Physicians

PERSONAL STATEMENT

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

I am an ardent physician and patient advocate and will work tirelessly as your Vice-speaker. I have been active politically throughout my career and currently chair my national specialty society's governmental affairs committee. However the role of Vice-Speaker is about running the House of Delegates in a way that allows everyone voice to be heard and consensus to be reached as well as representing that consensus voice at the FMA BOG.

I am committed to the physicians of Florida, the FMA and organized medicine as a whole. It has been an honor to serve and represent the physicians of Florida over the past nine years as an FMA Board of Director's member and I would be honored to work collaboratively with the Speaker to serve as the voice for the House of Delegates. Together we have the opportunity to make changes that will improve healthcare delivery and safety both now and into the future.



FMA Elections 2019

Mobeen H. Rathore, MD, CPE, FAAP, FPIDS, FIDSA, FSHEA, FACPE

Candidate: Board of Governors, District B

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE:

Pediatrics, Pediatric Infectious Diseases; Certified Physician Executive; Academic Clinical Practice at Wolfson Children's Hospital and University of Florida Center for HIV/AIDS Research, Education and Service (UF CARES)

LOCATION: Jacksonville, Florida

SERVICE TO THE FMA: Member since 1991, served as a delegate to the FMA for over a decade, Speaker at FMA Annual Meeting, Judge for the Resident Poster Sessions, Public Health Committee, served for a closer relationship and management of the Florida Chapter of the American Academy of Pediatrics by the FMA

SERVICE TO OTHER MEDICAL ORGANIZATIONS: Past President, Duval County Medical Society, Immediate-President Florida Chapter of the American Academy of Pediatrics, Board Member of the HIV Medicine Association, Pediatric Infectious Diseases Society, Environmental Protection Board (Duval County), HIV Advisory Council (Jacksonville), Wolfson Children's Hospital Medical Board, University of Florida Jacksonville Physician, Inc. (Practice Plan), Member American Academy of Pediatrics Committee on Infectious Diseases. Serve on Pediatric Infectious Diseases sub-Board of the American Board of Pediatrics and American Academy of Pediatrics

COMMUNITY LEADERSHIP SERVICE: President, MASS, Inc. (Free 501C3 clinic for the uninsured), President-Elect, Leadership Jacksonville, OneJax (Interfaith Organization),

ADDITIONAL PERSONAL INFORMATION: Professor, University of Florida College of Medicine, Jacksonville; Chief, Pediatric Infectious Diseases and Immunology and Hospital Epidemiologist, Wolfson Children's Hospital; Co-Chair, Infection Prevention and Control Committee, Baptist Health System; Received more than \$70 million dollar in extramural funding, published 364 scholarly communications, presented nationally and worldwide almost 400 times; and edited one book

CONFLICT OF INTEREST:

Conflict of Interest Declaration submitted

PERSONAL STATEMENT: I am committed to our profession and to the success of the physician. I have been involved in organized medicine for over 29 years at local, state and national level. In addition I

have been involved with professional societies in my specialty and subspecialty. As the Immediate-Past President of the Florida Chapter of the American Academy of Pediatrics I have advocated for the rights of physicians to be able to practice the best medicine without government interference and for better payment by third party payors for services provided by physicians. I have also advocated for sensible scope of practice with the argument that physicians are best trained to care for the citizens of Florida.

I have also advocated for our patients and successfully brought in more resources to Florida and developed programs to better serve our patients.

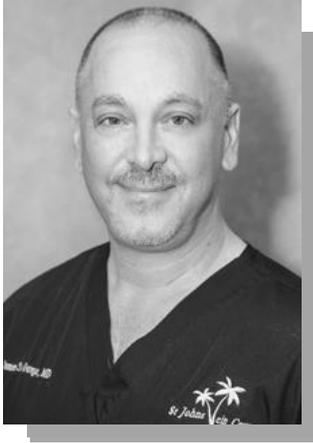
I have been an educator for as long as I have been an advocate for our profession. I have taught and mentored students, residents, fellows and physicians. I have received accolades for being an excellent teacher and have won awards for my teaching abilities. I have started fellowship program in pediatric infectious diseases

I have developed clinical programs to provide services that were not available and have made significant contribution to improving the health and healthcare of citizens of Florida. I have received honors/awards from the Department of Health and Human Services, State, County Medical Society, and Community.

I am a very successful investigator and have received over \$60 million in extramural funding.

I am a strong believer that physicians are in best position to determine healthcare services, program and delivery. We must be at the table when issues that impact healthcare is being discussed and decisions are being made. I further believe that our voice can best be heard if we are part of organized medicine such as the Florida Medical Association.

My wife of almost 33 years is a physician in private practice in Jacksonville, Florida. I have two sons.



FMA Election 2019

James St. George, M.D.

Candidate: Board of Governors, District B and AMA Delegate

SPECIALTY & CERTIFICATIONS:

American Board of Radiology (ABR) & Interventional Radiology
American Board of Nuclear Medicine (ABNM)
Certified, American Board of Venous and Lymphatic Medicine (ABVLM)
Registered Vascular Technologist (RVT)
Registered Physician Vascular Interpreter (RPVI)
Registered Phlebology Sonographer (RPhS)
Private Practice: St Johns Interventional & Vascular/St Johns Vein Center

LOCATION: Jacksonville, Florida (Duval County)

SERVICE TO THE FMA:

Member since 2003
FMA Delegate (Duval County) 2011-Present
FMA 1000+ Club, \$10,000+
FMA PAC Board of Director, 2017-Present
AMA Alt Delegate, 2017-Present
Chair, FMA PAC 1000+ Club, 2018-Present

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

President-Elect, Duval County Medical Society (Induction 10/2019)
Treasurer, Duval County Medical Society (DCMS), 2015-2018
DCMS Board of Directors, 2012-Present
DCMS Journal and Communications Committee, 2011-Present
Vice-Chair, DCMS Journal and Communications Committee, 2017-2018
Chair, DCMS Journal and Communications Committee, 2018-Present
DCMS Membership Committee, 2017-2018
AMA Member

COMMUNITY LEADERSHIP/SERVICE:

Board of Directors, North Florida Council, Boy Scouts of America, 2008-2015
District Chairman, Osceola District, Boy Scouts of America, 2008-2011
Eagle Scout, 1976
Ponte Vedra Rotary
Leadership Jacksonville, Class 2020

ADDITIONAL PERSONAL INFORMATION:

Born: August 29, 1958
Wife: Sonya
Children: James age 19, Katherine age 25

PERSONAL STATEMENT:

“Individual commitment to a group effort-that is what makes a team work, a company work, a society work, a civilization work”

- Vince Lombardi

I have always been greatly impressed by the commitment, professional dignity and respect that the FMA delegation demonstrates each year toward reaching mutual consensus to effect positive change for our profession and patients. I am fully committed to the FMA, its mission and its leadership. Serving on the Board of Governors requires substantial personal commitment. I pledge 100% commitment, effort, and attendance as your District B Representative and will always be available to the FMA and Florida Physicians.

It is extremely important that we continue this work on the National level through the AMA. No other organization is better positioned to advocate for and unify physicians, the profession, and our patients during these increasingly difficult times. Some believe that the AMA is losing its way in advocating for physicians. I believe that the AMA needs the rational voice of our strong FMA Delegation and its leadership.

It has been my privilege to serve as an Alternate Delegate to the AMA for the past two years and I humbly ask for your support to continue my service as an AMA Delegate.



FMA Elections 2019

Jayant (Jay) Rao, M.D., FACEP

Candidate: Board of Governors, District C

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE

Emergency Medicine

Board Certified by the American Board of Emergency Medicine, 2010 - present

Fellow of the American College of Emergency Physicians

LOCATION: 2502 W St Isabel St, Tampa, FL 33607

SERVICE TO THE FMA

FMA Board of Governors, District C Representative 2019 - present

FMA Physician Wellness Task Force 2019 - present

FMA Council for Healthy Floridians 2013-2015

FMA Reference Committee IV - Medical Economics 2014, 2016

FMA House of Delegates 2013 - present

FMA PAC Member 2012 - present

FMA Leadership Academy 2012-2013

SERVICE TO OTHER MEDICAL ORGANIZATIONS

Hillsborough County Medical Association (HCMA)

HCMA President 2019 - present

HCMA President- Elect 2018 - 2019

HCMA Vice President 2017 - 2018

HCMA Treasurer 2016 - 2017

HCMA Secretary 2014 - 2016

HCMA Board of Censors 2013-2016

HCMA Government Affairs Committee 2017- present

HCMA Physician Wellness Committee 2017 - present

HCMA HillPAC Board 2016 - present

HCMA Membership Committee, Chair - 2015 - present

HCMA Key Contact Physician 2014 - present

HCMA Foundation 2013 - present

HCMA Delegate to the FMA 2013 - present

HCMA Executive Council 2012 - present

Florida College of Emergency Physicians (FCEP)

All in For Florida Opioid Task Force - 2019 - present

FCEP EMRAF Director 2014-2018

FCEP Delegate to ACEP Council - 2015

FCEP Leadership Academy 2014-2015

FCEP EM Days 2012 - present

FCEP Government Affairs Committee 2012 - present
FCEP Medical Economics Committee 2012 - present
FCEP Political Action Committee Member 2012 - present
FCEP Symposium by the Sea 2007 - present
American College of Emergency Physicians (ACEP)
ACEP Delegate to Council - 2015
ACEP Annual Meeting 2009 - present
ACEP Leadership and Advocacy Conference - 2012 -present
ACEP Young Physicians Section - 2012 - 2017
ACEP Wilderness Medicine Section - 2017 - present
ACEP 911 Legislative Advocacy Key Contact - 2016 - present
Emergency Medical Associates of Tampa Bay (EMATB)
Hillsborough County Opioid Task Force 2018-present
St Joseph's Hospital Opioid Czar - 2018 - present
EMATB Physician Wellness Committee - 2017 - present
EMATB Legislative Affairs director - 2016 - present
EMATB Patient Satisfaction Committee 2015-2018
EMATB Evidenced- Based Medicine Committee - 2014 - present
St Joseph's Hospital Utilization Review Committee 2012 - present

COMMUNITY LEADERSHIP/SERVICE Big Brothers Big Sisters of Tampa Bay (Orlando); Leadership Tampa; Emerge Tampa; Awesome Tampa Bay; Kids and Canines; USF Project World Health

ADDITIONAL PERSONAL INFORMATION Grew up in Tampa. Huge sports fan. Singer and guitar player. Highly committed to personal growth and physician wellness.

CONFLICT OF INTEREST: FMA Conflict of Interest Declaration submitted

COUNTY OR SPECIALTY MEDICAL SOCIETY ENDORSEMENT: Hillsborough County Medical Association; Florida College of Emergency Physicians

PERSONAL STATEMENT

Now more than ever, physicians need strong voices representing our interests on a local, state, and national level. I've spent the past 7 years advocating for doctors at all of these levels through my involvement with the HCMA, FMA, FCEP, ACEP and am highly informed regarding current issues facing our profession. I have served as Legislative Affairs Director for my group of Emergency Physicians for the past 3 years, representing our concerns to lawmakers.

My participation in the FMA Leadership Academy in 2013 provided a thorough introduction to all that the FMA has to offer and I have been serving the organization in various capacities ever since. This past January, I was fortunate to be appointed by President Howard to serve as the District C Representative on the FMA Board of Governors and have greatly enjoyed the opportunity to work with such talented physician leaders.

I believe that the breadth of my experiences coupled with my energy, passion, and work ethic will provide value in serving our board and representing ALL of our members. Thanks so much for considering me for this position and for the opportunity to continue to serve our profession and our patients.



FMA Elections 2019

Sanjay Pattani, MD, MHSA

Candidate: Board of Governors, District D

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE

Emergency Medicine

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

Fellow, American College of Emergency Physicians

Practice: Attending, Adventhealth Orlando, FEP of Teamhealth

LOCATION: Orlando

SERVICE TO FMA

FMA Delegate

SERVICE TO OTHER MEDICAL ORGANIZATIONS

Orange County Medical Society

OCMS PAC Board Member

Florida Chapter of Emergency Physicians

FCEP Inaugural Class, Leadership Academy

FCEP PAC Co-Chair

FCEP Board Member

FCEP Secretary

FCEP Vice-President (current)

FCEP Governmental Affairs Co-Chair

FCEP EM Days Advocacy Conference Co-Chair

FCEP Medical Economics Committee

American College of Emergency Physicians

ACEP State Legislative Affairs Committee

AdventHealth Waterman

Board Member

COMMUNITY LEADERSHIP SERVICE

Rotary Club Windermere

ADDITIONAL PERSONAL INFORMATION

Born: October 12, 1973
Wife: Kavita Pattani, MD, MS—Head and Neck Surgeon
Daughter: 4 sons: Shaan (12), Krish (8), Neel (6), Jay (4)
Dogs: 2 boxers, Ella and Sasha
Parents (live in): Dr. Jay and Nalini Pattani

COUNTY MEDICAL SOCIETY ENDORSEMENT

Orange County Medical Society
Florida Chapter of Emergency Physicians

PERSONAL STATEMENT

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

As Associate Chief Medical Officer at one of the largest Medicare healthcare providers in the country, I have oversight and accountability across multiple surgical service lines. This position gives me perspectives from multiple vantage points: private, employed, solo practice, and group practices. I also appreciate the pivotal role hospitalist medicine plays within our acute care setting. Through population health risk products, the critical importance for primary care network integrity with post-acute care follow up will shape the future delivery of medicine as bundled payments and cost sharing financial models penetrate our markets. As a front line practicing Emergency Medicine physician, I am able to appreciate many of the challenges our medical profession faces.

As a devoted FMA member for many years I will continue to build unity and trust within the organization by forging strong personal and professional relationships with all physicians of Florida. My goal is to constantly strive towards both patient and physician experience and wellness.

If elected, it would be an honor and a privilege to serve on the FMA BOG



FMA Elections 2019

Ramsey K. Pevsner, D.O. PhD., DFAPA

Candidate: Board of Governors, District F

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE

Board Certified Psychiatry and Neurology
Private Practice Psychiatry
Veterans Administration, Psychiatry
Distinguished Fellow of the American Psychiatric Association

LOCATION: 7469 NW 4th Street, Plantation, FL 33317

Email address: rpevsner@aol.com

SERVICE TO THE FMA

Member on the Council on Medical Education, Science and Public Health 2015 to 2019
1000 Club
Delegate to the FMA House of Delegates (Broward County) 2010 to 2018
Resident Poster judge for the FMA Poster Presentations

SERVICE TO OTHER MEDICAL ORGANIZATIONS

President, Broward County Medical Association, 2018
Board Member, Broward County Medical Association, 2009-2019,
President Elect 2017
Treasurer 2016
Secretary 2015
Co-chair of the Broward Medical Association Women's Group, 2010-2015
Broward County Medical Association Wellness Committee, Chairman 2017-2019
Florida Psychiatric Society, councilor 2016 to 2018
Florida Psychiatric Society, Chairman of the Membership Committee 2017-2019
Resident Poster Judge for FL Psychiatric society

COMMUNITY LEADERSHIP SERVICE

Eating Disorder Support Group leader- Mental Health Association Palm Beach County
Healthy Mothers/Healthy Babies Coalition of the Pam Beach County 1990-1993
Beth El Synagogue Board Member 1989-1991
Association for Retarded Citizens- Board Member 1984-1989, President two terms 1985 & 1986.

President of Palm Beach of Florida Psychology Association 1987, Secretary 1990-1992, Membership Chair 1992-1998,
Women's Issue – Co-chair of Florida Psychological Association 1995-1997

ADDITIONAL PERSONAL INFORMATION

Married to N. Henry Pevsner, MD, radiologist, 2 daughters Rachel Pevsner DO, radiologist, Deborah Pevsner MD, radiologist- all members of FMA
Member of Florida Osteopathic Medical Association

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

COUNTY & SPECIALTY MEDICAL SOCIETY ENDORSEMENTS

Broward County Medical Association
Palm Beach County Medical Association

PERSONAL STATEMENT

I first became interested in the FMA and the Broward County Medical Association after finishing my residency. I wanted to build relationships with other physicians as well as supporting the organizations of my profession. Before becoming a psychiatrist, I was a psychologist and active in my local organization and state organization. To me it important is to support the organizations that provide leadership and advocacy. I feel it is important to serve and not to leave it to the next fellow.

Today as doctors we have many stressors coming from managed care, EMRs, reducing reimbursement, increasing government regulations and scope of practice issues. This stress is taking a toll on physicians. Physicians now have the highest rate of suicides of any profession. As a psychiatrist I am especially sensitive to these issues.

As a representative for District F, I feel it will be important to represent the concerns of the county associations and to ensure adequate flow of information between the county associations and the state organization. As a district representative, I would like to extend our reach to more doctors, those in private practice as well as employed physicians.



FMA Elections 2019

Rudolph G. Moise DO, MBA, JD

Candidate: Board of Governors District G

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE

Primary Care (1982 to Present)
Board Certified In General Practice
Graduate, Physician Leadership Academy

LOCATION:

671 NW 119TH ST, NORTH MIAMI. FLORIDA 33168
Email address: rmoise@phpgfl.com

SERVICE TO THE FMA

Appointed by the President to the Board of Governors	January 2019
Delegate to the FMA House of Delegates, FMA Annual Meeting	2016-present
Reference Committee Member on Medical Economics	2017
Member FMA PAC 1000+ Club	

SERVICE TO OTHER MEDICAL ORGANIZATIONS

Member American Medical Association	1995-present
Member American Osteopathic Association	1982-present
Member Florida Osteopathic Medical Association	2002-present
Member Haitian Medical Association	1983-present
President-Elect, Dade County Medical Association	2019
Medical Director Miami Dade Ambulance	2008-present
United States Air force Colonel and a retired Flight Surgeon	
President, Comprehensive Health Center, LLC	1986-present
President, Primary Health Physician Group	2000-present

COMMUNITY LEADERSHIP/SERVICE

Doctor of the day, Florida Senate	2017-2018
Doctor of the day, Florida House of Representative	2015-2016
Past Chairman, Jackson Memorial Foundation	
Chair, Community Outreach Committee	

PERSONAL INFORMATION:

Married to Mirjam Moise ARNP

Two children: Maya Moise and Rudolph Moise Jr.

COUNTRY MEDICAL SOCIETY ENDORSEMENT: The Dade County Medical Association enthusiastically endorses the candidacy of Rudolph Moise DO, as member of the Board of Governors, District G.

PERSONAL STATEMENT

My involvement with the FMA began in 2016 as a Delegate to the FMA House of Delegates at the FMA annual meeting. I have been returning every year since.

I have the opportunity to network and meet several Florida physicians in different specialties. I also witnessed how the FMA operates and the significant contributions the organization makes to protect the practice of medicine through the efforts of the FMA PAC and the FMA's Lobbying team.

As a Primary Care Physician, I am on the front line of medicine witnessing barriers to access care due to inadequate financial resources. I also witnessed how physicians are being denied payment for services render, and are being overwhelmed with increasing regulations.

As a recent appointee to the Board of Governors, I would like to continue to serve the physicians in my district as well as in the State of Florida.



FMA Elections 2019

Michelle M. Falcone, M.D.

Candidate: Resident and Fellow Section

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE

Ophthalmology Resident, PGY4

Bascom Palmer Eye Institute/University of Miami Miller School of Medicine

LOCATION: Miami, FL

SERVICE TO FMA

FMA Council on Legislation, 2018-present

FMA Resident and Fellow Section Delegate, 2016-present

Legislative Visit Day, Spring 2014, 2016, and 2017

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

FMA Resolution Author, 2015

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

FMA Medical Student Section Delegate, 2014

FMA Council on Ethics and Judicial Affairs, 2013-2014

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

SERVICE TO OTHER MEDICAL ORGANIZATIONS

AMA Resident and Fellow Section Delegate/Alternate Delegate, 2017-present

Advocacy Ambassador for the American Academy of Ophthalmology's Mid-Year Forum, 2019

American Academy of Ophthalmology member, 2017-present

Women in Ophthalmology member, 2017-present

AMA Medical Student Section Alternate Delegate, 2014-2015

AMA Medical Student Section Resolution Author, 2013 and 2015

AMA Medical Student Section House Coordination Committee, 2013-2014

COMMUNITY LEADERSHIP SERVICE

Mitchell Wolfson Sr. Department of Community Service Health Fairs:

Volunteer, 2012-present

Pediatric Vision Screening Station Manager, 2015-2016

South Dade Health Fair Public Relations Coordinator, 2013

Bascom Palmer Eye Institute Resident Quality Improvement Committee, 2017-2018

Amblyopia Awareness Month volunteer, 2015

University of Miami Miller School of Medicine Academic Societies trainer, 2013-2015

Breast Cancer Education and Awareness volunteer, 2009-2015

ADDITIONAL PERSONAL INFORMATION

Born and raised in South Florida

Graduate of the University of Miami's Honors Program in Medicine (combined BS/MD program)

Applying for fellowship in Pediatric Ophthalmology and Strabismus

COUNTY & SPECIALTY MEDICAL SOCIETY ENDORSEMENTS

Florida Society of Ophthalmology

PERSONAL STATEMENT

I first became involved with healthcare advocacy during my first year of medical school when I joined the Florida Medical Association and American Medical Association. At my first meeting, I quickly realized that medical students, residents, and physicians have the ability to play a critical role in shaping the future of healthcare through organized medicine. Over the next few years, I became increasingly involved with organized medicine, serving as a delegate for both the FMA and the AMA, and my interest and passion for healthcare policy flourished. During my time with these organizations, I have participated in discussions on various topics from addressing the opioid crisis to tackling issues with prior authorization and drug prices that hinder patient care. With the resident and fellow section, I have worked with other trainees to pass policy important to our section including addressing resident burnout and increasing graduate medical education funding. This year I have had the honor to serve as a member of the FMA Council on Legislation and am grateful for the learning opportunities and mentorship provided by participating on this Council. I ask for your vote as the next Resident and Fellow Section Representative on the FMA Board of Governors so that I can continue to advocate for patients, my fellow trainees, and the future of our profession.



FMA Elections 2019

Ankush K. Bansal, MD, FACP, SFHM

Candidate: AMA Delegate

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE

Internal Medicine, Board Certified by American Board of Internal Medicine (2009-2019)
Lifestyle Medicine, Board Certified by American Board of Lifestyle Medicine (2017-present)
Hospitalist Practice at Martin Health System in Stuart and Locum Tenens (nationwide)
Telemedicine Physician
MD – 2004 – Creighton University, Omaha, NE
Residency – 2007 – Christiana Care Health System, Wilmington, DE
Fellow, American College of Physicians (2011)
Senior Fellow, Society of Hospital Medicine (2015)
Certified Forensic Litigation Consultant, Forensic Expert Witness Association (2017)

LOCATION: Palm Beach Gardens

SERVICE TO THE FMA

FMA PAC Board (2019-present)
FMA Board of Governors Primary Specialties Representative (2018-present)
Alternate Delegate to American Medical Association (2017-present)
Delegate – American College of Physicians, Florida Chapter (2013, 2014, 2015, 2016, 2017)
Chair – Reference Committee 1 – Health, Education, and Public Policy (2017)
Member – Reference Committee 3 – Finance & Administration (2016)
Member – Reference Committee 1 – Health, Education, and Public Policy (2014, 2015)
MD 1000+ Club (2014-present)
Florida House of Representatives – Doctor of the Day (2015, 2016, 2018, 2019)

SERVICE TO OTHER MEDICAL ORGANIZATIONS

American Medical Association – Member (2000-present)
Member, Strategy & Leadership Committee of Young Physicians Section (2015-present)
Member, Computers & Technology Committee of Medical Student Section (2002-2004)
Member, Committee on Scientific Issues of Medical Student Section (2001-2002)
AMPAC Capitol Club Member (2016-present)
American College of Physicians, Florida Chapter – Member (2001-present; national)
Treasurer (2016-2019)
Chair, Delegation to Florida Medical Association (2017, 2018)
Member, Education and Strategic Planning Committees (2014-present)
Member, Legislative Committee (2013-present)
Chair, Ethics Committee (2017)
Chair, Council of Early Career Physicians (2014-2017)
Chair, Hospitalist Medicine (2012-2016)
ACP Services PAC Leadership Club (2017-present), Senate Circle (2014-2016), PAC Board (2019-present)
Palm Beach County Medical Society – Member (2014-present)
Member, Committee on Legislation (2016-present)
Christiana Care Health System
Member, Utilization Review Committee (2008-2009)

Member, Delirium Committee (2007-2008)
Graduate Medical Education Committee, Subcmte on Internal Reviews (2006-2007)
Treasurer, Residency Council (2006-2007)
Member, Program Director's Council, Department of Internal Medicine (2006-2007)
American Association of Physicians of Indian Origin – Life Member (2000-present)
Member, Legislative Affairs Committee (2003-2004)
Liaison Committee to American Medical Association & Organized Medicine (2002-2003)
Midwest Region Representative, Medical Student/Resident/Fellow Section (2001-2004)
American Medical Student Association – Member (2000-2004)
National Liaison to American Medical Association (2001-2002)
International Federation of Medical Student Associations – Member (2001-2004)
Creighton University Representative (2001-2003)
American College of Lifestyle Medicine – Member (2016-present)
American College of Preventive Medicine – Member (2016-present)
Member, Policy Committee (2017-present)
Member, Scientific Review Committee (2017-present)
Royal College of Physicians (UK) – Affiliate Member (2016-present)
American College of Legal Medicine – Member (2016-present)
American Board of Disability Analysts – Life Member (2014-present)
International Society for Telemedicine & e-Health – Member (2013-present)
World Medical Association - Associate Member (2011-present)
Representative to General Assembly (2017, 2018)
American Telemedicine Association – Member (2011-present)
Society of Hospital Medicine – Member (2007-present)
American Association for Physician Leadership – Member (2007-present)

COMMUNITY LEADERSHIP/SERVICE

- Vol Clinical Asst Prof of Medicine – Florida Intl Univ Wertheim Col of Medicine (2017-2020)
- Forensic Expert Witness Association (FEWA), National – Board of Directors (2017-present)
- South Florida Chapter, FEWA – Co-Founder, Board of Directors, Vice President (2017-2018)
- Florida Chapter, FEWA – President (2019-present)
- Disaster Accountability Project, Global HQ – Vice President, Board of Directors (2016-present)
- Internist of the Year – Florida Chapter, American College of Physicians (2016)

ADDITIONAL PERSONAL INFORMATION

Raised in Fairfax County, VA. Attended The Thomas Jefferson High School for Science & Tech, Alexandria, VA, then Virginia Commonwealth Univ (B.S. Biology w/Triple Honors, Minor Math)

CONFLICT OF INTEREST: Conflict of Interest Declaration submitted.

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

PERSONAL STATEMENT

As a private-practice hospitalist, I work all over the country, including throughout Florida, exposing me to medical practice issues in other states which makes me familiar with the successes and shortcomings of different approaches to helping physicians practice medicine. I am also in contact with many other delegations and stakeholders which I use at the AMA to work together to advance issues important to Florida's physicians. These issues include sometimes well-intentioned but often poorly executed regulations, second-guessing from non-physicians, poor EMR functionality and interoperability, MOC, and encroachment on physician expertise/ autonomy. It also includes issues preventing us from delivering the best care such as prescription costs, physician shortages, and interference in the physician-patient relationship. I have worked with delegations within our southeast caucus as well as the Pac West and other specialty and interest caucuses. I will continue to work towards helping physicians practice medicine and improving the health of all Floridians in the AMA. I humbly request your vote to serve again as one of your Delegates to the American Medical Association.



FMA Elections 2019

David J. Becker, M.D., M.S.M., FACP, FACG, AGAF

Candidate: AMA Delegate

SPECIALTIES, CERTIFICATIONS, TYPE OF PRACTICE

Gastroenterology-Board Certified, American Board of Internal Medicine, FACG, AGAF
Internal Medicine-Board Certified-American Board of Internal Medicine, FACP
Masters of Science in Management, University of South Florida-2001
Private practice – Gastroenterology - Gastroenterology Consultants of Clearwater-
A division of West Coast Gastroenterology, DBA GastroFlorida, President

LOCATION

508 Jeffords Street. Suite D
Clearwater, Florida 33756 -- Pinellas County

SERVICE TO THE FMA

President 2016-2017
President-Elect 2015-2016
Vice-President FMA, 2014-2015
AMA Delegate, 2013-present
Speaker of the House of Delegates FMA, 2011-2014
Vice-Speaker of the House of Delegates FMA, 2008 to 2011
FMA-PAC Board of Directors, 1997-present
FMA-PAC President, March 2005-2007
IPP FMA-PAC 2007-2009
FMA Board of Governors, FMA-PAC Representative, 2004-2007
Chairperson, Reference Committee IV, 1999 Annual Meeting
AMPAC Campaign School, 1999
Finance Committee, 1999-2001
Federal Legislative Committee 2005-2010
Medical Specialties Representative Board of Governors 2006-2008
Council on Legislation 2007-2011

SERVICE TO OTHER MEDICAL ORGANIZATIONS

Board of Governors, Pinellas County Medical Association - 1995 to 2003
President, Pinellas County Medical Association - 1998-1999
American Medical Association, member, Florida delegate
American College of Physicians, fellow
American College of Gastroenterology, fellow

American Gastroenterological Association, fellow
American Society for Gastrointestinal Endoscopy, member
Florida Gastroenterologic Society, President 2010-2011
Chairperson, Endoscopy Committee, Morton Plant Hospital - 2005-2008

COMMUNITY LEADERSHIP SERVICE

Clearwater Free Clinic 1996-2007
Leadership Pinellas, 1998
Board Member -- West Coast Chapter of the Florida Crohn's and Colitis Foundation of America
2011-present
Board Member –Mattie Williams Neighborhood Family Center – 2011- present, IPP

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

COUNTY MEDICAL SOCIETY ENDORSEMENT: Pinellas County Medical Association

PERSONAL STATEMENT

It is an honor and privilege to serve the physicians of Florida through the Florida Medical Association. I have taken this responsibility seriously, and have tirelessly worked to promote the FMA, FMA-PAC, and the physicians of Florida politically in the state over the years

I will work 1) to accomplish the FMA's mission 2) to promote excellent health care for the people of the state of Florida 3) to protect the practice of medicine, and 4) to promote the Florida Medical Association's legislative agenda to accomplish these goals. I will be dedicated to promote activism within our profession, and to continue to expand our influence in state politics, and to strengthen our organization, so to be able to continue to deliver excellent health care to the people of the state of Florida. I look forward to creating an environment where physicians can thrive professionally while delivering the best healthcare to our patients. I will strive to coalesce the physicians from the myriad of practice environments in which we all work, to unite and collaborate effectively to accomplish our mutual goals.



FMA ELECTIONS 2019

Jake Booker, M.D.

Candidate: AMA Delegate

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE:

Board Certified OBGYN, full-time private practice

LOCATION:

Winter Haven, FL (Polk County)

SERVICE TO THE FMA:

Council of Legislation, 2015-present
Alternate AMA Delegate

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

Polk County Medical Association President 2019-present
Chief of Surgery 2007-2009
Vice Chief of Staff 2009-2010
Credentials Committees-2005-2012, 2015-present
Peer Review—2007-2010
Chairman 2009-2010
Medical Advisory Committee, 2013-present
Board Quality and Safety Committee, 2016
Ad Hoc Committee on Patient Safety, 2015

ADDITIONAL PERSONAL INFORMATION: Raised on a farm in rural Virginia. My father was a small-town Family Physician who felt medicine was a calling. I am now a father to two beautiful young ladies, ages 5 and 7.

CONFLICT OF INTEREST: Conflict of Interest Declaration submitted to the FMA. I have no conflicts of interest.

MEDICAL SOCIETY ENDORSEMENTS: Polk County Medical Association

PERSONAL STATEMENT: It is an honor and a privilege to be running for AMA Delegation. When I began my medical career, I felt very strongly that it was a physician's duty to become involved in our community and our hospital, but I thought for a long time that the community ended at our county line. I thought that involvement at a larger level was somewhat futile, as there were forces beyond our control that guide and shape the world in which we live. Due to my practice situation, as well as my involvement with the FMA over the past year, I now understand to my core not only how vitally important this involvement is, but that involvement and organization truly effects change on the larger scale. It is my hope to continue my journey of service with the FMA and AMA.



FMA Elections 2019

Andrew John Cooke, MD

Candidate: AMA Delegate

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE:

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

LOCATION:

Orlando, Florida

SERVICE TO THE FMA:

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

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

Committee Member for the Orange County Medical Society Political Action Committee
Member at Large to the Board of the Orange County Medical Society.

COMMUNITY LEADERSHIP/SERVICE:

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

ADDITIONAL PERSONAL INFORMATION:

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

CONFLICT OF INTEREST: Conflict of Interest Declaration submitted.

COUNTY OR SPECIALTY MEDICAL SOCIETY ENDORSEMENT:

Orange County Medical Society
Florida Allergy Asthma and Immunology Society

PERSONAL STATEMENT:

For the past two years, I have worked with the FMA and AMA to advocate for Florida's physicians. As a delegate of the Young Physicians section of the FMA, I have been actively involved with the negotiation of many the FMA's current national policy stances. Since becoming a member of the AMA in 2015, I have attended every meeting and served on multiple committees including the Chest Caucus, the Young Physician section and the ACP section. I am passionate about policy legislation and will push to bring the interests of Florida physicians to the forefront.



FMA Elections 2019

Mark A. Dobbertien, DO, FACS

Candidate: AMA Delegate

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE:

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

LOCATION:

Naval Hospital Jacksonville
Flagler Hospital

SERVICE TO THE FMA:

Board of Governors Surgical Specialties Representative 2018-present
Reference Committee Member, Delegate, CMS President (St. Johns County)

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

Executive Committee, Board of Governors, American College of Surgeons
Governor, American College of Surgeons
Treasurer, Florida Chapter American College of Surgeons
Advocacy Committee, Florida Chapter American College of Surgeons
Treasurer, Duval County Medical Society
President, St. Johns County Medical Society

COMMUNITY LEADERSHIP/SERVICE:

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

ADDITIONAL PERSONAL INFORMATION:

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

CONFLICT OF INTEREST: Conflict of Interest Declaration submitted.

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

PERSONAL STATEMENT: Ever since serving as a delegate to the Medical Student Section of the American Medical Association, I have remained convinced that organized medicine has been the best vehicle to improve care for patients in Florida and the United States. Organized medicine relies on committed individuals to donate their time, treasure and talents to ensuring that the mission of quality, timely, fully accessible patient care is realized every day. Your AMA delegate serves as an

important communication, policy and membership link between the AMA and grassroots physicians in Florida and are a key source of information on activities, programs and policies of the AMA. I humbly ask for your vote to serve as your AMA delegate and promise to work hard advocating for you and our patients, implementing policy and bidirectional communication.



FMA Elections 2019

Aaron Elkin, M.D.

Candidate: AMA Delegate

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE

Obstetrics and Gynecology

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

Doctor of Medicine University of Miami School of Medicine 1991

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

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

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

Private practice in Broward County 1995-Present

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

LOCATION: Hollywood Florida (Broward County)

SERVICE TO THE FMA

Committee for Uninsured & Disparities in Health 2007 – 2009

Committee for Managed Care 2007 – 2009

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

FMA Reference - Committee Health, Education & Public Policy 2015

Resolutions- submitted-Adopted-Advocacy:

“Physician and Medical Staff Member Bill of Rights”,

“Healthcare Access to all Floridians Medicaid Reform”

“Medicare Parity to promote Medicaid to Medicare Parity Rates”

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

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

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

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

BCMA delegate to the FMA 2004 – present

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

FMA Alternate Delegate to AMA HOD 2017-2019

SERVICE TO OTHER MEDICAL ORGANIZATIONS

Broward County Medical Association (BCMA) 1996-present

Chair – Managed Care committee 2005-present

Chair – Advisory Advocacy Legislation committee 2005-present

Chair - South Florida Caucus Advisory Council 2015

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

President - Broward County Medical Association 2010 – 2011

Broward County Pediatric Society BCMA Liaison 2010-present

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

COMMUNITY LEADERSHIP SERVICE

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

ADDITIONAL PERSONAL INFORMATION: Born in Miami, Florida

CONFLICT OF INTEREST: Declaration submitted to FMA

MEDICAL SOCIETY ENDORSEMENTS: South Florida Caucus (Broward, Dade County Medical Associations and Palm Beach County Medical Society)

PERSONAL STATEMENT

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

I am actively involved in healthcare innovation creating medical homes for all patients partnering with state, federal government, insurance entities and hospitals for the best alignment to achieve the best care for our patients. In the last 2 years being on the Florida AMA delegation allowed me to develop lifelong connections with new colleagues from every state in the US and in all professions allowing me to create dialogue and interstate relationships bringing together so many physicians that work tirelessly to help us all practice medicine and stand up for our rights. It is what keep me going and allows me to help us all and I am not afraid to say so on our behalf.

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

PASSION: PHYSICIAN-PATIENT EDUCATION AND ADVOCACY



Aaron Elkin, MD FACOG
Chair Advisory/Legislation/Advocacy,
Broward County Medical Association



FMA Elections 2019

Ryan C. W. Hall, MD, DFAPA

Candidate: AMA Delegate

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE:

Psychiatrist

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

Psychiatry

Diplomate, National Board of Physicians and Surgeons

Private practice; Affiliated with UCF COM, USF COM, Barry Law school

LOCATION:

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

Email address: dr.rcwhall@live.com

SERVICE TO THE FMA:

Physician Leadership Academy	2013 – 2014
Member, Specialty Society Section (SSS) Governing Council	2013 - 2018
Council on Legislation	7/2014-8/2019
Reference Committee I – Health, Edu. & Public Policy	2018
Political Action Committee board member	

SERVICE TO OTHER MEDICAL ORGANIZATIONS:

President, Seminole County Medical Society	2019 - 2020
President, Florida Psychiatric Society	2019 – 2020
Distinguished Fellow, American Psychiatric Association	2016
President, Southern Psychiatric Association	2014 – 2015
Councilor, American Academy of Psychiatry and the Law (AAPL)	2012 – 2015
AAPL's Young Physician Delegate to the American Medical Association's House of Delegates	2010 - 2015

COMMUNITY LEADERSHIP SERVICE:

Presentation on Stop the Bullying. Town hall symposium. Channel 13, Orlando	2012
Presentation on Offender Characteristics. National Center for Prosecution of Child Abuse, National District Attorneys Association	2013
Simulation Leader, Global Health Conference: Healthcare as a Human Right, University of Central Florida College of Medicine	2018

Presentation on Guns, Schools and Mental Health, Florida Department of Health	2018
Specialty Advisor for forensic and general psychiatry University of Central Florida College of Medicine	2017-2019

PERSONAL INFORMATION:

Married to Tammy Turcotte
One son: Reid Hall

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

PERSONAL STATEMENT:

As part of a formal introduction, my name is Ryan Chaloner Winton Hall. I am a second-generation Florida physician. I was born in Titusville and attended Georgetown for medical school and Johns Hopkins for my residency. I have practiced in a private-practice setting in the Central Florida area for the last 11 years and I am also affiliated with the UCF and USF schools of medicine. I feel this background allows me to appreciate and experience many of the challenges and rewards that most of our members face in practicing medicine in the state of Florida.

I have been a member of the Florida Medical Association since I completed my fellowship and moved back to Florida 11 years ago. For most of my time as a member, I have been a representative from the Florida Psychiatric Society to the FMA House of Delegates. I have served in several positions within the FMA, such as on the Legislative Committee, Specialty Society Section governance structure, and reference committees, and attended the FMA Leadership Academy. I have been active in my county medical society, Seminole, where I currently serve as President. I also volunteered to work with the Orange County Physician Wellness Task Force.

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

I am interested in running for an AMA delegate spot because I believe I can help represent Florida physicians on the national stage due to my past experiences. Large issues of concern that I see physicians of all stripes having to face are the challenges of MOC (developing a continual learning mechanism that is not tedious or burdensome to physicians, preferably without high-stake examinations), reimbursement issues (Medicare legislation, private health insurance), changing physician practice models (maintaining an environment where physicians can either work for a large hospital group or maintain smaller private practices, upcoming healthcare reform), and increasing GME funding as a way to address physician shortage. I think there is going to be tremendous debate over the next two to three election cycles revolving around healthcare, how it is paid for, and how it is delivered, which is why I think engagement, especially with representatives who have some experience with the AMA House of Delegates, state politics, and national politics, can be beneficial for the residents/patients of the state of Florida and the physicians who practice here.



FMA Elections 2019

Walter ALAN Harmon, M.D.

Candidate: AMA Delegate

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE

Gastroenterology – Board Certified, American Board of Internal Medicine (ABIM)
Internal Medicine – Board Certified, ABIM, FACP
Gastroenterology Group Practice, The Borland-Groover Clinic

LOCATION: 1311 Heritage Manor Drive, Unit #104, Jacksonville, FL 32207
harmonwa@bellsouth.net Cell# 1-904-403-6463

SERVICE TO THE FMA

President of the FMA 2013-14
President-Elect of the FMA 2012-13
Treasurer of the FMA 2007-12
Board of Governors District B – 2001-2007; At-Large – 1997-98
FMA Delegate – 1985-2001; Alternate Delegate – 1983-84
FMAPAC (formerly FLAMPAC) Board of Directors, – 2006-15; 2016-17; 2018-19
Key Contact for Florida legislators
MD1000 Club (formerly 1000 Club) member since inception
Florida Physicians Association Board of Directors & Treasurer 2009-12
FMA Services (formerly FLAMEDCO) Board of Directors
Professional Resource Network: Board of Directors & Financial Committee; Treas. – 2009-17
FMA's Delegation to the AMA: Delegate – 2005-13; Alt. Delegate – 2003-05
Secretary of Delegation – 2010-17; Resolutions Committee – 10 years
Council on Medical Service – 2012-2016; Re-elected 2016-20
Chair-elect 2018-19, Chair 19-20
AMA Reference Committee F – Sep 2008-Jun 2010; Chair – 2010-11;
Reference Committee Team Leader, three terms

FMA Committees:

Chair, Subcommittee on State Organized Medicine Relationships 2014-15	
Chair, Ad Hoc Committee on the Florida Public Health Museum 2015	
Chair, Disaster Preparedness	Administrative and Audit
Chair, Medical and Socioeconomics	Mini-Internships
Clinical Excellence	Data Collections and Analysis
Task Force on Membership	Healthcare Financing
Health and Public Safety	Government Programs
Expert Witness (Subcommittee of CEJA)	FL Medical Foundation Board

Chair, Ad Hoc Committee on Litigation Center

SERVICE TO OTHER MEDICAL ORGANIZATIONS

Duval County Medical Society: President – 1995; Treasurer – 1991-92
All other Office Chairs and Board Membership

Local Activities:	Legislative	Formed Young Physicians’ Section – 1990
	Mini-Internships	We Care Volunteer Physician
	Membership	Public Relations

Volunteer for Pre-participation in School Sports Physicals Program
Past President & Treasurer, Florida Society of Internal Medicine
Past President, Florida Gastroenterologic Society
Governors' Advisory Council, Florida Chapter American College of Physicians Chairman,
Committee on Managed Care
Florida Delegate to the American Society of Internal Medicine’s Annual Meeting for 9 years

COMMUNITY LEADERSHIP SERVICE

Rotary Club of South Jacksonville Vice-President and Treasurer – 1984-1999
Leadership Jacksonville – 1992
YWCA Foundation Board
Jacksonville Chamber of Commerce, Board of Governors – 1995

ADDITIONAL PERSONAL INFORMATION

Married to Joan, Past President of the Duval County Medical Society Alliance and FMA Alliance.
Two grown children – Steve and Cathy
Two grandchildren – Malcolm and Phoebe Harmon

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

COUNTY MEDICAL SOCIETY ENDORSEMENTS

The Duval County Medical Society enthusiastically endorses the candidacy of Dr. Harmon as Delegate to the American Medical Association.

PERSONAL STATEMENT

Thank you for allowing me the privilege of serving on your FMA Delegation to the AMA for the last 16 years. I have been active within the Delegation, serving on the Resolution Review Committee for a total of 12 years and as Secretary of our Delegation for 9 years. As an elected member of the AMA’s Council on Medical Service, the “medical economics council” of the AMA, I have a unique opportunity to network with bright and well informed physicians from all over America and bring a "Florida perspective" to these discussions. I have served as Chair-elect for this Council in 2018-19 and will serve as Chair from June 2019-2020.

I am a strong proponent of the private practice of medicine and life-long learning but oppose the high stakes life-long testing of the current MOC process. I am fighting to turn the current Electronic Medical Records into the helpful, practice enhancing tools they were promised to become, rather than the burden they now represent. I am working to lower the costs our patients face from drug companies, healthcare insurance companies, and hospital systems, in part by reintroducing competition. I will continue to fight for policies that will protect our patients and physicians. I would greatly appreciate your vote and support to return Alan Harmon to your AMA Delegation.



FMA Elections 2019

Corey L. Howard, M.D., FACP

Candidate: AMA Delegate

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE:

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

LOCATION: Naples, Florida

SERVICE TO THE FMA

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

SERVICE TO OTHER MEDICAL ORGANIZATIONS

American Medical Association; Delegate Positions noted above

Member, ad hoc Committee on Parliamentary Procedures	2015
Member, Executive Committee Southeast Delegation	2011-Present
Chair, Big Four Group (Florida, Texas, California, New York)	2010-Present
Member, Reference Committee A	2011
Member, Reference Committee F (Governance/Finance)	2005-2007
Member, Reference Committee D	2004
Chair, Reference Committee, (A-96) RPS	1996
Member, Reference Committee (I-95)	1995

Collier County Medical Society

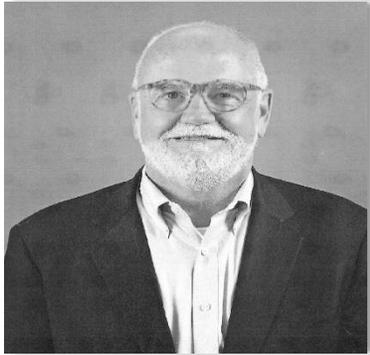
Physicians Wellness Committee	2017
Chair, Nominations Committee	2016-Present
Chair, Legislation	2008-2009
Immediate Past President CCMS	2002-2003
President, CCMS	2001-2002
Vice President, CCMS	2000-2001
Treasurer, CCMS	1999-2000
Delegate to FMA (from CCMS)	1999-Present
Secretary, CCMS	1998-1999
Member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

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

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

COUNTY MEDICAL SOCIETY ENDORSEMENT: Collier County Medical Society

PERSONAL STATEMENT: " I am a tireless advocate for physicians and the practice of medicine. My focus has been on decreasing the burdens placed on physicians and increasing the value of our profession. Maintenance of Certification (MOC), the current recertification process, is one of my top priorities. It is burdensome, costly and has not been shown to improve outcomes. As physicians, we all agree that lifelong learning and not lifelong testing is the direction we need to head. This is one of my main goals and we are making progress to ensure that the process is easier and becomes relevant to each of us. With difficulty, there is always opportunity. I am ready for the challenges ahead and look forward to serving the physicians of Florida. I humbly ask for your vote for President-Elect of the FMA and re-election to the delegation to the AMA".



FMA Elections 2019

E. Coy Irvin, Jr., M.D., MBA, FAFP

Candidate: AMA Delegate

SPECIALTY, CERTIFICATION, TYPE OF PRACTICE

Dr. Irvin is a Family Practitioner. He was certified by The American Board of Family Practice 1985 and re-certified in 1991, 1997, 2004 and 2011.

LOCATION: 2835 Bayou Blvd, Pensacola, Florida, 32503

SERVICE TO THE FMA

Member of Florida Medical Association since 1983
Member Delegation 2000 to 2010 and 2015 to 2019
Chair, FMA Council on Legislation, 2003-2006
FMA Board of Governors, Executive Committee, 2005-2006
Member, FMA Council of Legislation
Active Participant, FMA/AMA Lobbying Efforts, Washington, D. C.
Delegate to the American Medical Association, 2000-2010 and 2015-2019
Co-Vice Chair, Florida Delegation to AMA, 2004-2006
Chair, Florida Delegation to AMA, 2008 to 2010
FLAMPAC Member
FLAMPAC Executive Committee, 2005-2006
State Key Contact Physician
Secretary PRN, Board Member

SERVICE TO OTHER MEDICAL ORGANIZATIONS

Escambia County Medical Society Member, 1985-2010; 2015- present
Executive Committee, 1994 -2002
Secretary-Treasurer 1996, Vice President 1997, President Elect 1998,
President 1999
Judicial Board 1997, 2000 - 2002
Legislative Committee, 1994 - present; Chairman, 1997
Executive Committee Representative to the FSU College of Medicine, West
ECMS Foundation, Member, Board of Directors, President
Membership Committee
Chairman, ECMS Delegation to the FMA House of Delegates
Member, American Medical Association
Member of AMA Advisory Committee on Specialty Societies
AMPAC Capitol Club
AAFP PAC

American Academy of Family Physicians 1983 - present
Florida Academy of Family Physicians 1983 - present
Florida Academy of Family Physicians PAC Member
Member American Society of Physician Leadership
Florida Academy of Family Physicians Past Legislative Chair
Florida Medical Directors Association Board Member 2002-2005 and 2007-2008
AMA- Council on Legislation 2007-2017
Chair of Council 2017

COMMUNITY LEADERSHIP SERVICE

President Celebrate Pensacola 2009
Board of FSU Medical School, Pensacola till 2010
“We Care” Program Volunteer Physician
Emerald Coast Classic, Executive Committee Member
American Cancer Society, Past Board Member
Leadership Pensacola, Member
Fiesta of Five Flags Association, Past President

ADDITIONAL PERSONAL INFORMATION

Born: Canton, Mississippi, July 19, 1954
Married to Angela Currey Irvin since 1977
Daughters: Allison and Elizabeth
Doctor of Medicine Degree, May 1982
Master of Business Administration Degree, Auburn University, May 2008
University of Mississippi School of Medicine, Jackson, Mississippi 1982
Licensed in Florida, South Carolina and Alabama

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

PERSONAL STATEMENT

I have had the honor to serve in multiple roles both at the AMA and the FMA. I have had the honor to be on the AMAs council on Legislation for 8 years, serving as Chair 2 years ago. While we were able to finally stop the SGR, we still have many challenges as our payment system changes. Physicians face the added burdens of value based purchasing, and continued EHR problems. We also have ongoing issues with MOC. I would ask for the privilege to once again serve on the Florida AMA delegation. I believe my knowledge of the legislative and regulatory environment along with my service at the AMA will help me continue to make a difference for Florida physicians.



FMA Elections 2019

Michael A. Zimmer, M.D., MACP

Candidate: AMA Delegate

SPECIALTY, CERTIFICATIONS, TYPE OF PRACTICE

Internal Medicine, Small Independent Practice
Certified by American Board Internal Medicine

LOCATION: St. Petersburg, FL

SERVICE TO THE FMA

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

SERVICE TO OTHER MEDICAL ORGANIZATIONS

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

COMMUNITY LEADERSHIP SERVICE

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

ADDITIONAL PERSONAL INFORMATION: wife Leisa Widrow Zimmer, son Ari Edward 21 & daughter Hannah Maurete 19

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

COUNTY MEDICAL SOCIETY ENDORSEMENT: Yes Pinellas County Medical Association

PERSONAL STATEMENT

I look forward to representing practicing Florida physicians at the AMA. Physicians working in the clinical trenches need organized medicine not only to address the constant hassles and forces that we face in the day to day clinical practice of medicine but also to protect physicians from the unintended consequences of maintenance of certification. As a result of my experience in 23 years of independent clinical practice of medicine as well as the skills that I have developed in my various leadership roles in the FMA and the American College of Physicians, I am confident that I will represent the needs of Florida's practicing physicians at the AMA's House of Delegates.



FMA Election Process and Campaign Rules

Last updated 6/28/2019

Introduction

Florida Medical Association (FMA) Officers, members of the Board of Governors (Board) and AMA Delegates and Alternates are elected by delegates of the FMA House of Delegates (House) during the FMA Annual Meeting. This democratic process allows delegates an opportunity to become acquainted with the candidates and their views. Elections are under the supervision of the Committee on Rules and Credentials who are appointed annually by the Speaker in advance of the FMA Annual Meeting. Except as provided for in the FMA Bylaws, any active member in good standing is eligible for any office.

Candidate Profiles

Candidates announce their intent to run for FMA office at least six weeks in advance of the Annual Meeting (August 9-11, 2019). All candidates are required to review, sign and return the following documents:

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

Elected Seats - FMA Officers and Board of Governors

The Board consists of the following members who are elected by the House

(lengths of terms and term limits are detailed in the FMA Bylaws):

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

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

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

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

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

Nominations in Contested Elections - FMA Officers and Board of Governors

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

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

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

All contested elections are allowed one nominating and one seconding speech (two minute for officer seats on the Board of Governors, and 1 minute for representatives on Board of Governors) during the first session of the House. Although it is not mandatory, it is recommended that in lieu of seconding speeches, candidates use the allotted time to address the House.

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

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

Voting in Contested Elections – FMA Officers and Board of Governors

Voting in contested elections is conducted during the second session of the House using individual electronic voting devices or paper ballots, whichever is deemed most appropriate by the Speaker. A majority vote is required for election and run-offs will be held during the second session if needed.

Voting in Uncontested Elections – FMA Officers and Board of Governors

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

Elected Seats – Delegates to the AMA House of Delegates

The FMA has 14 delegate & 14 alternate delegate seats in the AMA House of Delegates.

In 2019 six (6) delegate seats and eight (8) alternate delegate seats (*one of which is reserved for a member representing the Young Physician Section*) are up for election for a two-year term. The first six (6) candidates receiving the most votes will be elected as AMA delegates and the next eight (8) receiving votes in descending order will become alternate delegates.

Each candidate running for a seat on the AMA Delegation is allowed a one minute speech during the first session of the House.

Campaigning – Contested Races

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

Due to the number of candidates for AMA Delegation, individual candidate signs are not permitted. Information regarding the candidates for AMA Delegation can be found in the delegate packets, which will be available upon checking in at the meeting.

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

It is the responsibility of the Speaker and Vice Speaker to resolve any signage placement issues that may occur during the annual meeting.

Candidates Addressing Caucus Groups

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

Campaign Materials

Campaign materials are prohibited on the floor of the House. However, this does not preclude delegates from wearing campaign buttons, ribbons, etc. in the House. Distribution of campaign materials at

meetings of component groups requires advance approval from the person directly responsible for the individual meeting or caucus.

House rules prohibit campaign badges on the podium or dais of the House, Reference Committees or other plenary activities of the House.

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

Campaign Events/Materials

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



Reference Committee I



Reference Committee No. I Health, Education and Public Policy

Saturday, August 10, 2019
10:00 a.m. – 12:30 p.m.
Hilton Bonnet Creek, Orlando

Members:

Tra'Chella Johnson Foy, M.D., CHAIR	Duval CMS
Jon Burdzy, D.O.	Lee CMS
Ruple Galani, M.D.	Duval CMS
Steven Gayer, M.D.	Florida Society of Anesthesiology
Rohan Joseph, M.D.	Capital MS
Himangi Kaushal, M.D.	Fl. Ch., American College of Physicians
Claudia Mason, M.D.	Palm Beach CMS
Robert Raggi, M.D.	Broward CMA
Deborah Trehy, M.D.	Hillsborough CMA

Agenda:

Board of Governors Report A

1. Board Recommendation A-1, 2011 FMA Policy Review
2. Board Recommendation A-2, Resolution 18-103
3. Board Recommendation A-3, Resolution 18-114
4. Board Recommendation A-4, Resolution 18-116
5. Board Recommendation A-5, Resolution 18-313

Resolutions:

19-101	Local Safe Kid Coalitions
19-102	Initial Assessment and Treatment Recommendations by Specialists
19-103	Education Regarding Recreational Marijuana
19-104	FMA Endorsement of ABMS Vision for the Future Commission Final Report
19-105	Advertisement of Electronic Nicotine Delivery Systems
19-106	Opposing Sexual Orientation Therapy
19-107	Colorectal Cancer Screening
19-108	Online Database for Physicians and Patients Interested in Stem Cell Therapy
19-109	SUCCESS: Supporting Climate Change Efforts

Report A of the Board of Governors

Corey Howard, M.D., FMA President and Chair

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

Recommendation A-1 2011 FMA Policy Review

1 **That 2011 policies on pages 9 thru 30 of this report be reaffirmed or sunset according to the FMA's**
2 **seven year policy review mechanism (pages 9-24 reaffirm and pages 25-30 sunset).**

Description	Amount	Budget Narrative
		No Fiscal Impact

3 Background: In keeping with the FMA's seven year policy review mechanism, policies from 2011 were
4 distributed to the appropriate FMA councils for review with a report back to reaffirm or sunset.

5
6 Discussion: After receiving input from FMA's councils and committees, the Board believes that policies
7 listed on pages 9-24 are still relevant and should be reaffirmed for an additional seven years and
8 further, that the policies listed on pages 25-30 are out of date, newer or similar policies exists, or the
9 objective has been accomplished, therefore the policies should sunset. Sunset policies are maintained
10 in a separate archive system.

11
12 Upon approval by the House of Delegates, the FMA Policy Compendium will be updated accordingly.
13

Recommendation A-2

* Resolution 18-103

Protection of Physician Communication

Broward County Medical Society

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18 **That Resolution 18-103 from the 2018 House of Delegates not be adopted.**
19

20 RESOLVED, That our Florida Delegation to the American Medical Association will submit a
21 resolution to study and evaluate those issues involving prohibitions placed on physician
22 communication that prevent physicians from providing excellent care to their patients, their
23 families, and themselves; and be it further
24

1 RESOLVED, The resolution will make recommendations protecting physicians who
2 professionally use information and their knowledge to optimize care for patients; and be it
3 further
4

5 RESOLVED, The resolution should include a provision that will, when necessary, employ the
6 services of our Litigation Center to protect affected physicians; and be it further
7

8 RESOLVED, That the resolution should include the right of physician communication be
9 evaluated by our American Medical Association’s Council of Ethical and Judicial Affairs, and be
10 clearly incorporated in to our Code of Medical Ethics.
11

Description	Amount	Budget Narrative
		No Fiscal Impact.

12
13 Background: On August 4, 2018 the FMA House of Delegates referred Resolution 18-103 to the Board
14 of Governors for study and report back to the 2019 House of Delegates.
15

16 Discussion: The Board of Governors reviewed this resolution and determined that AMA policy H5 989
17 mimics this resolution. Based on these findings, the Board of Governors recommends that the House
18 of Delegates does not adopt this resolution.
19

Recommendation A-3

*** Resolution 18-114**

Sober House and Needle Exchange Programs

Dade County Medical Association

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24 **That Resolution 18-114 from the 2018 House of Delegates not be adopted.**
25

26 RESOLVED, That the Florida Medical Association work with the Florida Department of Health to
27 standardize policies and procedures that will encourage community support and appropriate
28 regulation and placement of sober houses and needle exchange programs utilizing statistical
29 evidence and strategic placement to optimize the positive impact and minimize the negative
30 impact to surrounding communities; and be it further
31

32 RESOLVED, That the Florida Medical Association advises the state legislature to consider
33 providing an avenue for local engagement from elected officials, law enforcement and the
34 community at-large prior to the development of new sober homes and needle exchange
35 programs, and be it further
36

37 RESOLVED, That the Florida Medical Association send a letter to each county commission in the
38 state recommending support of the development of sober houses and needle exchange
39 programs following the recommendations to be articulated by the Florida Department of
40 Health related to appropriate placement and community involvement.
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Description	Amount	Budget Narrative

		No Fiscal Impact.

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Background: On August 4, 2018 the FMA House of Delegates referred Resolution 18-114 to the Board of Governors for study and report back to the 2019 House of Delegates.

Discussion: During the January Board of Governors Meeting, Dr. Hansel Tookes reviewed the Annual Report of the IDEA Exchange with the Board of Governors. It was noted that needle exchange programs and sober houses are separate entities with different objectives. While other counties have seen a rise in deaths by overdose, Miami-Dade has had a decrease in deaths since the IDEA Exchange opened. Further, the FMA has policy in support of needle exchange programs, and legislation has been filed to expand the program statewide (HB 171 and SB 366). Based on this information the Board of Governors recommends that the 2019 House of Delegates not adopt this resolution.

Recommendation A-4

*** Resolution 18-116**

**USMLE – Step 2 – Transfer of Jurisdiction Over Required Clinical Skills Examinations to US Medical Schools
Medical Students**

That Resolution 18-116 from the 2018 House of Delegates be 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.

Description	Amount	Budget Narrative
110 Staff Hours	\$15,950	Can be accomplished with current staff
Total	\$15,950	\$0 added to the operating budget

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Background: On August 4, 2018 the FMA House of Delegates referred Resolution 18-116 to the Board of Governors for study and report back to the 2019 House of Delegates.

Discussion: During the October Board of Governors meeting, the Council on Medical Education, Science, and Public Health proposed a substitute resolution that focused the efforts on decreasing cost and travel time for students to take this exam versus eliminating the exam altogether. The Board of Governors discussed this resolution at length, the substitute resolution failed, and Resolution 18-116 was tabled until the January Board of Governors meeting, allowing the Council of Medical School Deans to review the information and testimony. During the January Board of Governors meeting, Dean Charles Lockwood reviewed the Council of Medical School Deans’ findings. The cost and travel time were acknowledged, however as reflected by the AMA’s Council on Medical Education, there are significant issues with eliminating the test altogether. Dean Lockwood outlined the Council of Medical

1 School Deans' recommendations. After much debate, the Board of Governors voted to recommend
2 that the 2019 House of Delegates adopt Resolution 18-116.

3 **Recommendation A-5**

4 *** Resolution 18-313**

5 **Minimizing Lead in School Drinking Water**

6 Mobeen Rathore, M.D.

7 **That Resolution 19-313 from the 2018 House of Delegates be adopted as amended.**

8
9 RESOLVED, That the FMA supports statewide legislation to mandate that all Florida schools,
10 kindergartens, pre-schools, and child care centers filter their drinking water and ice machines
11 with NSF/ANSI 53 filters or an equivalent technology for lead removal and that these filters be
12 maintained and changed on a regularly scheduled basis per manufacturer's recommendations;
13 and be it further

14
15 ~~RESOLVED, That the FMA supports the AMA in seeking federal legislation that changes the~~
16 ~~EPA's lead in drinking water action level from 15 parts per billion to 1 part per billion; and be it~~
17 ~~further~~

18
19 RESOLVED, That the FMA supports the training of school officials to raise awareness of the
20 potential occurrences, causes, and health effects of lead in drinking water; and be it further

21
22 RESOLVED, That the FMA supports open communication with students, parents, school board
23 staff, and the larger community including physicians about monitoring programs, potential
24 risks, the results of testing, and remediation actions.

25

Description	Amount	Budget Narrative
10 staff hours	\$400	Can be accomplished with current staff
Total	\$400	\$0 added to the operating budget

26
27 Background: On August 4, 2018 the FMA House of Delegates referred Resolution 18-116 to the Board
28 of Governors for study and report back to the 2019 House of Delegates.

29
30 Discussion: The Board of Governors reviewed the resolution at the October Board of Governors
31 meeting. The recommendation to strike the second resolved was due in part to the FMA not knowing
32 what legislation the AMA was currently seeking, nor what the EPA was working to do. It was also noted
33 that in recent years, the EPA adjusted the threshold from 45 parts per billion to 15 parts per billion.
34 Further, the risk of error when sampling 1 part per billion is extremely high. The Board felt that the
35 remaining three resolves adequately captured the intent of the resolution, and recommends that the
36 2019 House of Delegates adopt Resolution 18-313 as amended.

1 **Major Board Actions:**

- 2
- 3 • Reviewed and approved recommendations to reaffirm public policies from 2011.
 - 4 ○ (See Recommendation A-1)
 - 5 • Reviewed and approved recommendations to sunset public policies from 2011.
 - 6 ○ (See Recommendation A-1)
 - 7 • Voted to not adopt Resolution 18-106.

8 **Resolution 18-106**

9 **Initial Assessment and Treatment Recommendations by Specialists**

10 Florida Academy of Family Physicians

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12 ***House Action: Referred to the Board of Governors for Decision – NOT ADOPTED**

13 RESOLVED, That the FMA submit a resolution to the AMA and petition all ABMS specialty
14 boards to develop appropriate clinical guidelines that ensure patients referred to specialist
15 physicians have an initial assessment, diagnostic evaluation, and formulation of a
16 treatment plan performed by the specialty physician rather than a non-physician, allied
17 health provider.

- 18
- 19 ○ **Discussion:** The Board of Governors reviewed the resolution, considered the function
20 of ABMS, and voted not to adopt.
 - 21
 - 22 • Voted to adopt Resolution 18-112

23 **Resolution 18-112**

24 **Pharmacists Prescribing**

25 Emerald Coast Medical Society

26

27 ***House Action: Referred to the Board of Governors for Decision - ADOPTED**

28 RESOLVED, That the FMA supports the modern healthcare needs of a pharmacy to monitor
29 patient prescriptions for potential side effects and inter medication reactions, potential
30 patient pharmaceutical abuse, and patient education and discourages pharmacists from
31 refusing to fill valid prescriptions unless that denial is made because of potential side-
32 effects or inter-medication reactions.

- 33
- 34 ○ **Discussion:** The Board of Governors reviewed this resolution and adopted it as policy P
35 130.021

36

37 **Informational Items:**

- 38
- 39 • Dr. Alma Littles, Chair of the Council on Medical Education, Science, and Public Health reported
40 that approval was granted for accreditation reports for several facilities.
 - 41 • The Council met on October 20, 2018, January 4, 2019, and March 23, 2019 to discuss the
42 educational activities and planning for the 2019 Annual Meeting. The group reviewed FMA
43 policy, and underwent training for FMA accreditation surveyors and content reviewers.
 - 44 • As of the May 2019 Board of Governors meeting, 157 posters for the David A. Paulus, M.D.
Poster Symposium have been submitted.

- The Council is facilitating a faculty development workshop for the Council of Florida Medical School Deans Friday, August 9, 2019.

Specialty Society Section

Major Board Actions:

- The Florida Society of Gynecological Oncology be added and recognized as a section of the Florida Medical Association.

Informational Items:

- Florida Chapter, Emergency Physicians
 - Fair payment – Several plans have decided not to negotiate contracts for emergency services and are determining what their usual and customary payment is, which is not in accordance with a reasonable percentage of FAIR Health.
 - Opioid Education – Working with several statewide and community organizations to address solutions to opioid epidemic. Education for prehospital care providers, Emergency Department personnel and behavior health should ensure warm handoffs from hospital ED to the behavior health centers
- Florida Chapter, American College of Physicians
 - Our most recent membership numbers indicate that we have 7,486 Florida physicians as members of the Florida Chapter of the ACP with approximately 2900 of those being students and residents.
 - Chapter members attended the national American College of Physicians meeting in Philadelphia in April. Dr. Vivek Murthy, the immediate past U.S. Surgeon General, gave the keynote address in which he stressed the importance of the human connection and addressed underlying social determinants of health.
 - The Chapter held its Resident competition in downtown Orlando on March 30, 2019. Florida is one of the few, if not the only, ACP Chapter to hold a separate, dedicated meeting specifically for resident scholarly activity and competition. Seventeen Florida internal medicine residency programs competed in the Doctor’s Dilemma competition. The four finalists will advance to the fall competition with the winner then competing in the national competition in 2020 in Los Angeles. The Chapter’s annual scientific meeting will be held at the Westin Ft Lauderdale Beach Resort on September 6-8, 2019. Both CME and ABIM MOC points are available. Previous years have seen attendance over 400.
 - The Chapter worked closely with FMA on legislative issues in Tallahassee with synergy of priority issues. Together, we were successful in holding back independent practice by mid-level providers among other issues previously described in emails by FMA leadership. The Chapter itself held several Advocacy Days in Tallahassee with students and residents during the 2019 Legislative session.
- Florida Academy Family of Physicians
 - The FAFP is focused, as the FMA, on seeing how the telehealth and e-prescribing bills will impact our members' practices in the coming months and years. Our lobbying team worked very closely with the FMA's to ensure scope of practice legislation was not passed, a relationship we value very much. We are also very dialed into providing high quality education for our members which includes how we develop tools and

resources to address recent changes in MOC via the American Board of Family Physicians (e.g., Family Medicine Certification Longitudinal Assessment).

- Florida Chapter, American Academy of Pediatrics
 - FCAAP hosted a successful legislative advocacy training program for 19 residents from eight of Florida’s residency programs at the end of March 2019. The training included a review of the state’s legislative process, a tour of the Senate Chambers, meetings with several legislative representatives, and participation in the “Children’s Week Children’s Capitol for a Day” event. FCAAP also recently completed a successful spring regional conference series during which five continuing education dinner conferences were hosted throughout the state.
 - Through two grants supported by the Florida Department of Health, FCAAP hosted two continuing education webinars on the Zika Virus for pediatric and family medicine providers at the end of May 2019, as well as a training presentation on the Zika Virus for residents at Florida’s pediatric residency programs. Through a grant supported by the American Academy of Pediatrics, FCAAP is expanding the training provided in the summer of 2019 to providers in the Parkland, Florida area on adolescent depression, anxiety, and PTSD.
 - This Labor Day weekend, FCAAP is hosting its annual conference, The Future of Pediatric Practice 2019, at Disney’s Yacht & Beach Club Resorts. The conference is open to both members and nonmembers and offers both CME and CEU. The conference includes a family reception with Disney characters, a resident forum, a medical student forum, and educational tracks for hospital-based providers, general care providers, allied healthcare providers, and office administrators. The full agenda and other information are available at <https://fcaap.org/events/>
 - Lastly, FCAAP was successful with several initiatives during the 2019 legislative session. Efforts continue as Governor DeSantis considers the bills presented to him for signature.
- Florida Chapter, American College of Surgeons
 - The Florida Chapter of the American College of Surgeons coordinated a very successful “Surgical Advocacy Days” in Tallahassee during committee week on January 22-23, 2019. Participation by most of the thirteen Florida Surgical Specialty Societies made joint surgical advocacy a priority this session. As expected, defeating the expansion of scope of practice was our top priority. Our group met with each member of all House and Senate Health Committees and had Senators Baxley, Berman, and Harrell and Representative Massullo address our group at our dinner reception. Many thanks to FMA Secretary and PAC President, Doug Murphy, M.D. and Chris Clark FMA Senior Vice President of Political Affairs as well as lobbyist, Chris Nuland J.D. for articulating the best way for the House of Surgery and Medicine to work in concert for optimal success for Florida patients and physicians. Our group was honored to have medical students from Florida State University and the Alabama College of Osteopathic Medicine attend. They were engaged in the process and want to participate again next year. The outcomes of the 2019 Florida Legislative Session mirrored our priorities except for some minor objections.

PRN

Informational Items:

- PRN has met all of its contractual obligations.

- 1 • PRN’s Annual Conference will be held September 7-9, 2019 at the Ritz Carlton on Amelia Island.
- 2 • PRN continues to attend and present at state, regional, and national meetings that enhance
- 3 and promote PRN’s mission.
- 4 • PRN will welcome a new full-time Associate Medical Director, William “Bill” Jacobs, M.D., on
- 5 July 15, 2019.
- 6 • As of the May 2019 Board of Governors meeting, 24 M.D.s and 5 medical students were in the
- 7 intake/treatment stage
- 8 ○ 300 M.D.s and 19 medical students are currently being monitored.
- 9

POLICIES TO REAFFIRM

P 5.000 ABORTION

P 5.003 REPEAL OF THE FLORIDA STATE LEGISLATION ON NON-MEDICAL TESTING

The Florida Medical Association supports the repeal of the Florida state legislation requiring non-medical testing of those seeking to legally terminate a pregnancy. *(Res 11-302, HOD 2011)*

Recommendation by the Council on Legislation: Reaffirm

P 45.000 ALCOHOL AND ALCOHOLISM

P 45.002 FETAL ALCOHOL SYNDROME

The Florida Medical Association supports legislation requiring that warning signs relative to the fetal risk that ingestion of alcohol by pregnant women be posted wherever alcoholic beverages are sold or served. *(Res 09-35, HOD 2009) (Reaffirmed Res 10-104 as Existing Policy, HOD 2010)(Reaffirmed Res 11-102 as existing policy, HOD 2011)*

Recommendation by the Council on Legislation: Reaffirm

P 55.000 AMERICAN MEDICAL ASSOCIATION

P 55.007 AMA DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The Florida Medical Association demands the American Medical Association be transparent and disclose all government and business relationships and make available its financial statements to its membership and by request of any national specialty society or state society member. *(Amended Sub Res 206, HOD 2010)*

Recommendation by the Board of Governors: Reaffirm

P 55.009 CHARTER TO WORK WITH ALL APPLICABLE PHYSICIAN ADVOCACY ORGANIZATIONS

The Florida Medical Association (FMA) and its AMA Delegation is directed to work with any appropriate physician advocacy organization, unless specifically directed otherwise by the resolution in question, when a resolution passed in its House of Delegates calls for the FMA to work with the AMA. *(Res 10-203, HOD 2010)*

Recommendation by the Board of Governors: Reaffirm

P 55.010 AMA Make Balance Billing Its Highest Priority

The Florida Medical Association (FMA) requests the American Medical Association (AMA) make private contracting one of its highest priorities; and further requests that the AMA work to allow participating and non-participating physicians to privately contract with Medicare patients and make available allowable Medicare payments toward services provided. *(Amended Sub Res 11-202, HOD 2011)*

Recommendation by the Board of Governors: Reaffirm

P 90.000 CHILDREN & HEALTH

P 90.014 ADVOCATING CHILDREN'S ISSUES

The Florida Medical Association (FMA) is directed to issue a press statement at the beginning of "Children's Week" during each Florida legislative session to the effect of: "Florida has the 4th largest childhood population in the United States and the FMA encourages the Florida Legislature to strongly consider the importance of the physical and mental well-being of children to the future of our State as they make decisions that impact Florida's children." *(Res 11-107, HOD 2011)*

Recommendation by the Council of Medical Education, Science, and Public Health: Reaffirm; still relevant

1 **P 90.015 ENSURING PAYMENT FOR NEWBORN CARE**

2 The Florida Medical Association supports legislation ensuring a newborn's medical care is covered under
3 the mother's health insurance for the first 30 days of life and that the newborn's insurance be active at
4 the time of birth with no additional costs for the policyholder during the first 30 days and regardless of
5 whether or not the child is registered. (*Sub Res 11-304, HOD 2011*)

6 Recommendation by the Council on Legislation: Reaffirm

7
8 **P 110.000 DEPARTMENT OF HEALTH**

9 **P 110.009 FLORIDA HEALTH AND TRANSITION SERVICES**

10 The Florida Medical Association supports the Florida Health and Transition Services (FloridaHATS)
11 initiative, a Department of Health collaborative program designed to ensure successful transition from
12 pediatric to adult health care for all youth and young adults in Florida. (*BOG May 2011*)

13 Recommendation by the Council of Medical Education, Science, and Public Health: Reaffirm; still
14 relevant

15
16 **P 110.010 Support for Department Of Health During Proposed Reorganization, August, 2011**

17 The Florida Medical Association shall emphasize and reinforce the following key items during a public
18 hearing scheduled for August 4, 2011 as essential to not only maintain but to enhance the health care
19 system of the great State of Florida, to wit:

- 20 • The position of Surgeon General/Secretary of the Department of Health, if the positions are to
21 be separated in a future reorganization plan, that both positions be statutorily mandated to be
22 filled by a physician licensed under F.S. 458 or F.S. 459;
- 23 • On any future reorganization plan in which the Department of Health is proposed to be
24 amalgamated with other State Agencies, that the Secretary of this newly created Department
25 must be a physician licensed under F.S. 458 or F.S. 459;
- 26 • The present Division of Medical Quality Assurance (MQA) in the Department of Health be
27 maintained in its present organizational format and not be transferred to another State Agency
28 such as but not limited to the Department of Business and Professional Regulation;
- 29 • That the position of the present statutorily mandated Deputy Secretary for Children's Medical
30 Services and Deputy State Health Officer for Children be maintained with a realignment of the
31 children's health mission in any reorganizational plan and that this positions be filled as soon as
32 feasible;
- 33 • That the present Children's Medical Services (CMS) Network, physician led and directed, should
34 be maintained in the Department of Health and not outsourced to the Agency for Health Care
35 Administration in which physician influence and delivery of quality enhanced child health
36 programs would presumably be markedly diluted;
- 37 • Maintaining and expanding the present Children's Medical Services provider service network for
38 both specialty and primary care should remain a top priority under physician direction to allow
39 them parity in competing with traditional health maintenance organizations (HMO) which
40 frequently have little or no direct physician involvement or direction and depend on
41 rudimentary quality child health measures not comparable with the Children's Medical Services
42 Network; and
- 43 • The present physician directed Child Protection Teams (CPT's) under Children's Medical Services
44 deal with multi-faceted problems and challenges of child abuse and should remain with
45 adequate recurring funding in the Department of Health and not be transferred as proposed to
46 the Department of Children and Families (DCF) (*Res 11-323, HOD 2011*)

47 Recommendation by the Board of Governors: Reaffirm with editorial change as indicated

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P 110.011 DOH ACCESS TO HOSPITAL MEDICAL RECORDS

The Florida Medical Association supports legislative language being sought by the Department of Health (DOH) that would give the DOH the same access to hospital medical records that the Agency for Health Care Administration has. *(BOG October 2011)*

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

P 110.013 MEDICAL LICENSE SUSPENSION POWERS

The Florida Medical Association opposes any attempt to broaden the medical license suspension powers of the Department of Health based only on the arrest of a physician. *(BOG October 2011)*

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

P 130.000 DRUGS – PRESCRIBING AND DISPENSING

P 130.016 PHARMACY LOCATIONS

The Florida Medical Association opposes legislation which would prohibit the ownership of a pharmacy at locations within a specified radius of certain pain-management clinics. *(BOG February 2011)*

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

P 130.018 PHYSICIAN PRESCRIPTIONS

The Florida Medical Association, in conjunction with the American Medical Association, proposes rules, regulations and guidelines to ensure the timely, accurate, and specific filling of physician prescriptions and also recommends compensation for administrative time spent guaranteeing that patients receive their specific and appropriate medications. *(Res 09-18, HOD 2009)(Reaffirmed as existing policy Res 11-405, HOD 2011)*

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

P 135.000 SCHEDULE II MEDICATIONS OF DECEASED HOSPICE PATIENTS

P 135.012 SCHEDULE II MEDICATIONS OF DECEASED HOSPICE PATIENTS

The Florida Medical Association supports modifications in the existing DEA regulations, in order to permit the return for reimbursement of intact sealed packages of Schedule II medications of deceased Hospice patients to the issuing pharmacy, or the documented inclusion of those medications in the Hospice’s own indigent care pharmaceutical supplies; and further encourages the American Medical Association do the same. *(Res 02-46, HOD 2002) (Reaffirmed HOD 2010)*

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

P 160.000 END OF LIFE

P 160.002 PHYSICIAN ASSISTED SUICIDE

The Florida Medical Association opposes the participation of a physician, voluntarily or involuntarily, in the termination of a person's life by the administration of any agent or the use of any means to actively terminate a person's life. *(Res 93-49, HOD 1993)(Reaffirmed HOD 2003)(Reaffirmed HOD 2011)*

[Recommendation by the Council on Judicial and Ethical Affairs: Reaffirm](#)

P 160.003 ACUTE CARE OF “ORPHANED” NURSING HOME PATIENTS

The Florida Medical Association supports legislation that all mentally-incapable residents of chronic care facilities who are without guardians have a legal guardian appointed; and further that such guardians will determine, with input from the patient's physician, the degree of medical care the patient requires;

1 and further that such guardian will then determine the "Living Will" status of the patient prior to their
2 admission to an acute care hospital. (*Res 93-50, HOD 1993*) (*Reaffirmed HOD 2003*)(*Reaffirmed HOD*
3 *2011*)

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

5
6 **P 160.007 ADVANCE CARE PLAN**

7 The Florida Medical Association endorses the concept of Advanced Care Plan documents, such as Project
8 Grace, as an example of end-of-life care; and further encourages Florida physicians to use such
9 documents and to discuss with their patients the importance of end-of-life planning. (*BOG February*
10 *2002*) (*Reaffirmed HOD 2011*)

11 [Recommendation by the Council of Medical Education, Science, and Public Health: Reaffirm; still](#)
12 [relevant](#)

13
14 **P 160.008 DNR ORDERS IN OUTPATIENT SETTING**

15 The Florida Medical Association seeks regulatory definition or, if necessary, legislation that licensed
16 physicians be specifically authorized to withhold or withdraw resuscitation efforts in an outpatient
17 setting consistent with standards of current medical practice; and further seeks the regulatory definition
18 or, if necessary, legislation that licensed physicians shall not be dependent upon the arrival of EMS staff
19 to honor a bona fide and legally sufficient order not to resuscitate. (*Res 03-37, HOD 2003*)(*Reaffirmed*
20 *HOD 2011*)

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

22
23 **P 160.009 END OF LIFE ISSUES**

24 The Florida Medical Association reaffirms support of current law that preserves a patient's right to pre-
25 determine the care they are to receive in the event of a disabling terminal illness. (*BOG November 2003*)
26 (*Reaffirmed HOD 2011*)

27
28 [Recommendation by the Council of Medical Education, Science, and Public Health: Reaffirm; still](#)
29 [relevant](#)

30
31 **P 170.000 ENVIRONMENTAL HEALTH**

32 **P 170.002 COLLABORATIVE ON HEALTH AND THE ENVIRONMENT**

33 The Florida Medical Association supports the concept of the Collaborative on Health and the
34 Environment (CHE) whose central purposes include: (1) providing accurate scientific information to CHE
35 Partners regarding environmental threats to health; (2) creating a shared space within which Partners
36 can develop collaborative relationships that further shared goals; and (3) raising the level of public and
37 professional dialogue about environmental threats to health and the research options, policy options,
38 and citizen initiatives that may contribute to reducing the burden of environmentally related diseases
39 and conditions. (*BOG March 2004*) (*Reaffirmed HOD 2018*)

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

42
43 **P 220.000 HEALTH INFORMATION TECHNOLOGY**

44 **P 220.015 Collaboration with FLORIDA Regional extension centers**

45 The Florida Medical Association shall collaborate with the four Florida Regional Extension Centers (RECs)
46 and promote FMA policy. (*BOG February 2011*)

47 [Recommendation by the Board of Governors: Reaffirm](#)

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P 230.000 HEALTH SAVINGS ACCOUNT

P 230.001 UNINSURED FLORIDIANS

The Florida Medical Association will monitor any proposed legislation as it pertains to the uninsured Floridians issue and, if possible, amend the legislation to include support for Health Savings Accounts and group discounts for prescription medications. *(BOG November 2003) (Reaffirmed HOD 2011)*

Recommendation by the Council on Legislation: Reaffirm

P 235.000 HEALTH SYSTEM REFORM

The Florida Medical Association (FMA) requests that the American Medical Association petition the office of the President of the United States, the United States Senate, and the House of Representatives to address Medical Malpractice Reform, and supports the enactment of legislation similar to and support HR 5 – HEALTH ACT of 2011. ~~by Representative Gingrey.~~ *(Amended Res 11-203, HOD 2011)*

Recommendation by the Council on Medical Economics and Practice Innovation: Reaffirm as amended. The substance of the policy is still relevant, but the specific legislation cited is no longer under consideration in Congress.

P 235.014 ALERT PUBLIC ON EFFECTS OF PATIENT PROTECTION AND AFFORDABLE CARE ACT

The Florida Medical Association shall alert the public regularly about the impact on their health, access to care and cost of care from implementation of the Patient Protection and Affordable Care Act and other applicable state and federal legislation through press releases, website updates and official spokespersons; and further will work toward doing this in a coordinated way with other interest groups sharing its message, but shall not await such cooperation; and further, decisions to move forward with such messaging will be made by the FMA President. *(BOG October 2011)*

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

P 240.000 HOSPITALS

P 240.009 CMS VERBAL ORDER AUTHENTICATION REQUIREMENT

The Florida Medical Association is directed to collaborate with the Florida Hospital Association and the Florida Society of Hospital Physician Executives to effect legislative change to FS 395.3025(12) as follows, "Verbal or telephone orders for hospital services must be authenticated within 30 days from the date of patient discharge; and further, the hospital must maintain the written authentication or documentation of the efforts made to obtain such authentication as part of the medical record." *(Res 11-320, HOD 2011)*

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

P 240.010 INPATIENT VERSUS OUTPATIENT HOSPITAL MEDICAL CARE

The Florida Medical Association, in conjunction with its delegation to the American Medical Association, and in coordination with the Hospital Association, shall work to assure that both patients and physicians are treated fairly in the process of delineating the hospital admission status of patients. *(Res 11-409, HOD 2011)*

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

P 245.000 HOSPITALS: MEDICAL STAFFS

P 245.010 Medical staff self governance

The Florida Medical Association (FMA) adopts as policy that the following concepts be included in medical staff bylaws: 1.The medical staff shall have, at the very least, one open medical staff meeting per year where issues will be debated and voted upon in an open forum without collusion or influence

1 by hospital administrators, and 2.The election of the bylaws and changes (including retroactive changes)
2 to the rules and regulations be voted upon at such meeting(s) with a secret ballot under the direct
3 supervision of the medical staff without hospital interference, and 3.The election of medical staff
4 officers be conducted by closed ballot under the direct supervision of the medical staff without hospital
5 interference, and 4. Any financial or other relationship with the hospital which may present a conflict of
6 interest shall be disclosed by nominated and existing medical staff leaders in any official position to the
7 medical staff in a confidential letter to members of the medical staff. These conflicts shall be disclosed
8 at the beginning of each medical executive committee or other medical staff committee meeting. Any
9 member with a conflict must recuse themselves from consideration of the matter and vacate their chair
10 during discussions of the matter with which they have a conflict. 5.In accordance with the American
11 Medical Association’s Board of Trustee Report #2, that the governing board of every hospital in Florida
12 have at least one physician member elected by the medical staff. (BOG Rpt D-1, Amended Res 10-408;
13 HOD 2011)

14 [Recommendation by the Board of Governors: Reaffirm](#)

15
16 **P 249.000 IMMUNITY (SOVERIGN)**

17 **P 249.002 EXTENSION OF SOVEREIGN IMMUNITY PROTECTION**

18 The Florida Medical Association seeks legislation which will provide sovereign immunity protection to
19 physicians who provide health care services to patients covered under Medicaid and other state
20 compensation programs benefiting the indigent and the uninsured. (Res 92-23, HOD 1992) (Reaffirmed
21 2002) (Reaffirmed HOD 2011)

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

23
24 **P 260.000 INSURANCE**

25 **P 260.013 GENETIC TESTING AND INSURANCE COVERAGE**

26 The Florida Medical Association adopts as an urgent priority the development and approval of
27 legislation and regulatory language in Florida to protect patients with identifiable genetic risks from
28 discrimination in insurance underwriting; and further that this language specifically address life, health
29 and disability: prohibiting insurers from denying coverage based on genetic test results; prohibiting the
30 use of genetic test results to set premiums, charge differential rates, or limit benefits; privacy
31 protection of genetic testing results to prohibit insurers from requesting or disclosing such results;
32 prohibiting insurers from considering genetic testing results as pre-existing conditions for purposes of
33 denying or limiting coverage; and further, through its delegation to the American Medical Association
34 (AMA), asks the AMA seek similar federal legislation to prohibit discrimination in life, health and
35 disability insurance underwriting based on the results of genetic testing. (Res 96-17, A-1996)
36 (Reaffirmed HOD 2003) (Reaffirmed HOD 2011)

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

38
39 **P 260.030 LEGISLATION AGAINST INSURANCE AUTHORIZATIONS**

40 The Florida Medical Association supports legislation making it unlawful for an insurance company or
41 other third party payer to interfere with a licensed MD/DO’s valid order for a medical test or procedure.
42 (BOG May 2011)

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

44
45 **P 260.031 RADIOLOGY BENEFITS MANAGEMENT INTRUSION AND TRANSPARENCY ACT**

46 The Florida Medical Association seeks legislation that would require any physician making health
47 insurance coverage recommendations regarding approval or disapproval of diagnostic imaging

1 procedures, or any other patient care decisions, be licensed in the state of Florida, and disclose upon
2 request the guidelines used to make a negative recommendation. *(Sub Res 11-308, HOD 2011)*

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

4
5 **P 260.032 UNIFORM INSURANCE ENROLLMENT FORM AND PROCESS**

6 The Florida Medical Association supports a uniform insurance enrollment form and process. *(Res 11-
7 401, HOD 2011)*

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

9
10 **P 260.033 A “LEVEL PLAYING FIELD” IN NEGOTIATIONS BETWEEN HEALTH INSURANCE
11 COMPANIES AND PHYSICIANS**

12 The Florida Medical Association (FMA) supports passage of legislation similar to HR-1409 (Quality Health
13 Care Coalition Act of 2011), and further requests the AMA make passage of ~~HR 1409~~ such legislation a
14 top legislative priority. *(Res 11-402, HOD 2011)*

15 Recommendation by the Council on Medical Economics and Practice Innovation: Reaffirm as amended.
16 The substance of the policy is still relevant, but the specific legislation cited is no longer under
17 consideration in Congress.

18
19 **P 260.034 PRIOR AUTHORIZATION**

20 The Florida Medical Association is directed to call on insurers and payers to eliminate complex barriers
21 and reinstate physicians as the primary authorities for patient treatment; and further that the formulary
22 must be transparent, oppose preauthorization of commonly used peer-review supported medication or
23 procedure; and further, a standardized short simple focused universal prior authorization form, available
24 written and electronically must be used, and physicians should be compensated for their time
25 completing this form; and further, if a health plan or insurer does not use the standardized universal
26 prior authorization form or fails to provide a decision within 48 hours that the prior authorization will
27 automatically be deemed granted; and further, reviews should be no more frequent than annually for
28 those with chronic disorders. *(Sub Res 11-407, HOD 2011)*

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

30
31 **P 260.036 RADIOLOGY BENEFITS MANAGERS**

32 The Florida Medical Association shall work to change applicable laws and regulations as quickly as
33 possible to ensure that third party benefit managers do not interfere in the patient-physician
34 relationship, specifically that (1) all benefit managers should be licensed in the State of Florida and be a
35 member of the same specialty as the ordering physician; (2) all benefit managers should be considered
36 to be practicing medicine for the patient evaluated for the benefit when engaged in decision making for
37 the patient under review; (3) ordering physicians should be paid for their time at market value when
38 interacting with such benefit managers hired or engaged by any third party; and (4) any third party
39 engaging or hiring a benefits manager shall assume liability for any benefits denied through the use of
40 such benefits manager. *(BOG October 2011)*

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

1 **P 270.000 LABORATORIES**

2 **P 275.003 RELIEF FROM CLIA**

3 The Florida Medical Association supports repealing those portions of CLIA including the fee on waived
4 laboratories, other bureaucratic forms, and their inclusions of certain simple tests which otherwise
5 impact unfavorably on physicians and their patients. *(Res 93-63, A-1993) (Reaffirmed HOD 2003)*
6 *(Reaffirmed HOD 2011)*

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

8
9 **P 283.000 LIABILITY/ PROFESSIONAL LIABILITY**

10 **P 283.010 MINIMUM MALPRACTICE COVERAGE**

11 The Florida Medical Association seeks a legislative remedy ensuring that physicians not be required to
12 provide malpractice coverage exceeding that required by Florida law. *(Res 99-37, HOD 1999)*
13 *(Reaffirmed HOD 2011)*

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

15
16 **P 283.014 ELIMINATE MANDATORY MALPRACTICE INSURANCE REQUIREMENTS BY THIRD PARTY**
17 **PAYERS**

18 The Florida Medical Association (FMA) supports working toward eliminating the policy of certain third
19 party payers to require physicians on their panels to carry malpractice insurance; and further should the
20 policy of mandatory malpractice insurance requirements not change voluntarily, the FMA will
21 investigate a legislative solution. *(Res 03-12, HOD 2003) (Reaffirmed HOD 2011)*

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

23
24 **P 283.015 SELF-INSURED PHYSICIANS**

25 The Florida Medical Association supports a policy that enables physicians to either temporarily or
26 permanently stop paying their liability insurance premiums and self-insure as the only means of
27 continuing to practice and care for their patients. *(Res 03-39, HOD 2003) (Reaffirmed HOD 2011)*

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

29
30 **P 285.000 LICENSURE**

31 **P 285.001 MEDICAL LICENSURE BY ENDORSEMENT**

32 The Florida Medical Association opposes issuance of medical licenses by personal endorsement in lieu of
33 presentation of an actual degree from a medical school. *(BOG October 1982) (Reaffirmed 1993)*
34 *(Reaffirmed HOD 2003) (Reaffirmed HOD 2011)*

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

36
37 **P 295.000 MANAGED CARE**

38 **P 295.004 ANY WILLING PROVIDER LEGISLATION**

39 The Florida Medical Association (FMA) seeks to enact legislation which would allow any licensed
40 physician willing to agree to the terms of a managed care contract, including the contract
41 reimbursement schedule and other stipulated requirements, regardless of his or her affiliation or lack of
42 affiliation with a hospital medical staff, to participate and not be excluded from delivering medical
43 services to the patients of the managed care organization; and further the FMA Board of Governors
44 should consider working with established coalitions to address the issue of allowing patients the ability
45 to choose their physician and select the type of health insurance coverage they desire. *(Res 93-08, HOD*
46 *1993, Reaffirmed HOD 2003) (Reaffirmed with one amendment HOD 2011)*

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

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P 295.027 FRAUDULENT AUDITING ACTIVITY

The Florida Medical Association shall work with the Florida Insurance Commissioner and the Florida Attorney General to adopt administrative and regulatory procedures to prevent chart auditing practices that arbitrarily deny claims based upon the purported assertion that the “level of care was not substantiated.” (*Res 09-25, HOD 2009*)

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

P 295.029 PHYSICIAN CIVIL RIGHTS ABUSES BY MANAGED CARE ORGANIZATIONS

The Florida Medical Association (FMA) is directed to study due process/civil rights abuses by managed care organizations (MCOs) and determine if remedial actions such as reporting to state and/or federal agencies (e.g., Florida Attorney General, Medicare Civil Rights Division, etc.) would benefit FMA members. (*Res 11-205, HOD 2011*)

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

P 295.030 HMO'S BAIT AND SWITCH

The Florida Medical Association supports legislation being proposed by the Florida Society of Dermatology and Dermatologic Surgeons that would require HMOs to allow any policyholder to continue to utilize the services of any physician that was on the list of preferred providers as of the date of the policyholder's enrollment for no less than one year from the date of enrollment. (*BOG October 2011*)

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

P 300.000 MEDICAID

P 300.018 MEDICAID HMO PAYMENT FOR NON-CONTRACTED PHYSICIAN HOSPITAL CARE

The Florida Medical Association supports working with the Agency for Health Care Administration and if necessary, seeking legislation that ensures prompt payment from all contracted Medicaid HMO’s for all inpatient hospital care provided by physicians, who are not participating physicians with the plan, but must provide care as a condition of their hospital staff credentialing and/or membership, including, but not limited to newborn care. (*Res 10-403, HOD 2010*)

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

P 305.000 MEDICAL ECONOMICS

P 305.003 COST CONTAINMENT

The Florida Medical Association suggests that its member physicians: (1) Strive to become more keenly aware of the charges for hospital rooms, tests, and other medical services routinely ordered by the physician, (2) Reduce cost and waste by requesting services based upon the availability of quality clinical information and realistic projections, (3) Utilize outpatient testing whenever possible, (4) Demonstrate cost-saving practices to third-party payers to stimulate expansion of their policies to cover service provided through outpatient care, (5) Obtain educational information from specialty sources as a means of keeping abreast of the most cost-effective ways of utilizing diagnostic tests and services. (*Res 82-11, HOD 1982*)(*Reaffirmed 1993*)(*Reaffirmed HOD 2003*) (*Reaffirmed HOD 2011*)

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

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P 305.010 NON-JOINT VENTURE DESIGNATION SERVICES

The Florida Medical Association supports legislation which excludes non joint-ventured facilities which provide designated services from the provisions of the Patient Self Referral Act. *(BOG Rpt D, HOD 1993) (Reaffirmed HOD 2003) (Reaffirmed HOD 2011)*

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

P 305.029 HOSPITAL READMISSION STANDARDS

The Florida Medical Association adopts as policy 3M’s methodology of a 15 day hospital readmission standard and encourages the American Medical Association to lobby Congress to change the current 30 day standard to 15 days. *(BOG May 2010)*

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

P 320.000 MEDICAL STUDENTS

P 320.001 REDUCING MEDICAL STUDENT DEBT

The Florida Medical Association urges the American Medical Association (AMA) to advocate for both increased financing and measures to improve the effectiveness of primary care service obligation components for scholarships, loan-forgiveness programs, and low-interest loan programs that require primary care service in return for financial aid; and further asks the AMA to call for expanded funding and eligibility for federal loan programs targeted to support primary care, such as the Title VII Primary Care Loan Program, allowing the deferment of interest and principal payments on medical student loans until after completion of residency training, and the tax-deductibility of interest and principal payments for such loans if repayment occurs during residency training; and further appeals to the AMA to advocate that financial aid and debt counseling should be available for all medical students, beginning prior to admission and available throughout attendance at medical school and residency, and that further requests the AMA to better publicize opportunities for military and other scholarships and information about loan forgiveness programs. *(Res 03-20, HOD 2003) (Reaffirmed HOD 2011)*

[Recommendation by the Board of Governors: Reaffirm](#)

P 325.000 MEDICARE

P 325.011 GUARANTEE A UNIFORM REPRICING OF PHYSICIAN CLAIMS

The Florida Medical Association supports pursuing legislation that all commercial insurance carriers/payers/networks contracting with physicians using a Medicare based fee schedule be required to utilize the same multiple procedure fee reduction formula as utilized by Medicare; and further pursuing additional legislation to include provisions that failure to contractually agree to a multiple procedure fee reduction when entering into a contractual agreement with a physician provides an uncontestable obligation for the commercial insurance carrier/payer/network to reimburse the physician 100%, first procedure; 50% second procedure; 50% third procedure; 50% fourth procedure; 50% fifth procedure, by report for greater than five procedures. *(Res 03-28, HOD 2003) (Reaffirmed HOD 2011)*

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

P 325.022 MANAGED CARE PANELS

The Florida Medical Association petitions the American Medical Association to seek legislation that would prohibit Medicare managed care companies from terminating without cause an enrollee’s contracted, pre-existing physician before the enrollee’s first subsequent open enrollment period. *(Res 11-415, HOD 2011)*

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

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P 340.000 NURSES AND NURSING

P 340.005 IMPROVING QUALITY OF PATIENT CARE AND WORKING CONDITIONS FOR FLORIDA’S HOSPITAL-BASED NURSES

The Florida Medical Association shall work with the appropriate Florida and national nurses associations and unions to determine what, if any, legislation is appropriate to ensure appropriate workloads and duties for hospital based nurses. *(Amended Res 11-322, BOG October 2011)*

Recommendation by the Council on Legislation: Reaffirm

P 350.000 ORGAN DONATION & TRANSPLANTION

P 350.005 EQUAL ACCESS TO ORGAN TRANSPLANTATION FOR MEDICAID BENEFICIARIES

The Florida Medical Association requests that the American Medical Association urge the Centers for Medicare and Medicaid Services designate organ transplantation care and services which are covered by Medicare to be designated as mandatory benefits under Medicaid, and deemed life-saving and essential, such that Medicaid coverage throughout the United States be uniform, predictable, and enabling regarding access to life-saving care. *(Res 11-410, HOD 2011)*

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

P 370.000 PEER REVIEW/ PEER REVIEW ORGANIZATIONS

P 370.017 REGIONAL PEER REVIEW

The Florida Medical Association shall evaluate existing peer review entities to determine whether these entities can conduct hospital- based peer review which would be controlled by the medical staff in an economically sustainable manner. *(BOG Rpt D-2; Sub Res 10-409; HOD 2011)*

Recommendation by the Council of Medical Education, Science, and Public Health: Reaffirm; still relevant

P 378.000 PHYSICIAN PATIENT RELATIONSHIP

P 378.004 OPPOSITION TO LEGISLATION SEEKING TO LIMIT PHYSICIAN AND PATIENT CONVERSATIONS

The Florida Medical Association opposes any legislation that would seek to interfere with the scope of conversations a physician can have with their patients or patient’s guardian. *(Amended Res 11-305, HOD 2011)*

Recommendation by the Council on Legislation: Reaffirm

P 378.005 PHYSICIAN AND PATIENT RELATIONSHIPS

The Florida Medical Association supports the right of patients and physician to enter into and end patient relationship based solely on the personal choice of the patient or the physician. *(Sub Res 11-319, HOD 2011)*

Recommendation by the Council on Legislation: Reaffirm

P 380.000 PHYSICIAN PAYMENT & REIMBURSEMENT

1 **P 380.009 MENTAL HEALTH CARE IN THE PRIMARY CARE SETTING**

2 The Florida Medical Association seeks legislation requiring parity coverage and reimbursement for
3 treatment of mental illnesses, thereby allowing all physicians and their patients to approach these
4 illnesses as they would any other medical problem. (*Res 00-6, HOD 2000*) (*Reaffirmed Res 03-3, HOD*
5 *2003*) (*Reaffirmed HOD 2011*)

6 Recommendation by the Council on Legislation: Reaffirm

7
8 **P 380.011 REIMBURSEMENT DENIAL BASED SOLELY ON SPECIALTY**

9 The Florida Medical Association opposes any effort by insurance companies or third party payers to
10 restrict professional fee reimbursement based solely on specialty; and further legislation banning
11 insurers from denying reimbursement based solely on specialty; and further through its delegation to
12 the American Medical Association (AMA), calls for the AMA to oppose insurance companies from
13 restricting professional fee reimbursement based on specialties and pursue, through federal legislation,
14 banning insurers from denying reimbursement solely on specialty. (*Res 03-10, HOD 2003*) (*Reaffirmed*
15 *HOD 2011*)

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

17
18 **P 380.019 APPROPRIATE PAYMENT BY AHCA FOR VACCINES AND THEIR ADMINISTRATION**

19 The Florida Medical Association (FMA) is directed to work with the Agency for Healthcare
20 Administration (AHCA) or seek legislation to increase vaccine payments to at least 25% above the
21 vaccine cost, as listed on the CDC Vaccine Price List, for patients with MediKids or Healthy Kids
22 insurance; and further encourages AHCA to update their vaccine fee schedule for MediKids and Healthy
23 Kids patients on the first day of every quarter on their website; and further the FMA will work with
24 AHCA or seek legislation to increase vaccine administration payments for all patients covered by Florida
25 KidCare (Medicaid, MediKids, Healthy Kids, Children's Medical Services) to the Maximum Regional
26 Charges for Florida (~~\$16.06~~) as established by the US Department of Health and Human Services. (*Res*
27 *11-313, HOD 2011*)

28 Recommendation by the Council on Medical Economics and Practice Innovation: Reaffirm with editorial
29 change.

30
31 **P 380.020 TIMELY AND APPROPRIATE PAYMENTS FOR NEW CPT CODES**

32 The Florida Medical Association supports legislation to ensure that, beginning January 1st of each year,
33 health insurance companies recognize and pay physicians for all current-year CPT codes billed. (*Res 11-*
34 *314, HOD 2011*)

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

36
37 **P 380.021 APPROPRIATE PAYMENTS FOR VACCINE PRICE INCREASES**

38 The Florida Medical Association seeks or supports legislation requiring health insurance companies
39 increase vaccine payments by an amount at least equal to the manufacturer vaccine price increase(s)
40 beginning on the day the price increase(s) goes into effect. (*Res 11-315, HOD 2011*)

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

42
43 **P 385.000 PHYSICIAN PAYMENT & REIMBURSEMENT – MEDICARE-MEDICAID**

1 **P 385.002 MEDICARE PHYSICIAN PAYMENT SCHEDULE/RBRVS**

2 The Florida Medical Association opposes the immediate use of RBRVS by the private insurance industry
3 until the major inequities of RBRVS and its implementation by CMS are resolved; and further opposes
4 any legislative plan to mandate Medicare payment levels by private insurers.

5 *(Res 92-63, HOD 1992) (Reaffirmed HOD 2002) (Reaffirmed HOD 2010)*

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

7
8 **P 385.004 RBRVS LAWSUIT**

9 The Florida Medical Association requests that the American Medical Association seek correction of the
10 inadequate malpractice elements in the RBRVS formula. *(Res 03-22, HOD 2003)(Reaffirmed HOD 2011)*

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

12
13 **P 385.005 MEDICARE REIMBURSEMENT**

14 The Florida Medical Association seeks legislation establishing a minimum of 150% of the Medicare fee
15 schedule for reimbursement of non-surgical codes in workers' compensation cases, 200% of the
16 Medicare fee schedule for reimbursement of surgical code, and 300% of the Medicare fee schedule for
17 reimbursement of anesthesia codes. *(BOG March 2003)(Reaffirmed as amended, HOD 2011)*

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

19
20 **P 385.010 PAYMENT FOR PREVENTIVE SERVICES**

21 The Florida Medical Association supports legislation so that comprehensive preventive medicine CPT
22 codes (99381-99387, 99391-99397) are paid at least at "Medicare" rates, as calculated by using RVU's
23 obtained from the Centers of Medicare and Medicaid Services (CMS); and further supports legislation so
24 that vision screening, hearing screening, VEP (visual evoked potential), and recommended age-
25 appropriate laboratory procedures and tests are required to be paid independently when performed
26 along with a comprehensive preventive medicine CPT code (99381-99387, 99391-99397). *(Res 11-311,*
27 *HOD 2011)*

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

29
30 **P 385.011 ACCESS TO SPECIALTY CARE**

31 The Florida Medical Association supports setting Medicaid reimbursement at 100% of the Medicare fee
32 schedule; and further is directed to work with the Agency for Health Care Administration (AHCA) and the
33 managed care industry to assure Medicaid beneficiary access to robust networks of all physicians, as
34 well as multicultural services to address health care disparities; and further assure that specialty care
35 providers for Medicaid beneficiaries be reimbursed at 100% of the Medicare fee schedule. *(Amended*
36 *Res 11-403, HOD 2011)*

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

38
39 **P 390.000 PHYSICIAN PROFILING AND RATING**

40 **P 390.002 ONLINE PHYSICIAN RATING**

41 The Florida Medical Association shall investigate the legal and legislative options to prevent the use of
42 non-validated rating of physicians; and further create model state legislation that would prevent the use
43 of non-validated rating of physicians as a vehicle for defamation. *(BOG May 2011)*

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

1 **P 395.000** **PHYSICIANS**

2 **P 395.006** **PROTECTION OF PHYSICIANS' HOME TELEPHONE NUMBERS**

3 The Florida Medical Association supports taking appropriate actions to protect its member physicians,
4 which may include administrative or if necessary, legislative action, as well as petitioning the Public
5 Service Commission for a hearing and a rule change that would lead to the implementation of measures
6 to prevent the exposure of physicians unlisted home telephone numbers. (*Res 03-40, HOD 2003*)
7 (*Reaffirmed HOD 2011*)

8 **Recommendation by the Council on Legislation: Reaffirm**

9
10 **P 395.009** **Definition of Employed Physician**

11 The Florida Medical Association adopts the following definition of an employed physician: An employed
12 physician is a physician whose majority of compensation is derived from a source other than his or her
13 own independently owned practice and a practice in which he or she does not have a significant
14 ownership interest or is not a significant shareholder. (*BOG February 2011*)

15 **Recommendation by the Board of Governors: Reaffirm**

16
17 **P 400.000** **PRACTICE OF MEDICINE**

18 **P 400.009** **Identify Interventional Pain Medicine as the Practice of Medicine**

19 The Florida Medical Association recognizes that the practice of interventional pain medicine is the
20 practice of medicine; and recognizes that only physicians licensed under chapter 458 and 459 may
21 perform interventional pain medicine techniques; and supports legislation identifying interventional
22 pain medicine as the practice of medicine by medical and osteopathic physicians, but opposes any
23 attempt to limit interventional pain medicine to specific specialties or to be subject to excessive
24 regulations. (*Amended Res 11-306, BOG October 2011*)

25 **Recommendation by the Board of Governors: Reaffirm**

26
27 **P 420.000** **PUBLIC HEALTH**

28 **P 420.028** **INFORMING FLORIDIANS OF THE HEALTH BENEFITS OF FISH CONSUMPTION AND**
29 **DANGERS OF MERCURY TOXICITY**

30 The Florida Medical Association adopts policy stating that seafood is a healthy food that should be a
31 significant part of the diet of people of all ages; and further that special concerns exist for women of
32 ~~pregnancy-age~~ child bearing age, infants, and small children due to the risk of toxicity from some fish
33 species that contain high levels of mercury and low levels of selenium, or high levels of dioxin; and
34 further urges the state of Florida and the federal government to revise their current seafood
35 consumption guidelines and advisories to emphasize the human health benefits of fish consumption for
36 all age groups while also informing consumers of the risks to women of ~~pregnancy-age~~ child bearing age,
37 infants, and small children of eating fish that contain high levels of mercury and low levels of selenium,
38 or high levels of dioxin; and further will work within its current budget to share this information with
39 fellow physicians, patients, academicians, food retailers, and government officials. (*BOG February 2011*)

40 **Recommendation by the Council of Medical Education, Science, and Public Health: Reaffirm; with**
41 **editorial changes**

1 **P 420.029 MAINTAINING PUBLIC HEALTH PROGRAMMATIC INTEGRITY**

2 The Florida Medical Association adopts policy stating that the Governor and Legislature should maintain
3 core public health services as intact programs within state government and should also maintain the
4 intergovernmental partnerships with local boards of county commissioners in order that unique local
5 challenges and opportunities can be appropriately addressed. *(BOG February 2011)*

6 [Recommendation by the Council of Medical Education, Science, and Public Health: Reaffirm; still
7 relevant](#)

8
9 **P 420.030 COLLABORATION BETWEEN HUMAN MEDICINE, VETERINARY MEDICINE, AND THE
10 ENVIRONMENTAL SCIENCES (ONE HEALTH)**

11 The Florida Medical Association supports the “One Health” initiative designed to promote collaboration
12 among the health professions by improving the lives of all species through the integration of human
13 medicine, veterinary medicine, and the environmental sciences; and further is directed to engage in a
14 dialogue with the Florida Veterinary Medical Association and the Florida Public Health Association to
15 determine and implement strategies for enhancing collaboration among the human medical, veterinary
16 medical, and environmental sciences professions in medical education, clinical care, public health, and
17 biomedical research. *(Amended Res 11-105, 2011 HOD)*

18 [Recommendation by the Council of Medical Education, Science, and Public Health: Reaffirm; still
19 relevant](#)

20
21 **P 430.000 REGULATION AND DISCIPLINE**

22 **P 430.013 FOREIGN BODY STANDARD OF CARE PRESUMPTION**

23 The Florida Medical Association (FMA) supports issuing a position statement that leaving a foreign body
24 in a patient is not presumptively below the standard of care and should be left to the clinical judgment
25 of the physician; and further the FMA will write a letter to the Florida Board of Medicine requesting that
26 it adopt a similar position statement that leaving a foreign body in a patient is not presumptively below
27 the standard of care; and further seeks legislation to repeal or amend Florida Statute 456.072(1)(~~bb~~ **cc**).
28 *(Res 03-57, HOD 2003)(Reaffirmed HOD 2011)*

29 [Recommendation by the Council on Legislation: Reaffirm with technical correction to statutory
30 reference](#)

31
32 **P 435.000 RESEARCH**

33 **P 435.003 PHYSICIANS IN SUPPORT OF ANIMAL RESEARCH**

34 The Florida Medical Association encourages legislation which supports the responsible use of animals in
35 research, testing, and education; oppose attacks on life or property, hostile campaigns, the use of
36 misleading and inaccurate information, and all unnecessary restrictions on the humane use of animals
37 for research; and supports legislation that would provide access to unwanted animals for the purposes
38 of research and education. *(Res 92-37, HOD 1992) (Reaffirmed 2002) (Reaffirmed HOD 2011)*

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

40
41 **P 445.016 SCHOOL HEALTH**

42 **P 445.016 RETURN TO PLAY AFTER SUSPECTED CONCUSSION**

43 The Florida Medical Association supports the adoption of requirements that student athletes under age
44 18, who are suspected by a coach, trainer, administrator, or other individual responsible for the health
45 and well-being of athletes of having sustained a concussion, are prohibited from returning to play or
46 practice without prior written approval from an M.D or D.O.; and further supports an educational
47 program for young athletes, parents, and coaches regarding concussions so that they can recognize the

1 symptoms of a concussion and know when to seek medical attention. *(Reaffirmed 11-307 as existing*
2 *policy, HOD 2011)*

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

5

6 **P 470.000 TOBACCO**

7 **P 470.010 CLEAN AIR ON STATE SUPPORTED INSTITUTIONS OF HIGHER LEARNING**

8 The Florida Medical Association recommends that health-affiliated colleges of state supported
9 institutions of higher learning be smoke free, and that the remainder of these campuses allow smoking
10 only in designated areas of the campus. *(BOG May 2011)*

11 Recommendation by the Council of Medical Education, Science, and Public Health: Reaffirm; still
12 relevant

13

14 **P 475.000 TORT REFORM**

15 **P 475.024 LIMITING MALPRACTICE HEDGE FUNDS**

16 The Florida Medical Association supports legislation that would make medical malpractice hedge funds
17 illegal in the State of Florida and requests the American Medical Association do the same. *(Res 11-324,*
18 *HOD 2011)*

19 Recommendation by the Council on Legislation: Reaffirm

20

21

POLICIES TO SUNSET

P 10.000 ACCIDENT PREVENTION

P 10.006 CELL PHONES AND EDUCATION FOR “IN CASE OF EMERGENCY (ICE)”

The Florida Medical Association (FMA) together with other patient advocates including county medical associations/societies and specialty societies, is directed to engage in a social marketing campaign with its members to encourage office staff, on behalf of patients, to educate and advocate for the installation of personalized ICE numbers in the patient’s cell phone either at the time of an office visit or at the time that patients purchase cell phones; and further that an educational campaign relative to ICE number use be encouraged commencing in 2011 or earlier, through FMA publications, county medical association/society, and specialty society web communications and/or other publications; and further advocate in 2011 with consumer groups and major vendors that all cell phone service providers voluntarily provide ICE instructions in their installation booklet and that a separate ICE brochure be available from service providers at all retail stores, posted on their electronic billing, or as a direct mailing to their customers. *(BOG Rpt. A, Sub Res 10-110, HOD 2011)*

Recommendation by the Council of Medical Education, Science, and Public Health: Sunset - accomplished

P 10.007 ADVOCACY CAMPAIGN FOR CELL PHONES AND “IN CASE OF EMERGENCY (ICE)”

The Florida Medical Association is directed to conduct an active patient related advocacy campaign and advocate with state regulatory agencies that all cell phone service providers provide ICE instructions in their installation booklet and that a separate ICE brochure be available at all retail stores, ICE consumer information be posted on their electronic billing, or a brochure providing in case of emergency information be provided as a mailing or with the electronic billing notice to their customers; and all cell phones shall have an emergency application that contains emergency (911) and in case of emergency (ICE) contacts. *(Amended Res 11-101, HOD 2011)*

Recommendation by the Council of Medical Education, Science, and Public Health: Sunset- accomplished

P 55.000 AMERICAN MEDICAL ASSOCIATION

P 55.008 SPECIALTY SOCIETY ADVOCACY

The Florida Medical Association supports recommending to the American Medical Association (AMA) the creation of a new “Specialty Society Advocacy Committee” (primary care and specialty specific) to actively monitor all federal legislation and regulatory policies being proposed by medical specialty societies; and further that the committee be founded on the principle of constructing an active forum for medical specialty societies to formally meet and formulate pro-medicine healthcare policy; and further that the committee function and serve in an important advisory manner to communicate pro-medicine healthcare policies to the governance boards of all AMA recognized medical societies. *(Amended Res 10-204, HOD 2010)*

Recommendation by the Board of Governors: Sunset. Resolution was submitted and not adopted.

P 55.011 PROFESSIONAL SERVICES VS. EVALUATION AND MANAGEMENT SERVICES CPT CODES

The Florida Medical Association requests the American Medical Association revise the CPT policy by removing the description “professional services” and replace with “evaluation and management services”. *(Res 11-416, HOD 2011)*

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

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P 65.000 BOARD OF MEDICINE

P 65.003 MEDICAL LICENSURE APPLICATION – MENTAL ISORDER/IMPAIRMENT

The Florida Medical Association will work with the Florida Board of Medicine to revise Florida’s medical licensure application to change the application question of mental disorder to that of impairment. *(BOG May 2011)*

Recommendation by the Council of Medical Education, Science, and Public Health: Sunset - superseded by more recent policy

P 65.004 PHYSICIAN ASSISTANT ON THE BOARD OF MEDICINE

The Florida Medical Association supports the efforts of the Florida Academy of Physicians Assistants to pass legislation that would place one physician assistant on the Board of Medicine in the place of one of the three consumer members. *(BOG October 2011)*

Recommendation by the Council of Medical Education, Science, and Public Health: Sunset - obsolete

P 80.000 CENTERS FOR MEDICARE AND MEDICAID SERVICES – CMS

P 80.004 DOW JONES LAWSUIT

The Florida Medical Association opposes the Dow Jones lawsuit and will defend the confidentiality of CMS claims data and will develop a coalition to help in this endeavor. *(BOG February 2011)*

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

P 90.000 CHILDREN & HEALTH

P 90.016 NEWBORN SCREENING TO DETECT THE PRESENCE OF SEVERE COMBINED IMMUNODEFICIENCY DISEASE (SCID’S)

The Florida Medical Association supports petitioning both the Governor of the State of Florida and the Florida Legislature to appropriate funds to institute screening for Severe Combined Immunodeficiency Disease (SCID’s) in the State of Florida. *(Amended Res 11-321, HOD 2011)*

Recommendation by the Council on Legislation: Sunset. The DOH currently screens all babies born in Florida for SCID.

P 110.000 DEPARTMENT OF HEALTH

P 110.012 AUTHORITY TO ISSUE EMERGENCY SUSPENSION ORDER

The Florida Medical Association does not support legislation being sought by the Department of Health (DOH) that would give the DOH the authority to issue an Emergency Suspension Order for any health care practitioner who is arrested for an action that would constitute a violation of the Applicable Practice Act. *(BOG October 2011)*

Recommendation by the Council on Legislation: Sunset. The DOH was unsuccessful in passing this legislation and P 110.013 retains the FMA’s position on this policy.

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P 120.000 DISASTER PREPAREDNESS

P 120.008 SOUTHEAST REGIONAL PEDIATRIC DISASTER SURGE RESPONSE NETWORK

The Florida Medical Association supports the efforts of the Southeast Regional Pediatric Disaster Surge Response Network in their efforts to improve pediatric disaster preparedness and response in the southeast including Florida; and further encourages pediatricians as well as all physicians, residents, medical students and their support staff to become members of their local Medical Reserve Corps (MRC) to facilitate: training in the incident command system and public health; integration into their local emergency operations preparedness and response organizations; and, provision of credentialing via their MRC and SERVFL (www.servfl.com). (BOG May 2011)

Recommendation by the Council of Medical Education, Science, and Public Health: Sunset - obsolete

P 130.000 DRUGS – PRESCRIBING AND DISPENSING

P 130.017 COMPREHENSIVE ELECTRONIC PRESCRIPTION DRUG MONITORING PLAN

The Florida Medical Association supports and seeks legislation to create a protected and secure controlled substance registry for the purpose of reporting of all scheduled medications in the State of Florida by all dispensing facilities; and further that access to this controlled substance abuse registry be limited to pharmacists asked to fill a controlled medication prescription or review records by a treating physician; to physicians who have a treating or potentially treating role with a patient; to properly empower state or local administrative agencies; or to law enforcement agencies acting upon court order or under specific authority in an ongoing investigation; and further that this controlled substance registry be interactive with similar programs in other states; and further will dedicate all available resources to support proposed bills to implement a Prescription Drug Monitoring Plan in the State of Florida, specifically by placing this resolution in their 2009 legislative agenda as a top legislative priority. (Res 08-48, HOD 2008) (Reaffirmed as existing policy Res 11-301, HOD 2011)

Recommendation by the Council on Legislation: Sunset - accomplished

P 130.019 CONTINUED SUPPORT FOR PRESCRIPTION DRUG MONITORING PROGRAM

The Florida Medical Association supports the immediate implementation of the Prescription Drug Monitoring Program (PDMP); and further supports the creation of an elective course to educate physicians on the guidelines and requirements for prescribing in compliance with the PDMP. (Res 11-109, HOD 2011)

Recommendation by the Council on Legislation: Sunset

P 160.000 END OF LIFE

P 160.001 PHYSICIAN ASSISTED SUICIDE - RULING OF AMA

The Florida Medical Association supports the following ruling of the AMA regarding physician assisted suicide: "The AMA opposes the participation of a physician, voluntarily or involuntarily, in the termination of a person's life by the administration of any agent or the use of any means to actively terminate a person's life." (BOG June 1992) (Reaffirmed HOD 2002) (Reaffirmed HOD 2011)

Recommendation by the Council on Judicial and Ethical Affairs: Sunset

P 185.000 EXPERT WITNESS

P 185.002 EXPERT WITNESS

The Florida Medical Association seeks to enact legislation which would establish guidelines for the necessary qualifications of medical expert witnesses in DPR and professional liability matters. (Res 93-24, HOD 1993) (Reaffirmed HOD 2003) (Reaffirmed HOD 2011)

Recommendation by the Council on Legislation: Sunset – accomplished

1 **P 185.015 FMA EXPERT WITNESS PROGRAM**

2 The Florida Medical Association’s Council on Ethical and Judicial Affairs (CEJA) is directed to develop new
3 expert witness testimony guidelines to be modeled after existing national standards for its members;
4 and further develop a new expert witness committee to evaluate and discipline members whose
5 testimony violates these guidelines. (*Res 10-208, HOD 2010*)

6 **Recommendation by the Council on Judicial and Ethical Affairs: Sunset**

7
8 **P 185.016 OUT-OF-STATE EXPERT WITNESSES IN CHILD ABUSE CASES**

9 The Florida Medical Association supports legislation that requires non-Florida licensed physicians called
10 to testify in criminal or civil cases involving medical issues such as child abuse cases be required to
11 obtain an Expert Witness Certificate from the Florida Department of Health. (*Amended Res 11-316, HOD*
12 *2011*)

13 **Recommendation by the Council on Legislation: Sunset - accomplished**

14
15 **P 190.005 FIREARMS**

16 **P 190.005 PHYSICIAN ABILITY TO FREELY DISCUSS GUN SAFETY**

17 The Florida Medical Association opposes requiring any patient to answer any questions posed by their
18 physicians; and further actively opposes any attempt to restrict physician questions to patients or
19 require questions of patients; and further legally supports, to the greatest degree possible, any FMA
20 member subject to disciplinary action based on enforcement of the Florida gun law (HB 155, 2011) if the
21 affected physician was acting based on the medical necessity and safety of the patient or others. (*Sub*
22 *Res 11-319, HOD 2011*)

23 **Recommendation by the Council on Legislation: Sunset**

24
25 **P 235.000 HEALTH SYSTEM REFORM**

26 **P 235.010 IMMEDIATE HALT OF IMPLEMENTATION OF PPACA**

27 The Florida Medical Association requests Florida Attorney General Pam Bondi and Governor Rick Scott
28 seek an order from federal court for an immediate halt of implementation of the Patient Protection and
29 Affordable Care Act (as amended) until the federal court system has settled the matter; and further asks
30 the State of Florida to take action in federal court requesting that the U.S. Supreme Court act quickly to
31 review all pending cases on the Patient Protection and Affordable Care Act (as amended) through a Writ
32 of Certiorari. (*BOG February 2011*)

33 **Recommendation by the Council on Medical Economics and Practice Innovation: Sunset**

34
35 **P 235.011 ACTION BY U.S. SUPREME COURT**

36 The Florida Medical Association supports Senator Nelson’s resolution calling for speedy action by the
37 U.S. Supreme Court on the matter of the Patient Protection and Affordable Care Act and will
38 communicate the same to Senator Nelson and Senator Rubio. (*BOG February 2011*)

39 **Recommendation by the Council on Medical Economics and Practice Innovation: Sunset**

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P 248.000 IMMUNITY

P 248.004 IMMUNITY FROM LIABILITY FOR PRE-PARTICIPATION SCREENINGS IN SCHOOL SPONSORED EVENTS

The Florida Medical Association actively pursues legislation to amend Chapter 768.135, Florida Statutes, to provide volunteer team physicians immunity from civil liability, so as to include physicians who, without compensation or expectation of compensation, conduct a physical examination or medical screening of a patient for the purpose of certifying the patient’s eligibility to participate in a school-sponsored extracurricular or sporting activity. *(Res 03-29, HOD 2003) (Reaffirmed HOD 2011)*

Recommendation by the Council on Legislation: Sunset - accomplished

P 260.000 INSURANCE

P 260.029 HIGH RISK INSURANCE EXPANSION POOL

The Florida Medical Association supports entering into a discussion with Health and Human Services on the benefits of supporting the high risk insurance expansion pool. *(BOG October 2010)*

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

P 260.035 HIGH RISK INSURANCE POOL

The Florida Medical Association (FMA) is directed to issue a statement to its members providing the details and benefits of the Pre-existing Condition Insurance Plan (PCIP) and disseminate its website address www.PCIP.gov and toll free number 1-866-717-5826. *(Amended Res 11-417, HOD 2011)*

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

P 283.000 LIABILITY/ PROFESSIONAL LIABILITY

P 283.021 PATIENT'S COMPENSATION SYSTEM

The Florida Medical Association shall work with the group Patients for Fair Compensation on legislation that would set up a no-fault workers compensation style system for medical liability cases. *(BOG October 2011)*

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

P 300.000 MEDICAID

P 300.024 MEDICAID REFORM WAIVER EXTENSION AND STATEWIDE EXPANSION

The Florida Medical Association publicly opposes the request for extension of the waiver and Medicaid Reform state wide and address all physicians’ concerns; and further is directed to send a letter to the Centers for Medicare and Medicaid Services (CMS) within one month and before the expiration of any comment period specifically asking CMS not to extend the waiver nor allow the state to expand the program statewide because Florida has failed and is still failing to properly address concerns by patients, physicians, hospitals and CMS alike. *(Res 11-414, HOD 2011)*

Recommendation by the Council on Medical Economics and Practice Innovation: Sunset, the waiver program has been implemented and renewed.

P 305.000 MEDICAL ECONOMICS

P 305.009 PATIENT PRIVACY AND CMS'S UNIFORM CLINICAL DATA SET (UCDS)

The Florida Medical Association registers complete opposition to the implementation of UCDS within the state of Florida; and further will negotiate directly with CMS to arrive at a mutually acceptable health care review process, preserving the patient's right to privacy, to be implemented throughout the state of Florida; and further will take all steps necessary to change American Medical Association (AMA)

1 policy currently supporting the implementation of UCDS to a policy which protects the patient's right to
2 privacy. *(Res 92-ER, HOD-1992) (Reaffirmed 2002) (Reaffirmed HOD 2003) (Reaffirmed HOD 2011)*

3 **Recommendation by the Council on Medical Economics and Practice Innovation: Sunset**
4

5 **P 420.000 PUBLIC HEALTH**

6 **P420.031 FLORIDA PUBLIC HEALTH INSTITUTE**

7 The Florida Medical Association recognizes the efforts of the Florida Public Health Institute. *(BOG May*
8 *2011)*

9 **Recommendation by the Council of Medical Education, Science, and Public Health: Sunset -**
10 **accomplished**
11

12 **P 470.000 TOBACCO**

13 **P 470.011 SECONDHAND SMOKE AND COMPREHENSIVE TOBACCO FREE POLICIES THROUGHOUT**
14 **THE STATE OF FLORIDA**

15 The Florida Medical Association supports comprehensive policies for smoke free workplaces throughout
16 Florida including those currently exempted by Florida law such as standalone bars, fraternal clubs and
17 other venues; and further encourages the dissemination and publication of existing city, county and
18 school district policies regarding tobacco free parks, outdoor recreation venues, schools, beaches and
19 government property and buildings. *(Res 11-104, HOD 2011)*

20 **Recommendation by the Council of Medical Education, Science, and Public Health: Sunset -**
21 **accomplished**
22

Resolution 19-101

Local Safe Kids Coalitions

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

1 Whereas, Existing FMA policy (P90.014) recognizes the "...importance of the physical and mental well-
2 being of children to the future of our State..."; and

3
4 Whereas, Throughout, the world, almost one million children die of an injury each year, and almost
5 every one of these tragedies is preventable; and

6
7 Whereas, Preventable injuries are the #1 killer of children in the United States with 8,000 families losing
8 a child, and nearly 7.7 million children are treated for injuries in emergency departments every year; and

9
10 Whereas, Approximately one out of ten Florida children aged 19 years and under each year are injured
11 seriously enough to require a visit to the emergency department or admission to a hospital for medical
12 treatment; and

13
14 Whereas, Safe Kids Worldwide is a nonprofit organization working to help families and communities
15 keep kids safe from injuries; and

16
17 Whereas, Safe Kids works with an extensive network of more than 400 coalitions in the United States
18 and partners in more than 30 countries to reduce traffic injuries, drownings, falls, burns, poisonings, and
19 more; and

20
21 Whereas, Since being founded in 1988, Safe Kids has helped reduce the U.S. childhood death rate from
22 unintentional injury by 60 percent; and

23
24 Whereas, Safe Kids Florida, which is led by the Florida Department of Health, has a dedicated and caring
25 staff that provides operational support, and other resources to assist in achieving the common goal of
26 keeping our kids safe; and

27
28 Whereas, There are currently 14 local Safe Kids coalitions covering 39 counties located throughout
29 Florida with 85 percent of Florida's children ages 19 and under living in a county where Safe Kids
30 operates; and

31
32 Whereas, The best approach for addressing the needs of children in preventing injuries focuses on the
33 formation of community-based coalitions that encourage private and public agency personnel from
34 across multiple disciplines to coordinate their mutual interests, resources, and responsibilities; and

35
36 Whereas, Based on the needs of each community, a Safe Kids coalition implements evidence-based
37 programs, such as car-seat checkups, safety workshops, and sports clinics that help parents and
38 caregivers prevent childhood injuries; and

39
40 Whereas, In the first three months of 2018, Safe Kids coalitions in Florida checked 47,762 car seats,
41 distributed 19,675 car seats, and reached 143,092 children and 192,675 parents, and accomplished this
42 with the involvement of 7,336 volunteers; and

44 Whereas, The physicians who practice in our communities are a vital component of the lives of our
45 children; therefore, be it

46
47 RESOLVED, That the FMA supports the development of local Safe Kids coalitions that provide leadership
48 in their communities and work to reduce unintentional childhood injury and death by identifying and
49 targeting the most common injury problems in their local areas, and, by combining the resources of
50 their diverse membership, they can plan and implement strategies to address those problems by
51 educating adults and children, creating safe environments, conducting research, and by advocating for
52 effective policies; and be it further

53
54 RESOLVED, That the FMA encourages physicians to partner with their local Safe Kids coalitions that are
55 reaching out to their communities with injury prevention messages, safety devices, and hands-on
56 training.

Fiscal Note:

Description	Amount	Budget Narrative
5 staff hours	\$300	Can be accomplished with current staff
Total	\$300	\$0 added to the operating budget

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

Reference Committee: I – Health, Education & Public Policy

Resolution 19-102
Initial Assessment and Treatment Recommendations by Specialists
Amaryllis Wohlever Sanchez, MD

1 Whereas, primary care physicians care for a broad spectrum of patients; and

2
3 Whereas, primary care physicians sometimes refer patients to specialists seeking *their expertise*
4 in the evaluation, diagnosis, and treatment of their patients; and

5
6 Whereas, a patient’s initial assessment and thorough evaluation by a board-certified
7 specialist is what primary care physicians need and patients need and deserve when referred
8 to a specialist; and

9
10 Whereas, nurse practitioners can switch “specialties” without any clinical training
11 whatsoever in their chosen “specialty;” and

12
13 Whereas, a nurse practitioner or a physician assistant’s assessment and treatment plan for an
14 initial evaluation does not provide the level of expertise primary care physicians are seeking
15 (and patients deserve) when referring patients to a physician specialist; and

16
17 Whereas, optimal patient care can be compromised through delays in diagnosis and treatment
18 resulting from initial evaluations by nurse practitioners and physician assistants rather than
19 specialist physicians, now; therefore, be it

20
21 RESOLVED, that the FMA communicate to the various specialty societies, either directly or
22 through their representatives, the concern regarding the increasing and, at times, risky use
23 of nurse practitioners and physician assistants for initial evaluation of patients referred to
24 specialist physicians, and be it further

25
26 RESOLVED, that the FMA encourage the various specialty societies to develop and adopt
27 appropriate clinical guidelines to ensure patients referred to specialist physicians have their
28 initial assessment, diagnostic evaluation, and formulation of a treatment plan performed by
29 the specialty physician rather than a non-physician practitioner.

30
Fiscal Note:

Description	Amount	Budget Narrative
4 staff hours	\$458	Can be accomplished with current staff
Total	\$458	\$0 added to the operating budget

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

Reference Committee: I – Health, Education & Public Policy

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

- 1 Whereas, the present push to allow smoking medical marijuana is just another step to recreational
2 marijuana; and
3
4 Whereas, ten states apparently allow recreational drug, despite federal law; and
5
6 Whereas, legislators look at tax revenues; and
7
8 Whereas, there is a considerable cost to recreational drug; therefore be it
9
10 RESOLVED, The FMA Committee on Medical Education, Science, & Public Health compile data on
11 medical marijuana and the cost in terms of increased accidents, suicides, ER visits, productivity and
12 increased insurance premiums.

Fiscal Note:

Description	Amount	Budget Narrative
25 staff hours	\$1,700	Can be accomplished with current staff
Total	\$1,700	\$0 added to the operating budget

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

Reference Committee: I – Health, Education & Public Policy

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

1 Whereas, the American Board of Medical Specialties' (ABMS) *Vision for the Future* Final Report
2 recommends that the summative decision regarding a diplomat's Continued Board Certification should
3 be based on "aggregated data from formative assessments combined with other data related to
4 professional standing, continuing professional development, and activities that advance practice to
5 improve care;" and
6

7 Whereas, the first ABMS Vision for the Future's Short-Term and Intermediate Recommendation is
8 "Continuing certification must change to incorporate longitudinal and other innovative formative
9 assessment strategies that support learning, identify knowledge and skills gaps, and help diplomates
10 stay current; and
11

12 Whereas, the ABMS Vision Final Report makes the following point explicitly "The Commission
13 recommends that the ABMS Boards must offer alternatives to burdensome highly secure, point-in-time
14 examinations or assessments of knowledge, and they must no longer use a single point-in-time
15 examination or a series of single point-in-time assessments as the sole method to determine
16 certification status. The Commission recommends the ABMS Boards move quickly to formative
17 assessment formats that are not characterized by high-stakes summative outcomes (pass/fail), specified
18 timeframes for high-stakes assessment, or require burdensome testing formats (such as testing centers
19 or remote proctoring) that are inconsistent with the desired goals for continuing certification – support
20 learning; identify knowledge and skills gaps; and help diplomates stay current;" and
21

22 Whereas, in the ABMS Board of Director's response to the Vision for the Future Commission's
23 recommendations stated the necessary first steps be "Agreement of all 24 ABMS Member Boards to
24 commit to longitudinal or other formative assessment strategies and offer alternatives to the highly-
25 secure, point-in-time examinations of knowledge," and furthermore "Commitment by ABMS to develop
26 new, integrated standards for continuing certification programs by 2020. The standards will address the
27 Commission recommendations for flexibility in knowledge assessment and advancing practice, feedback
28 to diplomates and consistency;" and
29

30 Whereas, an ABMS subsidiary board, the American Board of Family Medicine (ABFM), claims the newly
31 released ABFM Family Medicine Certification Longitudinal Assessment (FMCLA) is consistent with the
32 ABMS Vision recommendation despite the fact that the ABFM website states "FMCLA is designed to
33 assess Diplomates in a comparable way to the 10-year examination" and per the ABFM FMCLA
34 Information Booklet, "Those physicians whose performance falls below the minimum passing standard
35 after completing the longitudinal assessment will be required to take the Family Medicine Certification
36 Examination at a secure proctored test center in their fifth year (2023);" and
37

38 Whereas, the ABFM's response provides a clear example of how ABMS subsidiary boards are reluctant
39 to move away from the past high-stake assessment process and forward toward the formative processes
40 recommended by the ABMS Vision recommendation; therefore, be it
41

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

- 44 • implement the specifics and the spirit of the ABMS *Vision for the Future* Final Report regarding
- 45 Assessment Recommendation which states “Continuing certification must change to incorporate
- 46 longitudinal and other innovative formative assessment strategies that support learning, identify
- 47 knowledge and skills gaps, and help diplomates stay current. The ABMS Boards must offer an
- 48 alternative to burdensome highly-secure, point-in-time examinations of knowledge.”
- 49 • abandon Continued Certification processes characterized by high-stakes summative outcomes
- 50 (pass/fail examinations), specified timeframes for high-stakes assessment, or require
- 51 burdensome testing formats (such as testing centers or remote proctoring) that are inconsistent
- 52 with the desired goals for continuing certification,
- 53 • develop innovative formative Continued Certification processes grounded in adult learning
- 54 principles (e.g. frequent, spaced learning with timely feedback; repeated for reinforcement; gap
- 55 analysis to aid focus) and support diplomates in their commitment to continuing professional
- 56 development aimed at keeping current and improving patient care, and be it further
- 57

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

Fiscal Note:

Description	Amount	Budget Narrative
15 staff hours	\$1,480	Can be accomplished with current staff
Total	\$1,480	\$0 added to the operating budget

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

Reference Committee: I – Health, Education & Public Policy

Resolution 19-105
Advertisement of Electronic Nicotine Delivery Systems

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

1 Whereas, Electronic Nicotine Delivery Systems (ENDS), such as electronic cigarettes, were introduced in
2 the early 2000s as a smoking cessation tool by delivering vaporized nicotine through a noncombustible
3 and safer means, when compared to conventional smoking¹; and
4

5 Whereas, Contrary to conventional cigarettes, ENDS contain a variable amount of nicotine content
6 (ranging up to 31%), a wide range of flavors considered to be child-friendly, and a lack of advertising
7 regulation from the US Food and Drug Administration (FDA), all of which have led to a drastic increase in
8 ENDS consumers that identify as youth and/or adolescents over the last five years^{2,3}; and
9

10 Whereas, A study concluded that ENDS companies advertise their products to a broad audience that
11 includes 24 million youths³; and
12

13 Whereas, Although many states have created their own legislation to prevent sales to minors, many
14 children and adolescents are still exposed to ENDS by public exposure or advertisements¹; and
15

16 Whereas, The Centers for Disease Control and Prevention (CDC) published a report in 2018 which
17 analyzed information from 2014-2016 participants of the National Youth Tobacco Surveys finding that
18 41% of participants reported exposure to ENDS advertisements via the Internet and online media⁴; and
19

20 Whereas; The World Health Organization, the surgeon general, and many professional societies have
21 recognized the urgency of creating policy to prevent youth engagement in tobacco use and subsequent
22 disease^{5,6}; and
23

24 Whereas, States and local municipalities have the ability to regulate the time, place, and manner of
25 tobacco marketing with California and Delaware regulating ENDS advertisements on online and mobile
26 application geared towards minors^{7,8}; therefore, be it
27

28 RESOLVED, That the Florida Medical Association support the prohibition of electronic nicotine delivery
29 system advertisements on websites and online/mobile applications that are directed towards minors;
30 and be it further
31

32 RESOLVED, That the Florida Medical Association support the prohibition of billboard ads for tobacco
33 products, including electronic nicotine delivery systems, on any outdoor billboard located within 1,000
34 feet of a school or public playground.
35

Fiscal Note:

Description	Amount	Budget Narrative
2 staff hours	\$80	Can be accomplished with current staff
Total	\$80	\$0 added to the operating budget

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

Reference Committee: I – Health, Education & Public Policy

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RELEVANT AMA POLICY

Sales and Distribution of Tobacco Products and Electronic Nicotine Delivery Systems (ENDS) and E-cigarettes H-495.986

Our AMA:

(1) recognizes the use of e-cigarettes and vaping as an urgent public health epidemic and will actively work with the Food and Drug Administration and other relevant stakeholders to counteract the marketing and use of addictive e-cigarette and vaping devices, including but not limited to bans and strict restrictions on marketing to minors under the age of 21;

(2) encourages the passage of laws, ordinances and regulations that would set the minimum age for purchasing tobacco products, including electronic nicotine delivery systems((ENDS)) and e-cigarettes, at 21 years, and urges strict enforcement of laws prohibiting the sale of tobacco products to minors;

(3) supports the development of model legislation regarding enforcement of laws restricting children's access to tobacco, including but not limited to attention to the following issues: (a) provision for licensure to sell tobacco and for the revocation thereof; (b) appropriate civil or criminal penalties (e.g., fines, prison terms, license revocation) to deter violation of laws restricting children's access to and possession of tobacco; (c) requirements for merchants to post notices warning minors against attempting to purchase tobacco and to obtain proof of age for would-be purchasers; (d) measures to facilitate enforcement; (e) banning out-of-package

cigarette sales ("loosies"); and (f) requiring tobacco purchasers and vendors to be of legal smoking age;

(4) requests that states adequately fund the enforcement of the laws related to tobacco sales to minors;

(5) opposes the use of vending machines to distribute tobacco products and supports ordinances and legislation to ban the use of vending machines for distribution of tobacco products;

(6) seeks a ban on the production, distribution, and sale of candy products that depict or resemble tobacco products;

(7) opposes the distribution of free tobacco products by any means and supports the enactment of legislation prohibiting the disbursement of samples of tobacco and tobacco products by mail;

(8) (a) publicly commends (and so urges local medical societies) pharmacies and pharmacy owners who have chosen not to sell tobacco products, and asks its members to encourage patients to seek out and patronize pharmacies that do not sell tobacco products; (b) encourages other pharmacists and pharmacy owners individually and through their professional associations to remove such products from their stores; (c) urges the American Pharmacists Association, the National Association of Retail Druggists, and other pharmaceutical associations to adopt a position calling for their members to remove tobacco products from their stores; and (d) encourages state medical associations to develop lists of pharmacies that have voluntarily banned the sale of tobacco for distribution to their members; and

(9) opposes the sale of tobacco at any facility where health services are provided; and

(10) supports that the sale of tobacco products be restricted to tobacco specialty stores.

Resolution 19-106
Opposing Sexual Orientation Change Therapy
 Medical Student Section

1 Whereas, Sexual orientation change efforts (SOCE), also called “conversion therapy” or “reparative
 2 therapy,” refers to any form of intervention, such as individual or group, behavioral or cognitive, or
 3 milieu/environmental therapy, which attempts to change an individual’s sexual orientation or sexual
 4 behaviors¹⁻³; and

5
 6 Whereas, The scientific and medical communities are in consensus that homosexuality is not a
 7 mental illness which requires addressing⁴⁻⁶; and

8
 9 Whereas, There is substantial scientific evidence and anecdotal reports that suggest SOCE may
 10 cause significant psychological distress, and increase the risk of depression, self-hatred, and
 11 attempted suicide;⁷⁻¹⁸; and

12
 13 Whereas, It is estimated that 698,000 LGBTQ adults in the U.S have received SOCE at some point in
 14 their lives, including over half who experienced this as adolescents, and an estimated 20,000 LGBTQ
 15 youth in the U.S. will undergo SOCE from a licensed healthcare professional before age 18 annually;
 16 ¹⁹; and

17
 18 Whereas, Although 20 cities and counties in Florida have prohibited SOCE in minors under the age
 19 of 18, the state has yet to enact legislation that would render SOCE in minors illegal in the entire
 20 state of Florida²⁰; and

21
 22 Whereas, Nearly every professional health organization, including the South Carolina Medical
 23 Association, has taken a formal position against SOCE for the lack of evidence of its efficacy and
 24 potential risk of serious harm²¹⁻³²; and

25
 26 Whereas, Eighteen states and Washington, D.C. have passed laws that prohibit licensed mental health
 27 practitioners from engaging in any practice that purports to change the sexual orientation of LGBTQ
 28 minors³³; and

29
 30 Whereas, The American Medical Association has policy that opposes the use of “reparative” or
 31 “conversion therapy” for sexual orientation or gender identity³⁴; therefore, be it

32
 33 **RESOLVED**, That the Florida Medical Association oppose the practice of sexual orientation
 34 change efforts directed toward minors.

Fiscal Note:

Description	Amount	Budget Narrative
1 staff hour	\$40	Can be accomplished with current staff

Total	\$40	\$0 added to the operating budget
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Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: I – Health, Education & Public Policy

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RELEVANT AMA POLICY

Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations H-160.991

1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual

orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ; (b) is committed to

taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ patients; (iii) encouraging the development of educational programs in LGBTQ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.

2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors.

3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ health issues.

4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ people.

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

1 Whereas, the National Cancer Institute has identified colorectal cancer as the second leading cause of
2 cancer-related death in the United States in men and women combined; and
3
4 Whereas, colorectal cancer is largely preventable through screening and interventions that remove pre-
5 cancerous polyps; and
6
7 Whereas, the American Cancer Society now recommends colorectal cancer screening for adults
8 beginning at age 45 and subsequent screening every ten years at least through age 75, a significant at-
9 risk population in Florida; and
10
11 Whereas, Medicare patients undergoing screening colonoscopies do not have co-insurance or
12 deductibles, yet do when, in the course of screening, a polyp is discovered and removed, and the
13 procedure is reclassified as therapeutic; and
14
15 Whereas, the Removing Barriers to Colorectal Cancer Screening Act (HR 1570/S 668), bipartisan and
16 bicameral federal legislation, seeks parity in waiver of Medicare’s cost-sharing requirement between
17 screening and therapeutic (i.e., polypectomy) colonoscopies; therefore, be it
18
19 RESOLVED, that the Florida Medical Association send letters urging support and co-sponsorship of the
20 Removing Barriers to Colorectal Cancer Screening Act (HR 1570/S 668) to each member of the Florida
21 Congressional delegation.

Fiscal Note:

Description	Amount	Budget Narrative
7 staff hours	\$657	Can be accomplished with current staff
Postage and Printing	\$ 17	
Total	\$674	\$0 added to the operating budget

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

Reference Committee: I – Health, Education & Public Policy

Resolution 19-108
Online Database for Physicians and Patients Interested in Stem Cell Therapy
 Benjamin Kaplan, M.D.

1 Whereas, According to the literature and many experts, stem cell treatments represent the future of
 2 medicine. In fact, throughout the world, large amounts of monetary resources are allocated for the
 3 expansion of research in this area. The hope is to ensure the development of innovative forms of
 4 medicine that provide relief for many chronic medical conditions; and
 5

6 Whereas, Patients continually desire treatments that provide relief and hope for facing pathological
 7 diseases in which current medical treatments provide minimal to no relief. This desire leads to patients’
 8 quest for a prolonged and greater quality of life; and
 9

10 Whereas, Stem cell therapies can provide a new avenue of treatment, many times, there is little to no
 11 oversight as to which physicians or providers of stem cell therapy are of the highest quality and efficacy.
 12 As such, primary care physicians do not have a reputable and trustworthy source to use to help refer
 13 their patients to these providers; and
 14

15 Whereas, The Florida Medical Association is a professional association dedicated to the service and
 16 assistance of Doctors of Medicine and Doctors of Osteopathic Medicine in Florida; and
 17

18 Whereas, The FMA represents more than 25,000 members on issues of legislation and regulatory affairs,
 19 medical economics and education, public health, and ethical and legal issues; and
 20

21 Whereas, The FMA advocates for physicians and their patients to promote the public health, ensure the
 22 highest standards of medical practice, and to enhance the quality and availability of health care in the
 23 Sunshine State; and
 24

25 Whereas, The FMA’s vision is to be the premier professional organization for physician leadership,
 26 advocacy, patient care and education; therefore be it
 27

28 RESOLVED, That the Florida Medical Association create standard criteria that will evaluate the training
 29 and expertise of physicians that provide high quality, reputable, and trustworthy stem cell therapies;
 30 further
 31

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

Fiscal Note:

Description	Amount	Budget Narrative
100 staff hours	\$5,000	Can be accomplished with current staff
Physician Panel	\$2,500	Meeting expenses
Total	\$7,500	\$2,500 added to the operating budget

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

Reference Committee: I – Health, Education & Public Policy

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Resolution 19-109

SUCCESS: Supporting Climate Change Efforts

Submitted By: Benjamin Kaplan, OCMS/SCMS

1 Whereas, Disruption of our climate system, once a theoretical concern, is now occurring in plain view —
2 with a growing human toll brought by powerful storms, flooding, droughts, wildfires, and rising numbers
3 of insect-borne diseases; and
4

5 Whereas, Psychological stress, political instability, forced migration, and conflict are other unsettling
6 consequences of climate change. AND, particulate air pollutants released by burning fossil fuels are
7 shortening human life in many regions of the world; and
8

9 Whereas, Projected climate change is expected to alter the geographic range and burden of a variety of
10 climate-sensitive health outcomes and to affect the functioning of public health and health care
11 systems; and
12

13 Whereas, These effects of climate disruption are fundamentally health issues, and they pose existential
14 risks to all of us. People who are sick or poor will suffer the most; and
15

16 Whereas, We physicians, have a special responsibility to safeguard health and alleviate suffering; and
17

18 Whereas, Physicians are morally bound to take a lead role in confronting climate change with the
19 urgency that it demands; and
20

21 Whereas, Changing our institutions and society will therefore require concerted, organized, and forceful
22 efforts; and
23

24 Whereas, Most Americans perceive climate change as a distant problem that will not affect them
25 personally. AND others, simply feel powerless; and
26

27 Whereas, Physicians, as trusted sources of health information including societies such as the American
28 College of Physicians have published materials that can educate our colleagues, patients, and students
29 about the health effects of climate change and the need for rapid reductions in fossil fuel use; therefore
30 be it
31

32 RESOLVED, That the Florida Medical Association support and publish educational resources on the links
33 between environmental degradation and tangible health problems, such as air pollution, insect-borne
34 diseases, and heatstroke.
35

36 RESOLVED, That the Florida Medical Association support legislative advocacy, with a focus on the health
37 imperative of addressing climate change.

Fiscal Note:

Description	Amount	Budget Narrative
Outside Consultant	\$100,000	Contracted Climate Scientist
100 staff hours	\$ 15,300	Can be accomplished with current staff
Total	\$115,300	\$100,000 added to the operating budget

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

Reference Committee: I – Health, Education & Public Policy

Resolution adopted from literature: Climate Change — A Health Emergency, Caren G. Solomon, M.D., M.P.H., and Regina C. LaRocque, M.D., M.P.H.; *n engl j med* 380;3 nejm.org January 17, 2019

1. Intergovernmental Panel on Climate Change. Global warming of 1.5 °C. October 8, 2018 (<https://report.ipcc.ch/sr15/>).
2. Seervai S, Blumenthal D. To be high performing, the US health system will need to adapt to climate change. In: *To the point*. New York: The Commonwealth Fund, April 18, 2018 (<https://www.commonwealthfund.org/blog/2018/04/be-high-performing-us-health-system-will-need-adapt-climate-change>).
3. Gallup. Climate change home page (https://news.gallup.com/topic/category_climate_change.aspx).
4. The disinformation playbook: how business interests deceive, misinform, and buy influence at the expense of public health and safety. Cambridge, MA: Center for Science and Democracy, Union of Concerned Scientists (<https://www.ucsusa.org/our-work/center-science-and-democracy/disinformation-playbook#.XBek2M1OmUI>).
5. van der Horst C. Civil disobedience and physicians — protesting the blockade of Medicaid. *N Engl J Med* 2014; 371: 1958-60. The United Nations Intergovernmental Panel on Climate Change concluded that we need to cut global greenhouse gas emissions in half by 2030 and entirely by 2040 to avoid the most catastrophic effects of climate change.

American College of Physicians www.acponline.org: Climate change tool kit

American Lung Association www.lung.org: “State of the Air” report on air pollution

Health Care without Harm <https://noharm.org>: Environmentally responsible health care, physician advocacy network

Medical Society Consortium on Climate and Health <https://medsocietiesforclimatehealth.org>: Coalition of U.S. medical societies supporting climate action, educational materials, and consensus statements

Physicians for Social Responsibility www.psr.org: List of local chapters, “Climate change makes me sick” educational campaign

The Lancet Countdown on Health and Climate Change www.lancetcountdown.org: International research collaboration tracking the world's response to climate change, including a policy brief for the United States



Reference Committee II



Reference Committee No. II Finance and Administration

Saturday, August 10, 2019
10:00 a.m. – 12:30 p.m.
Hilton Bonnet Creek, Orlando

Members:

Rick Palmon, M.D. , CHAIR	Lee CMS
Jeremy Caudill, D.O.	St. Johns CMS
Dawn Davanzo, M.D.	Palm Beach CMS
Vania Fernandez, M.D.	Broward CMA
Jay Redan, M.D.	Fl. Ch., American College of Surgeons
Brence Sell, M.D.	Florida Society of Anesthesiology
Janet West, M.D.	Duval CMS

Agenda:

Board of Governors Report B

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

Resolutions:

- | | |
|--------|--|
| 19-201 | NICA Update |
| 19-202 | Physician Non-Compete |
| 19-203 | Educating FMA Members Regarding Legal and Legislative Efforts to End MOC Mandates |
| 19-204 | Public Relations Campaign |
| 19-205 | Substance Use Disorders Are Not Social History Problems |
| 19-206 | Composition of the Body of Medical Staffs, Executive Committee and Board of Trustees |
| 19-207 | Creation of Oversight Database |

Treasurer's Report

Report B of the Board of Governors

Corey Howard, M.D., FMA President and Chair

The Board of Governors submits the following report to the House of Delegates. This report contains **one recommendation** and a summary of major actions taken on issues related to finance, administration, bylaws, and other sections. Also included in this report are activities as reported by the Committee on Bylaws, Committee on Finance & Appropriations, Florida AMA Delegation, and Medical Student Section, etc.

RECOMMENDATION B-1

Bylaws Amendment

Chapter VI, Board of Governors

Section 1. Composition

That the FMA Bylaws be amended to create an additional Public Member seat on the Board of Governors who shall be appointed by the President, for a term of 2 years, so that one public member is appointed each year.

CHAPTER VI

BOARD OF GOVERNORS

Section 1. COMPOSITION

The Board of Governors shall also consist of the following members who shall be appointed by the FMA President, for a term of one year, and approved by the Board of Governors:

- An at-large member;
- One representative of the Council of Florida Medical School Deans, provided that the representative must be from an institution with full active membership in the FMA;
- ~~A public member who shall be an individual who does not possess the degree of Doctor of Medicine or its equivalent, and who is not a medical student;~~
- A Parliamentarian, who must be an FMA member; and
- One representative of the Council of Florida Medical Society Executives.

The Board of Governors shall also consist of two public members, 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.

Committee on Finance and Appropriations & Audit Committee

Major Board Actions:

- Accepted the audited consolidated financial statements and other financial information of the Florida Medical Association, Inc. and other subsidiaries for years ending in December 31, 2018 and 2017

- 36
- Accepted audited financial statements of the Florida Medical Association Political Action Committee for the years ending in December 31, 2018 and 2017.
- 37
- 38

39

AMA Delegation

40

41 **Informational Items:**

42

- Madelyn Butler, M.D., Vice Chair of the AMA Delegation reported that the AMA Interim Meeting will be held in Maryland in November. Florida, along with other delegations are looking at alternatives to the current board recertification process. The Delegation is requesting a complete repeal of all penalties related to the MIPS program. Finally, the delegation is starting to explore the idea of a delegation report card for the House of Delegates.
 - Corey Howard, M.D., gave presentation on the Healthy Floridian Initiative which was received very well. The FMA is actively working with other major associations to get the FMA supported resolutions passed.
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Other

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54 **Major Board Actions:**

- Approved the FMA Board Charter
 - Approved an accountability survey and scoring matrix to be taken by the Board of Governors each year
 - Approved support for the doctors at NCH that have been negatively affected by the NCH pilot program
 - Approved a policy on anti-harassment
 - Approved the creation of the Committee on Physician Wellness and Burnout
 - Approved contracts for FMA vendors of choice
 - Approved hotel contracts for future meetings and events
 - Reviewed and approved recommendations to reaffirm public policies from 2011 (See Report A)
 - Reviewed and approved recommendations to sunset public policies from 2011 (See report A)
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Resolution 19-201
NICA Update
Palm Beach County Medical Society

- 1 Whereas, the doctors have funded and continue to fund the NICA Fund;
2
3 Whereas, the fund has in excess of a billion dollars;
4
5 Whereas, the fund continues to receive considerable excess investment income;
6
7 RESOLVED, That the Florida Medical Association request the CFO of NICA provide an up-to-date
8 accounting of the NICA funds for past three years at the FMA Annual Meeting.
9

Fiscal Note:

Description	Amount	Budget Narrative
5 staff hours	\$200	Can be accomplished with current staff
Travel & Meeting Expenses	\$600	Potential to reimburse for travel & lodging
Total	\$800	\$600 added to the operating budget

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

Reference Committee: II – Finance & Administration

Resolution 19-202
Physician Non-Compete
Polk County Medical Association

1 Whereas, American Bar Association has “prohibited restrictive covenants between attorneys” and the
2 ABA Model Rules of Professional Conduct state that a lawyer shall not participate in making “a
3 partnership, shareholders, operating, employment, or other similar type of agreement that restricts the
4 right of a lawyer to practice after termination of the relationship.” Rule 4-5.6(a) of the Rules of
5 Professional Conduct of The Florida Bar states that “[a] lawyer shall not participate in offering or
6 making...[an] agreement that restricts the right of a lawyer to practice after termination of the
7 relationship.” The Florida Bar Professional Ethics Committee Opinion elaborates: “The ‘special trust and
8 confidence’ inherent in an attorney-client relationship dictates ‘that clients be given greater freedom to
9 change legal representatives than might be tolerated in other employment relationships.’ When
10 lawyers leave firms, they can go where they please and bring their clients with them; and

11
12 Whereas, Physicians should enjoy the identical freedom, mobility, and right to continuously care for
13 their patients just as lawyers do for their clients; and

14
15 Whereas, if it is unethical for attorneys to have noncompete restrictions in Florida, how is it not
16 unethical for physicians to have noncompete?

17
18 Whereas, The case, Humana Medical Plan, Inc. v. Jacobson, M.D., 614 So. 2d 520 (Fla. 3d DCA 1992), rev.
19 denied, 623 So. 2d 494 (Fla. 1993), The court stressed that “patients are not property or chattel of an
20 HMO” and elaborated on the “doctor/patient relationship [as]...vital to the provision of health care” and
21 as evolving “over time, by a doctor learning a patient’s history and exercising professional judgment in
22 not only evaluating a patient’s complaints, but in developing a specific strategy for treating a patient’s
23 ailments;” and

24
25 Whereas, the AMA has stated that restrictive covenants are “not in the public interest;” and

26
27 Whereas, protection of the doctor-patient relationship is a matter of public health and safety. For this
28 reason, in Florida there should be invalidation of physician non-compete agreements; and

29
30 Whereas, covenants not to compete are designed to restrict otherwise lawful competition; and

31
32 Whereas, Despite debates by legal practitioners, academics, state legislatures and economist regarding
33 restrictive employment covenants there are very few studies examining these agreements to provide
34 evidence and guidance; and

35
36 Whereas, Employers seek to restrict the postemployment activities of their physicians’ regardless of
37 their rank and status. When a physician is still employed by a particular entity, the physician has
38 fiduciary duties that protect against unfair competition with the employer. These fiduciary duties consist
39 of the duty of care and the duty of loyalty; and

40
41 Whereas, The duty of loyalty helps ensure that physician employees will serve the firm’s interests and
42 refrain from harmful competition with it during their employment. However, once employment is
43 terminated—for whatever reason—these duties end, and the departing physician employee is should be
44 free to engage in any lawful competition; and

45
46 Whereas, The employer’s goal for restrictive postemployment covenants is to control the activities of a
47 former employee after the usual employee-employer relationship ends, effectively retaining exclusive
48 use of the information and competitive advantage by contract. In the case of a CEO, there is a far
49 greater risk of harm associated with losing that key employee to a competitor. This is because CEOs
50 typically help create or have knowledge of and have unencumbered access to all of a company’s trade
51 secrets, supplier and strategic plans, strengths, and weaknesses. However, physicians have no such
52 valve. The vast majority of physicians that are employed are hired to provide direct medical services to
53 patients; and

54
55 Whereas, The CEO is a highly valuable employee and possesses sought-after skills that set him or her
56 apart in a very competitive marketplace for managerial talent. Only the CEO will have unconstrained
57 access to nearly every aspect of the business and its strategic direction. This unique position at the top
58 of the firm’s governance structure allows the CEO access to all of the firm’s proprietary information,
59 trade secrets, and supplier relationships, product cost structures, research and development
60 information, and strategic plans. As a result, the CEO is the employee who can most harm the company
61 if he or she leaves the firm to work for a competitor. Physician employee’s do not have access to this
62 type of information, they do not have unconstrained access to every aspect of the business, nor do
63 physician employees’ make decisions that involve the governance, strategic direction of the
64 corporation/hospital; and

65
66 Whereas, Covenants not to compete relates to the well-known academic argument that the economic
67 growth of Silicon Valley was made possible in part because of California does not enforced non-
68 competes. California’s longstanding, strong public policy of protecting employee freedom of mobility,
69 and its statutory ban on contractual restrictions on employee mobility and the rise of the tech economy
70 in the state have led to a burst of recent scholarship that attempts to test the effect of noncompete
71 enforcement on various business outcomes—in other words, a so-called “California effect;” and

72
73 Whereas, Florida court have aggressively enforced non-competes (Office of Economic Policy U.S.
74 Department of the Treasury Non-compete Contracts: Economic Effects and Policy Implications March
75 2016). Although non-compete contracts can have important social benefits, principally related to the
76 protection of trade secrets, a growing body of evidence suggests that they are frequently used in ways
77 that are hostile to the interests of workers and the broader economy. More importantly, Physician
78 employee’s, the vast majority of which are exclusively involved in providing medical care, possess no
79 trade secrets, since medical knowledge and medical/surgical skills are not patentable; and

80
81 Whereas, there is evidence that noncompete clauses tend to suppress wages and discourage labor
82 market mobility; and

83
84 Whereas, several states have essentially banned noncompete provisions in physician contracts include
85 California, Massachusetts, Delaware and Colorado. A New Mexico statute first enacted in 2015 prohibits
86 provisions in agreements which restrict the right of healthcare practitioners; and

87
88 Whereas, the average cost to take a noncompete to court in Florida is at least \$100,000; and

89
90 Whereas, noncompete provisions have a tremendous impact on physicians, resulting in restriction on
91 their future mobility, financial health, and ability to continue practicing medicine. Most noncompete
92 agreements are so prohibitive that it blocks physicians from making a move that might be better for

93 themselves and their patients. Even if the restraint does not immobilize the doctor, it can force
94 physicians not only to relocate, but abandon their ethical responsibility to the patients; and

95
96 Whereas, AMA guidelines and stressed the “sensitive and personal nature of the doctor-patient
97 relationship.” In Farber, the Arizona Supreme Court explained that “the doctor-patient relationship is
98 special and entitled to unique protection” and that “[i]t cannot be easily or accurately compared to
99 relationships in the commercial context;” and

100
101 Whereas, in light of noncompete negative impact on the doctor-patient relationship; that fact that the
102 legal profession considers noncompete unethical and that the majority of noncompete provisions in
103 Florida with physicians are between large Hospital and Corporate entities we should significantly limit or
104 ban non-compete clauses for Florida physician’s; and

105
106 Whereas, Another reason the law frowns on noncompete agreements for attorneys is because they
107 provide public service, which is to be encouraged. Physicians, who also serve the public and have ethical
108 duties to make their care available, directly trigger that statutory concern with “public health, safety,
109 and welfare;” and

110
111 Whereas, Restrictive covenants for doctors are not just ill-advised, but actually injurious to the public;
112 and

113
114 Whereas, Such restraints cause a shortage of necessary specialists in a particular community, and also
115 obstruct the continuity of the doctor-patient relationship which fosters quality health care; and

116
117 Whereas, today’s noncompete agreements can likewise block doctors from parting with an ill-suited
118 employer and making a move that could inure to the benefit of patients and society at large

119 Whereas, Medicine has always adhered to the unremarkable proposition that a patient’s ability to form
120 over time a trusting relationship with a chosen doctor brings lots of health benefits. In contrast, when a
121 restrictive covenant results in the involuntary loss of a physician, it can impose serious physical and
122 psychological damage on the patient; and

123
124 Whereas, Physicians blocked from seeing or even contacting former patients under their contracts are,
125 thus, hobbled in their effort to fulfill their obligations to human beings; therefore be it

126
127 RESOLVED, That the Florida Medical Association oppose restrictive covenants and noncompete clauses
128 as it applies to physicians.

Fiscal Note:

Description	Amount	Budget Narrative
1 staff hours	\$40	Can be accomplished with current staff
Total	\$40	\$0 added to the operating budget

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

Reference Committee: II – Finance & Administration

Resolution 19-203
Educating FMA Members Regarding Legal and Legislative Efforts to End MOC Mandates
 Ellen W. McKnight, M.D.

1 Whereas, Since 2014, the FMA House of Delegates passed numerous resolutions which assured the
 2 practicing physicians in the State of Florida of the FMA’s unwavering commitment to fight Maintenance
 3 of Certification (MOC) mandates; and
 4

5 Whereas, These mandates are presently being used against physicians in hiring, staff
 6 privileges, and participation in third party panels in our state and nationwide; and
 7

8 Whereas, The ABIM and the ABMS have now undertaken a process of “immediate” notification of
 9 hospital medical staff offices upon a physician’s MOC expiring, putting a practicing physician at risk of
 10 losing staff privileges and patients at risk for losing access to their doctor; and
 11

12 Whereas, In 2014, the FMA House of Delegates passed resolution 14-201 which said: “RESOLVED, That
 13 the FMA opposes any efforts to require Maintenance of Certification (MOC) program as a condition of
 14 medical licensure, or as a pre-requisite for hospital/staff privileges, employment in State of
 15 Florida/county medical facilities, reimbursement from 3rd parties, or issuance of malpractice
 16 insurance.”; and
 17

18 Whereas, In May of 2016, the FMA Board of Governor’s passed the following substitute
 19 resolution in lieu of 15-101 and 15-105 which said:
 20 “That the FMA seek legislation to improve the efficiency of the health care markets and eliminate
 21 unnecessary administrative and regulatory requirements, health care providers shall not be required,
 22 by any public or private entity to comply with maintenance of certification requirements after
 23 achieving initial board certification, other than the continuing
 24 medical education (CME) requirements set by the health care provider’s licensing board.”; and
 25

26 Whereas, The legislative efforts to end MOC in the State of Florida are presently stalled
 27 because of the current make-up of the legislature; therefore, be it
 28

29 RESOLVED, That the FMA develop an educational campaign in the form of a separate, stand alone,
 30 comprehensive email, detailing the legal and legislative efforts being made in our state and across the
 31 nation, specifically highlighting the legal action currently being taken against ABIM, including the
 32 lawsuit being brought by Practicing Physicians of America and The American Association of Physicians
 33 and Surgeons; and be it further
 34

35 RESOLVED, That the FMA is committed to educate their members on these legal and legislative matters
 36 in order to allow individual members to support these efforts nationwide.
 37

Fiscal Note:

Description	Amount	Budget Narrative
47 staff hours	\$4,400	Can be accomplished with current staff
Total	\$4,400	\$0 added to the operating budget

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

Reference Committee: II – Finance & Administration

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

1 Whereas, Only 34% of Americans report “great confidence” in physicians, compared with 73% in 1966
 2 (Blendon 2014); and
 3
 4 Whereas, News, social media and magazines are filled with negative stories about doctors; and
 5
 6 Whereas, A critical portrayal of doctors in the media has a demoralizing effect on physicians
 7 (BMJ 2003;326:629); and
 8
 9 Whereas, Physician burnout and depression are at high rates, with 46% of physicians making active
 10 plans to leave the practice of medicine (Physicians Foundation 2018 Report); and
 11
 12 Whereas, Nursing organizations have been highly effective in media campaigns to gain public support,
 13 including \$4 million in funding to NPR in 2018 to promote health care reporting from The Robert Wood
 14 Johnson Foundation (We Choose NPs) <https://www.rwjf.org/en/how-we-work/grants-explorer.html>;
 15 and
 16
 17 Whereas, PAs are actively campaigning in the media (Your PA Can); therefore be it
 18
 19 RESOLVED, That the FMA develop a public relations team to research public attitudes towards
 20 physicians in Florida; and be it further
 21
 22 RESOLVED, That research obtained from a public relations study be shared with FMA members so that
 23 steps may be taken to improve the public’s perception of physicians through education in medical
 24 schools, residency programs, county medical societies, and state medical academies and associations;
 25 and be it further
 26
 27 RESOLVED, That the FMA develop a statewide public relations campaign to educate and inform patients
 28 of physician value, the scope and cost of such campaign to be determined by the Board of Governors.
 29

Fiscal Note:

Description	Amount	Budget Narrative
Research PR Campaign	\$120,000 Millions	Professional Research Study We are trying to determine the cost of a statewide PR campaign – this could exceed our annual budget
Total	\$	\$? added to the operating budget

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

Reference Committee: II – Finance & Administration

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

1 Whereas, Risky substance use, substance misuse, and substance use disorders are all major public
2 health problems in the United States. It was estimated that the annual cost for alcohol and illicit drug
3 use was \$442 Billion. Alcohol resulted in 5.2 million accidental injuries and 1.8 million deaths per year.
4 The World Health Organization estimated that one in every four deaths was caused by drugs and
5 alcohol; and
6

7 Whereas, Most healthcare providers are taught to take a history of substance use (tobacco, alcohol, and
8 drugs) as part of the Social History. Many healthcare providers continue to document substance use
9 history in this fashion, resulting in an assessment which is cursory, i.e., "Alcohol use- socially"; and
10

11 Whereas, Inclusion of the substance use history in the Social History also perpetuates the stigma by
12 characterizing substance use disorders as a social problem as opposed to a brain disease and psychiatric
13 disorder. It is not consistent with the medical model; therefore be it
14

15 RESOLVED, The FMA shall submit the following recommendations to the AMA as a fundamental change
16 in the manner in which medical evaluations are conducted by physicians. The assessment of the
17 substance use history should be recorded in the main body of History and Physicals, Evaluations, and
18 Consultations. For follow-up visits, inquiries into substance use should be obtained and included as part
19 of the Psychiatric section of the Review of Systems. This practice should be encouraged with other
20 medical specialties, and promoted in medical education and graduate medical education.
21

Fiscal Note:

Description	Amount	Budget Narrative
10 staff hours	\$650	Can be accomplished with current staff
Total	\$650	\$0 added to the operating budget

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

Reference Committee: II – Finance & Administration

Resolution 19-206
Composition of the Body of the Medical Staff's Executive Committee and/or Board of Trustees
 Broward County Medical Association

1 Whereas, Hospitals' governing body and specifically the Medical Staff Executive Committee votes on
 2 matters regarding medical staff bylaws and regulations, which are inherently crucial to independent
 3 and impartial and unbiased decisions without conflict of interest on behalf of the medical staff; and
 4

5 Whereas, Often a hospital administrating governing body may control the decisions and the votes on the
 6 Executive Committee by their employed physicians and/or contracted physicians, i.e. those physicians
 7 may fear when they vote that there may be repercussions against them if they do not protect the
 8 interest of the administration of the hospital and/or its governing body; and
 9

10 Whereas, The Physician Bill of Rights policy of the FMA is the right to fair market and transparent
 11 economic competition in our communities between hospitals with or without employed physicians and
 12 other allied healthcare professionals and independent physicians and groups in the delivery of
 13 healthcare services and compensation based on appropriate community need; and
 14

15 Whereas, Hospitals often influence the vote of those contracted and or/employed physicians in order to
 16 gain control over the economic livelihood of the healthcare delivery system and/or unfairly compete
 17 with independent physicians, which may not be in the best interest of patient safety and physicians.;
 18 and therefore, be it
 19

20 RESOLVED, That the FMA support legislative or administrative changes to define that the medical staff
 21 bylaws in hospitals will require that a majority of the Medical Executive Committee voting members
 22 will not be contracted physicians or employed physicians, but rather medical staff members with
 23 independent practices without conflict of interest; be it further
 24

25 RESOLVED, That the FMA will advocate to the AMA to adopt the right to fair market and transparent
 26 economic competition in our communities between hospitals with or without employed physicians and
 27 other allied healthcare professionals and independent physicians and groups in the delivery of
 28 healthcare services and compensation based on appropriate community need.
 29

Fiscal Note:

Description	Amount	Budget Narrative
110 staff hours	\$15,950	Can be accomplished with current staff
Total	\$15,950	\$0 added to the operating budget

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

Reference Committee: II – Finance & Administration

Resolution 19-207
Creation of Oversight Database
Benjamin Kaplan, M.D.

1 Whereas, The Florida Medical Association is a professional association dedicated to the service and
2 assistance of Doctors of Medicine and Doctors of Osteopathic Medicine in Florida; and
3
4 Whereas, The FMA represents more than 25,000 members on issues of legislation and regulatory affairs,
5 medical economics and education, public health, and ethical and legal issues; and
6
7 Whereas, The FMA advocates for physicians and their patients to promote the public health, ensure the
8 highest standards of medical practice, and to enhance the quality and availability of health care in the
9 Sunshine State; and
10
11 Whereas, The Florida Medical Association mission entails protecting the interests and well-being of
12 physicians by addressing bureaucracy and barriers to autonomy; and
13
14 Whereas, The FMA can act as a nonpartisan independent watchdog that exposes waste,
15 corruption, and abuse of power within the healthcare system; and
16
17 Whereas, The FMA House of Delegates passes policies and standards every year to protect
18 physicians and patients yet we do not have a mechanism to evaluate institutions and organizations
19 that operate in violation of the policies and standards established by the FMA; and
20
21 Whereas, Physicians in Florida will avoid unnecessary personal and professional harm through
22 awareness of those entities that operate in violation of FMA policies and standards; therefore, be
23 it
24
25 RESOLVED, That the Florida Medical Association create an online database which will articulate
26 existing FMA policies and provide an avenue for physicians to report entities that are in conflict
27 with the policies and standards established by the FMA.
28

Fiscal Note:

Description	Amount	Budget Narrative
20 staff hours	\$1,200	Can be accomplished with current staff
Total	\$1,200	\$0 added to the operating budget

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

Reference Committee: II – Finance & Administration



Reference Committee III

Report C
of the FMA Board of Governors
 Corey Howard, M.D., President and Chair

The Board of Governors submits the following report to the House of Delegates. This report contains **two recommendations** and a summary of major actions taken on recommendations from the Council on Legislation and the Florida Medical Association Political Action Committee (FMA PAC).

RECOMMENDATION C-1

Resolution 18-301

FMA Campaign Initiative to Protect Public Safety

Broward County Medical Association

That resolution 18-301 from the 2018 House of Delegates not be 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 fire arms; 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

Fire arms 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 fire arms 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 Associate 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.

Description	Amount	Budget Narrative
staff hours	\$	Can be accomplished with current staff
		No Fiscal Impact.

1 Background: On August 4, 2018 the FMA House of Delegates referred Resolution 18-301 to the Board of
2 Governors for study and report back to the 2019 House of Delegates.

3
4 Discussion: In October the Board of Governors reviewed this resolution and after some debate thought
5 that further discussion with the authors regarding the intent of the resolution was necessary. Further,
6 the Board of Governors felt that a special task force should be created to study this issue. Resolution
7 18-301 was tabled to the January Board of Governors meeting. The taskforce did not have a chance to
8 meet prior to the January meeting. The resolution was tabled until the May Board of Governors
9 Meeting. The Gun Resolution Taskforce met and created a chart that compares the policies sought by
10 the resolutions, current FMA policies and current AMA policies (Appendix I). The taskforce also
11 reviewed a summary of CS/SB 7026, the Marjory Stoneman Douglas High School Public Safety Act that
12 passed in 2018 (Appendix II). Based on the findings of the taskforce at the May Board of Governors
13 meeting, the Board of Governors recommends to the House of Delegates that Resolution 18-301 not be
14 adopted.

15
16 **RECOMMENDATION C-2**

17
18 **Resolution 18-309**
19 **Creation of Maintenance of a Database Between Mental Health Professionals and FDLE**
20 Hillsborough County Medical Association

21
22 **That resolution 18-309 from the 2018 House of Delegates not be adopted.**

23
24 RESOLVED, That the FMA seek legislation for the creation of a funded and staffed phone or online
25 entity, to the Department within the FDLE that provides the background DATA for new gun purchases,
26 allowing information from qualified healthcare providers to flow into the Registry and to be able to
27 place certain patients who are deemed high risk for self-harm or harm to others on a “ No Sell/No
28 Possession List” for fire arm purchases or ownership; be it further

29
30 RESOLVED, That the FMA also mandate the legislation includes a funded connectivity between the
31 schools’ mental health system and the outside mental healthcare programs so to assure a better follow
32 up on any suggested or mandated outside mental health assessments for students, even if recently
33 graduated, if they have demonstrated concerning thoughts, behavior, or public display, by any method
34 that suggests homicidal or suicidal ideation.

Description	Amount	Budget Narrative
staff hours	\$	Can be accomplished with current staff
		No Fiscal Impact.

35 Background: On August 4, 2018 the FMA House of Delegates referred Resolution 18-309 to the Board of
36 Governors for study and report back to the 2019 House of Delegates.

37
38 Discussion: The Board of Governors reviewed this resolution and recommends that the 2019 House of
39 Delegates not adopt this resolution. The recommendation is based on testimony in which the Board of
40 Governors learned that the Department of Law Enforcement already has a database for background

1 checks and new gun purchases, as well as a national database which provides results within 2 minutes
2 when trying to sell a firearm. Recent legislation passed that included changes to the minimum age to
3 purchase a firearm, law enforcement’s ability to seize firearms, and authority for the Court to takeaway
4 firearms for up to a year if the person is proven to be homicidal.

Council on Legislation

Major Board Actions:

- Approved the FMA’s 2019 Legislative Agenda
- Reviewed and approved recommendations to reaffirm public policies from 2011 (See Report A)
- Reviewed and approved recommendations to sunset public policies from 2011 (See Report A)

- Resolution 18-307 was adopted as amended:

Resolution 18-308
Controlled Substance Legislation Fixes
Florida Orthopaedic Society, Orange County Medical Society

***House Action: Referred to the Board of Governors for Decision – ADOPTED AS AMENDED**

RESOLVED, That the Florida Medical Association **seek support** legislation to address the following concerns with the current controlled substances statutes in Florida:

- 1) Restrict the mandatory consult of the prescription drug monitoring program to only those prescriptions for opioids, not all scheduled drugs;
- 2) Eliminate the mandate to prescribe an opioid antagonist for all patients with a **trauma severity score Injury Severity Score** of 9 or above;
- 3) Eliminate the mandate for those physician practices that need to claim an exemption from the pain clinic statutes to apply for a Certificate of Exemption every other year, enabling those practices to claim their exemption once and maintain that exemption unless their practice status changes eliminating their exemption.

- **Discussion:** The Board of Governors voted to adopt the resolution as amended. The first amendment changed “seek” to “support” and the second, amendment was a technical amendment that corrected “trauma severity score” to “Injury Severity Score”. Both amendments are reflected in the above resolution.

- Resolution 18-311 was not adopted:

Resolution 18-311
Mandatory PDMP Checking
Hillsborough County Medical Society

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

1 RESOLVED, That the FMA seek legislation to change the existing requirement under
2 Florida Statute 893.055 concerning the PDMP, so that the physician is no longer required
3 to check the PDMP before providing a controlled substance prescription to the patient,
4 mandating that the requirement is SOLELY the responsibility of the dispenser, or their
5 designee, to consult the PDMP prior to dispensing any controlled substance that is an
6 opiate or opiate-like substance.

- 7
- 8 ○ **Discussion:** The Board of Governors felt that the legislature would not be amenable to a
9 drastic change based on the fact that HB 21 just passed. It was suggested that the FMA
10 work with the legislature to tweak the bill as opposed to fighting to overturn the bill.
11 The Board of Governors voted to not adopt Resolution 18-311.

- 12
- 13 ● Resolution 18-314 was not adopted:

14 **Resolution 18-314**

15 **FMA Campaign Initiative to Educate, Advocate, Research, and Protect Public Safety**
16 **“EARP”**

17 Broward County Medical Society

18

19 ***House Action: Referred to the Board of Governors for Decision**

20

21 RESOLVED, That the Florida Delegation to the American Medical Association submit a
22 resolution at the AMA Interim Meeting that would direct the AMA to (1) initiate a
23 campaign and work with organizations to research and educate the public about gun
24 safety, responsible gun ownership and ways to prevent gun violence; (2) create model
25 state and/or federal legislation that would protect citizens from the misuse of fire arms,
26 teach the public about responsible gun ownership and address the problem of gun
27 violence; (3) seek Congressional funding to allow the Centers for Disease Control and
28 Prevention to conduct research into gun violence; and be it further

29

30 RESOLVED, That the FMA (1) promote research and education to the public and physicians
31 about gun safety, responsible gun ownership and ways to prevent gun violence, and (2)
32 promote unfettered dialogue about firearm related issues between physicians, their
33 patients and the public at large.

- 34
- 35 ○ **Discussion:** The Board of Governors created a task force to study this resolution. At the
36 May Board of Governors meeting, the information compiled by the Gun Resolution
37 Taskforce was reviewed. This included a chart that compared the policies sought by the
38 resolutions, current FMA policies and current AMA policies (Appendix I). The taskforce
39 also reviewed a summary of CS/SB 7026, the Marjory Stoneman Douglas High School
40 Public Safety Act (Appendix II), which was passed by the legislature in 2018. Based on
41 this information, the Board of Governors voted to not to adopt Resolution 18-314.

- 42
- 43 ● Resolution 18-315 was adopted:

44 **Resolution 18-315**

45 **HB 21 Epilepsy Exemption**

46 Florida Neurological Society

47

48 ***House Action: Referred to Board of Governors for Decision**

1
2 RESOLVED, That the FMA seek legislative action to amend HB21 to exempt Phenobarbital,
3 Parempam and Clonazepam from mandatory PDMP database consultation and three-
4 day limits, provided that the diagnosis of epilepsy is included on the prescription.
5

6 **FMA PAC**
7

8 **Major Board Actions:**

- 9 • Approved appointments to the FMA PAC Board of Directors
10

11 **Informational Items:**

- 12 • At the October Board of Governors meeting, Mike Patete, M.D., President of the FMA PAC
13 reported that fundraising remains a top priority for the FMA PAC Board of Directors with the
14 goal to reach \$2,000,000. There have been increases in 1000+ Club membership and fundraising
15 through medical staffs but membership dues continue a downward trend. The primary focus of
16 the PAC remains getting Ron DeSantis elected as Governor of Florida. The election will be held
17 November 6, 2018. The next PAC meeting will be Saturday January 5, 2019 where the change of
18 officers will take place. Dr. Patete presented one recommendation to the Board of Governors.
19 • At the January Board of Governors meeting, Ralph Nobo, M.D., FMA PAC Representative
20 reported on the change of officers that took place Saturday, January 5, 2019 with Dr. Doug
21 Murphy being elected President, Dr. Jason Goldman President-Elect, Dr. Aaron Sudbury Vice
22 President, Dr. Andrew Borom Secretary, and Dr. Ron Giffler Treasurer. Dr. Marc Hirsh was
23 appointed as Treasurer-Designate, Dr. James St. George as Chair of the 1000+ Club, and Jay
24 Millson as the CMS Executive. Dr. Nobo stated that the PAC had a very successful election cycle
25 with FMA PAC endorsed candidates winning 92% of the races, including the race for Governor.
26 Over \$2 million was raised this election cycle. There was one recommendation.
27 • At the May Board of Governors meeting, Doug Murphy, M.D., President of the PAC informed the
28 Board of Governors that the FMA Political Action Committee Board of Directors' main priority
29 continues to be fundraising. Through FMA PAC dues, hospital medical staff donations, large
30 group contributions and 1000+ Club dues, the FMA PAC has raised \$390,184 so far for the 2019-
31 2020 election cycle. This is a decrease of \$113,424 year to date from the last election cycle.
32 With session having just concluded, legislators have already begun calling for support of their re-
33 election campaigns.
34

FMA HOD Resolutions 18-301 and 18-314: Submit resolution to AMA to direct AMA to accomplish the following:	FMA Policy	AMA Policy
Assault rifles and automatic weapons be declared illegal except when owner has federal certificate of competence	No FMA Policy	AMA supports legislation to restrict the sale and private ownership of large clip, high-rate-of-fire automatic and semi-automatic firearms, or any weapon modified or redesigned to operate as a large clip, high rate of fire automatic or semi-automatic weapon, and ban the sale and ownership of all assault-type weapons, bump stocks and related devices, high capacity magazines and armor piercing bullets (H – 145.993)
Prohibit firearm purchases by individuals under 21 would be prohibited	FMA supports strategies for reducing firearm injuries and other violence to children utilizing appropriate educational, legal and legislative options (P 190.002)	AMA supports a ban on the possession and use of firearms and ammunition by unsupervised youths under 21; supports a ban on the sale of firearms and ammunition by unsupervised youths under 21 (H – 145.985)
Individuals under 21 required to be accompanied by adult with gun license when using a firearm	See P 190.002	See H – 145.985
Individuals in possession of firearms have to register them and submit to same requirements as those purchasing a firearm – one-year amnesty period before enforcement	No FMA Policy	AMA supports legislation mandating a national waiting period that allows for a police background and positive identification check for anyone who wants to purchase a handgun from a gun dealer anywhere in our country (H – 145.991)
Firearms at gun shows only sold by licensed dealers	No FMA Policy	See H – 145.991

Individual transfer of firearms require registration and can only be sold to those licensed to possess firearms	FMA supports the imposition of a 7-day waiting period prior to the purchase of a handgun (P 190.001)	See H – 145.991
Prohibit the sale of “partially prepared “ weapons with unregistered parts	No FMA Policy	AMA urges Congress to enact needed legislation to regulate more effectively the importation and interstate traffic of all handguns (H – 145.997)
Initiate campaign and work with organizations to research and educate the public about gun safety, responsible gun ownership and ways to prevent gun violence	See P 190.002 FMA supports the educating of consumers on the use of gun safety devices (P 190.003)	AMA encourages and endorses the development and presentation of safety education programs that will engender more responsible use and storage of firearms; urges that government agencies enlarge their efforts in the study of firearm-related injuries and in the development of ways and means of reducing such injuries and deaths; strongly urges US legislators to fund further research into the epidemiology of risks related to gun violence on a national level (H – 145.997)
Create model state/federal legislation to protect citizens from misuse of fire arms, teach public about responsible gun ownership, address problem of gun violence	No FMA Policy	See H – 145.997 AMA requests the US Surgeon General develop a report and campaign aimed at reducing gun-related injuries and deaths (D- 145.997)
Seek Congressional funding to allow CDC to conduct research into gun violence	FMA believes gun violence requires a public health response/solution and supports the AMA in lifting the gun violence research ban (P 190.006)	AMA immediately make a public statement that gun violence represents a public health crisis which requires a comprehensive public health response and solution and actively lobby Congress to lift the gun violence research ban (D – 145.995)
FMA promote research and education to the public about	See P 190.002, P 190.003, P 190.005 and P 190.006	NA

<p>gun safety, responsible gun ownership and ways to prevent gun violence</p>		
<p>FMA promote unfettered dialogue about firearm related issues between physicians, patients and public at large</p>	<p>The FMA opposes requiring any patient to answer any questions posed by their physicians and actively opposes any attempt to restrict physician questions to patients or require questions of patients (P 190.005 “Physician Ability to Freely Discuss Gun Safety”)</p>	<p>NA</p>

CS/SB 7026 — Marjory Stoneman Douglas High School Public Safety Act

The bill (Chapter 2018-3, L.O.F.) comprehensively addresses the crisis of gun violence, including but not limited to, gun violence on school campuses. The Legislature intends to address this crisis by providing law enforcement and the courts with the tools to enhance public safety by temporarily restricting firearm possession by a person who is undergoing a mental health crisis and when there is evidence of a threat of violence, and by promoting school safety and enhanced coordination between education and law enforcement entities at the state and local level.

In the area of mental health, the bill:

- Authorizes a law enforcement officer who is taking a person into custody for an involuntary examination under the Baker Act to seize and hold a firearm or ammunition in the person's possession and to seek the voluntary surrender of other firearms or ammunition kept in the residence.
- Provides that the firearms or ammunition seized or surrendered be available for return no longer than 24 hours after the person taken into custody can document that he or she is no longer subject to involuntary examination and has been discharged or discharged from any inpatient or involuntary outpatient treatment provided or ordered and does not have a risk protection order against them or is the subject of a firearm disability.
- Prohibits a person who has been adjudicated mentally defective or who has been committed to a mental institution from owning or possessing a firearm until a court orders otherwise.
- Creates a process for a law enforcement officer or agency to petition a court for a **risk protection order** to temporarily prevent persons at high risk of harming themselves or others from possessing firearms or ammunition as a result of a mental health crisis or violent behavior.
- Allows a court to issue a **risk protection order for up to 12 months** and requires the surrender of all firearms and ammunition if a risk protection order is issued.
- Provides a process for a risk protection order to be vacated or extended by the court.

The bill provides the following in the area of gun safety:

- Requires a three-day waiting period between the purchase and delivery of a firearm or until the background check is completed, whichever is later.
- Provides exceptions of the three-day waiting period for concealed weapons permit holder, and for the purchase of firearms other than handguns, an exception for:
 - Individuals who completed a 16-hour hunter safety course and possess a hunter safety certification card;
 - Persons exempt from the hunter safety course requirements and hold a valid Florida hunting license; or
 - Law enforcement officers, correctional officers, and service members.
- Prohibits a person under 21 years of age from purchasing a firearm and a licensed firearm dealer, importer, and manufacturer, from selling a firearm, except in the case of a member of the military, or a law enforcement or correctional officer when purchasing a rifle or shotgun.

- Prohibits a bump-fire stock from being imported, transferred, distributed, sold, keeping for sale, offering for sale, possessing, or giving away within the state beginning October 1, 2018.

The bill improves school safety through the following provisions:

- Establishes the Marjory Stoneman Douglas High School Public Safety Commission (commission) to investigate system failures in the Parkland school shooting and prior mass violence incidents, and develop recommendations for system improvements. An initial report from the commission is due to the Governor and the Legislature by January 1, 2019; and the commission is scheduled to repeal on July 1, 2023.
- Codifies the Office of Safe Schools within the Florida Department of Education (DOE) which will serve as a central repository for the best practices, training standards, and compliance regarding school safety and security.
- Permits a sheriff to establish a Coach Aaron Feis Guardian Program to aid in the prevention or abatement of active assailant incidents on school premises. The bill allows school districts to decide whether to participate in the school guardian program if it is available in their county. A school guardian must complete 132 hours of comprehensive firearm safety and proficiency training, 12 hours of diversity training, pass a psychological evaluation, and initial drug test and subsequent random drug tests. No teacher will be required to participate. In fact, the legislation provides that personnel that are strictly classroom teachers with no other responsibilities cannot participate, with specified exceptions.
- Requires each district school board and school district superintendent to cooperate with law enforcement agencies to assign one or more safe-school officers at each school facility.
- Requires each district school board to:
 - Designate a school administrator who completes the required training within the specified timeframe as the school safety specialist for the district to serve as the district's primary point of public contact for public school safety functions.
 - Designate a threat assessment team at each school, and requires the team to operate under the district school safety specialist's direction. The bill requires the threat assessment team to consult with law enforcement when a student exhibits a pattern of behavior, based upon previous acts or the severity of an act that would pose a threat to school safety.
 - Formulate and prescribe policies and procedures, in consultation with the appropriate public safety agencies, for emergency drills for hostage and active shooter situations and incorporate procedures to address active shooter situations in the model emergency management and emergency preparedness procedures.
 - Requires each school safety specialist to coordinate with appropriate public safety agencies that are designated as the first responders to a school's campus to tour such campus once every 3 years and provide recommendations related to school safety.
- Requires the DOE to contract for the development of a Florida Safe School Assessment Tool to be used by each school district and public school in conducting security assessments to identify threats and vulnerabilities.
- Requires the DOE to establish evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional

disturbance, mental illness, and substance use disorders and provide such personnel with the skills to help a person who is experiencing or developing an emotional disturbance, mental health, or substance abuse problem.

- Creates the mental health assistance allocation within the Florida Education Finance Program to provide funding to assist school districts in establishing or expanding school-based mental health care.
- Clarifies that the cost per student station does not include specified costs related to improving school safety.
- Prohibits a person from making, posting, or transmitting a threat to conduct a mass shooting or an act of terrorism.
- Requires the Department of Children and Families (DCF) to contract for community action treatment teams to provide behavioral health and support services.
- Requires the Florida Department of Law Enforcement to procure a mobile app that would allow students and the community to relay information anonymously concerning unsafe, potentially harmful, dangerous, violent, or criminal activities or threats. The students of Marjory Stoneman Douglas High School recommended that the program be named "FortifyFL."

The bill includes the following appropriations for the proposals discussed above:

- Over \$69 million to the DOE to fund the mental health assistance allocation;
- \$1 million for a memorial honoring those who lost their lives on February 14, 2018.
- Over \$25 million for replacing building 12 at Marjory Stoneman Douglas High School.
- Over \$67 million for sheriff's offices who decide to establish a school guardian program.
- Over \$97 million to aid for the safe school allocation.
- Over \$98 million to implement a grant program for improving the physical security of school buildings.
- \$400,000 for the "FortifyFL" mobile app.
- \$18.3 million to the DCF for additional mobile crisis teams to ensure reasonable access among all counties.

These provisions were approved by the Governor and take effect on March 9, 2018, unless otherwise provided.

Vote: Senate 20-18; House 67-50

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

1 Whereas, Air and Ground emergency medical transportation (EMT) charges are subject to complex regulatory
 2 and contractual arrangements, often leading to unusually large balance billing charges to be borne by patients
 3 already saddled by the emotional and economic consequences of a medical emergency; and
 4
 5 Whereas, Consumers are not well informed about the costs involved in emergency transportation and the
 6 potential for personal responsibility for substantial balance billing prior to or when receiving EMT; and
 7
 8 Whereas, EMT providers and insurers have largely not been successful in negotiations to participate in provider
 9 networks, leaving patients with inadequate insurance coverage for what is often perceived as a covered medical
 10 service; and
 11
 12 Whereas, Relief for the financial burden of EMT on patients rests with a complex set of legislative, regulatory,
 13 and public disclosure remedies at federal, state, and local levels; be it therefore
 14
 15 RESOLVED, The FMA seek to participate in any further workings of the EMT Working Group of the Insurance
 16 Consumer Advocate Office of Florida; and be it further
 17
 18 RESOLVED, The FMA request the AMA support federal legislation that exempts air ambulance services from the
 19 1978 Airline Deregulation Act that precludes states from regulating prices, routes, or services of air carriers; and
 20 be it further
 21
 22 RESOLVED, The FMA develop information for consumers including patients and their families of the potential
 23 for costly balance billing when choosing EMT services, particularly air ambulance services; and be it further
 24
 25 RESOLVED, The FMA communicate to the Florida Agency for Health Care Administration which has oversight of
 26 HMO and EPO network adequacy the urgency to compel health plans to disclose to consumers the adequacy of
 27 their provider networks, specifically, coverage for air-ambulance and ground based EMT; and be it further
 28
 29 RESOLVED, The FMA seek legislation that requires full disclosure by licensed EMT providers of their charges and
 30 costs; and be it further
 31
 32 RESOLVED, The FMA seek legislation that expands the legislation of HB 221 (2016) that prohibits balance billing
 33 for emergency services by out-of-network providers to include EMT.

Fiscal Note:

Description	Amount	Budget Narrative
622 staff hours	\$98,000	Can be accomplished with current staff
Total	\$98,000	\$0 added to the operating budget

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

Resolution 19-302
Gun Violence Control and Public Health

Florida Chapter American College of Physicians, Dade County Medical Association

1 Whereas, In 1994, Congress, through the Violent Crime Control and Law Enforcement Act, made it
2 unlawful to transfer or possess a “large capacity ammunition feeding device”¹, defined as a “magazine,
3 belt, drum, feed strip, or similar device. . . that has a capacity of, or that can be readily restored or
4 converted to accept, more than 10 rounds of ammunition,” and that was subsequently allowed by
5 Congress to expire in 2004²; and

6
7 Whereas, Virginia State Police data showed that a marked decline in crime used with guns equipped
8 with high-capacity devices to a low of 10% in 2004 just prior to the expiration of the ban and
9 subsequently rising to 22% by 2010³; and

10
11 Whereas, The term “assault weapon” has been previously legally defined as a semi-automatic rifle (self-
12 loading or auto-loading that fires a round each time the trigger is pulled) with a detachable, large
13 magazine of ammunition and a pistol grip and may include a vertical forward grip, flash suppressor, or
14 barrel shroud configured for rapid fire and combat use⁴, and is different than the term “assault rifle”
15 which is a selective-fire military rifle that fires in automatic or burst mode; and

16
17 Whereas, eight states and the District of Columbia have already banned high-capacity ammunition
18 devices (all defined as 10 or more rounds) since the expiration of the Violent Crime Control and Law
19 Enforcement Act in 2004⁵; and

20
21 Whereas, medical societies represented in our FMA House of Delegates, have current policies
22 supporting bans on assault weapons and high-capacity ammunition devices^{6,7}; and

23
24 Whereas, Current American Medical Association policies H-145.985 and H-145.993 among others
25 address the need to ban automatic repeating weapons and large-capacity clips/magazines; and

26
27 Whereas, Current Florida Medical Association policy P190.006 and American Medical Association
28 policies D-145.995 and H-145.997 recognize American gun violence as a public health crisis/problem
29 requiring a comprehensive public health response; and

30
31 Whereas, the Florida Police Chiefs Association, in the aftermath of the massacre at Marjory Stoneman
32 Douglas High School, have called for Florida to reinstate its ban on semi-automatic weapons⁸; and

33
34 Whereas, America has a unique nature of gun violence made worse by the easy availability of assault
35 weapons and high capacity ammunition devices, including high profile public shootings as well as daily
36 murders of Americans; therefore be it

37
38 RESOLVED, That our Florida Medical Association support state legislation and future AMA initiatives to
39 ban assault weapons and high capacity ammunition devices, including utilizing currently enacted AMA
40 policy and language in future FMA policies and initiatives; and be it further

41
42 RESOLVED, That our Florida Medical Association support the passage of legislation to ban the sale,
43 transfer, manufacture, and importation of assault weapons and high-capacity ammunition devices (as
44 defined by the 1994 Violent Crime Control and Law Enforcement Act) within the state.

Fiscal Note:

Description	Amount	Budget Narrative
210 staff hours	\$31,250	Can be accomplished with current staff
Total	\$31,250	\$0 added to the operating budget

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

Reference Committee: III – Legislation & Miscellaneous

¹ 18 U.S.C. § 922(w)(1), (2). All references to sections of the Violent Crime Control and Law Enforcement Act of 1994, codified at 18 U.S.C. § 921 et seq., are to the sections as they appeared on September 12, 2004

² 18 U.S.C. § 921(a)(31)(A). However, “attached tubular device[s] designed to accept, and capable of operating only with, .22 caliber rimfire ammunition” were exempted from the definition. 18 U.S.C. § 921(a)(31)(B).

³ About the Project: The Hidden Life of Guns, Wash. Post, Jan. 22, 2011, at <http://www.washingtonpost.com/wp-dyn/content/article/2011/01/22/AR2011012204243.html>; David S. Fallis & James V. Grimaldi, Virginia Data Show Drop in Criminal Firepower During Assault Gun Ban, Wash. Post, Jan. 23, 2011, at <http://www.washingtonpost.com/wp-dyn/content/article/2011/01/22/AR2011012203452.html>.

⁴ Levs, Josh (January 31, 2013). "Loaded language poisons gun debate". CNN. Retrieved January 31, 2013

⁵ Cal. Penal Code § 16350, 16740, 16890, 32310-32450; Colo. Rev. Stat. §§ 18-12-301, 18-12-303; Conn. Gen. Stat. §§ 53-202w, 53-202q; D.C. Code Ann. § 7-2506.01(b); Haw. Rev. Stat. Ann. § 134-8(c); Md. Code Ann., Crim. Law § 4-305; Mass. Gen. Laws ch. 140, §§ 121, 131M; N.J. Stat. Ann. §§ 2C:39-1(y), 2C:39-3(j), 2C:39-9(h); N.Y. Penal Law §§ 265.00(23), 265.02(8), 265.10, 265.11, 265.20(7-f), 265.36-265.37.

⁶ Palm Beach County Medical Society. “Position Statement – Gun Violence – What Can Physicians Do?” Approved by Board of Directors on March 5, 2018.

⁷ American College of Physicians. “Firearm-Related Injury and Death in the United States: A Call to Action From Over 50 Supportive Organizations and the American Bar Association”. Ann Intern Med. 2015;162(7):513-516. DOI: 10.7326/M15-0337

⁸ Hagstrom, Anders. “Florida police chiefs want a semi-automatic weapons ban – Americans disagree.” Daily Caller. Published February 20, 2018.

Resolution 19-303
Natural Gas Fracking in Florida to Protect Human Health
Florida Chapter American College of Physicians

1 Whereas, Natural gas fracking is a potential threat to the health of Floridians & the economy because
2 fracking involves injecting chemicals deep underground to break up rock formations and release gas to
3 be used for fuel, leaving millions of gallons of polluted water and chemicals in the earth to threaten
4 water supplies; and
5

6 Whereas, the FMA, recognizing this health risk, adopted policy P420.038 in 2014 favoring the full
7 disclosure of the chemicals used in fracking, careful safety testing of water sources, and full disclosure of
8 testing data to physicians, and
9

10 Whereas, the AMA reviewed FMA's policies in 2015 and adopted nearly identical policies H-135.931 in
11 2013 with amendments in 2015 and 2017; and
12

13 Whereas, the Florida Legislature in 2015, 2016, and 2017 refused to pass laws consistent with FMA &
14 AMA policies; and
15

16 Whereas, Fracking is likely to begin to exploit onshore oil and natural gas deposits that stretch from Ft
17 Myers to Miami, an area that includes some of Florida's most pristine natural areas and aquifers, and
18 fracking is being considered for the Pensacola area; and
19

20 Whereas, The Florida Medical Association's existing policies recognize the importance of air and water
21 quality for the health of Floridians, the importance of maintaining the safety of the Floridan Aquifer, the
22 dangers that fossil fuels and climate change pose to human health, and the role of our Association to
23 communicate with physicians and Floridians concerning topics of environmental health including
24 fracking; and
25

26 Whereas, the elected leaders of more than 90 Florida cities and counties have voted over the past two
27 years to ban fracking; and
28

29 Whereas, New York and Maryland have banned or placed a moratorium on fracking; and
30

31 Whereas, fracking has been directly linked in the clinical literature to cause learning disabilities, sensory
32 deficits, mental retardation, memory/attention/learning deficits, neural tube defects, conduct disorder
33 symptoms, impulsivity, aggression, hyperactivity, and intrauterine fetal growth retardation; and
34

35 Whereas, fracking has been associated with marked increases in the risk of attention-deficit
36 hyperactivity disorder, dyslexia, autism-spectrum disorder, depression, anxiety, impaired social
37 interaction in children, altered hippocampal density, advanced puberty, congenital heart defects, lower
38 sperm counts, larger testes, and higher blood levels of testosterone; therefore be it
39

40 **RESOLVED**, That the Florida Medical Association support legislation prohibiting all types of well
41 stimulation drilling (fracking), including high pressure fracking well stimulation, matrix acidization, acid
42 fracturing, and acid maintenance.
43

Fiscal Note:

Description	Amount	Budget Narrative
100 staff hours	\$15,300	Can be accomplished with current staff
Total	\$15,300	\$0 added to the operating budget

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

Reference Committee: III – Legislation & Miscellaneous

References:

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Resolution 19-304
Assure Physicians Due-Process in Potential Loss of Privileges
Hillsborough County Medical Society

1 Whereas, Hospitals control privileges and staffing rules which determine where a hospital-based
2 physician can practice; and

3
4 Whereas, Physicians can currently be terminated and/or taken off the schedule for a hospital without
5 any notice or due process; and

6
7 Whereas, A hospital-based physician is often employed by large, national corporations who control the
8 third-party contract between the hospital-based physician and a contractor that provides staffing for a
9 licensed facility, and can be removed from duties without due-process or proper notice; and

10
11 Whereas, Due process means a fair hearing with a right of appeal in front of peers of medical staff
12 regarding any alteration, restriction, or termination of privileges to practice medicine in a licensed
13 facility; therefore be it

14
15 RESOLVED, The FMA seek legislation which would entitle all physicians who are medical staff members
16 to due process prior to being involuntarily removed from the schedule at a given facility or losing
17 privileges at a given hospital.

18

Fiscal Note:

Description	Amount	Budget Narrative
300 staff hours	\$16,000	Can be accomplished with current staff
Total	\$16,000	\$0 added to the operating budget

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

Reference Committee: III – Legislation & Miscellaneous

Resolution 19-305
Protection of Physician Reimbursement in Motor Vehicle Insurance Care
Hillsborough County Medical Society

1 Whereas, The Florida House of Representatives has tried to pass legislation which will dissolve motor
2 vehicle Personal Injury Protection (PIP) insurance in exchange for Bodily Injury (BI); and
3
4 Whereas, There is currently a \$5000 Med-Pay carve out for physicians and other medical clinicians who
5 provide PIP-related care in the current system; and
6
7 Whereas, Over 20% of patients in Florida do not have any other health insurance other than PIP when
8 seeking motor vehicle accident (MVA) care; and
9
10 Whereas, The currently proposed Bodily Injury law does not have a designated Med-Pay carve out which
11 would significantly delay and potentially remove any MVA-related payments to physicians; and
12
13 Whereas, Per a government-commissioned study, a switch to BI Insurance without a mandatory Med-
14 Pay would not save Floridians on Auto-Insurance while simultaneously decreasing physician
15 reimbursement for EMTALA-based care physicians; therefore be it
16
17 RESOLVED, The Florida Medical Association oppose any legislative changes to Florida motor-
18 vehicle insurance coverage that does not specify a mandatory and reasonable physician Med-Pay
19 carve out; further
20
21 RESOLVED, That any Florida Medical Association supported Med-Pay carve out specify
22 physician reimbursement, and not get bundled into a hospital/chiropractor/therapist Med-Pay
23 set-aside.

Fiscal Note:

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

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

Reference Committee: III – Legislation & Miscellaneous

Resolution 19-306
Tobacco 21 Legislation
Orange County Medical Association

1 Whereas, Tobacco use is the leading cause of preventable disease, disability, and death in the United
2 States, responsible for approximately 480,000 premature deaths, \$170 billion in direct medical costs and
3 more than \$156 billion in lost productivity per year;¹ and
4

5 Whereas, Tobacco use is established primarily during adolescence with approximately 90% of adult
6 cigarette smokers reporting that they first tried smoking before the age of 18 years;¹ and
7

8 Whereas, Surges in the use of e-cigarettes are driving uptake in tobacco product use among youth with
9 4.9 million middle and high school students reporting current use of some type of tobacco product in
10 2018, which was an increase from 3.6 million students in 2017;² and
11

12 Whereas, If cigarette smoking continues at the current rate among youth in the country, 1 of every 13
13 Americans aged 17 years or younger who are alive today will die early from a smoking-related
14 illness;¹ and
15

16 Whereas, The Institute of Medicine suggests that raising the minimum legal sales age for tobacco
17 products from 18 to 21 years would result in 223,000 fewer premature deaths, 50,000 fewer deaths
18 from lung cancer, and reductions in preterm birth, low birth weight, and sudden infant death syndrome;
19 ³and
20

21 Whereas, A growing number of states and municipalities, including Alachua County in the State of
22 Florida, have enacted policies mandating a minimum legal age to purchase tobacco products to 21 years
23 of age; and
24

25 Whereas, Legislation was filed (HB 7119 & SB 1618) and ultimately died on the floor of the House during
26 the 2019 Florida Legislative Session, that would have, among other measures, raised the legal age to
27 purchase tobacco products to 21 years of age; therefore be it
28

29 RESOLVED, That the Florida Medical Association (FMA) support legislation that would raise the legal age
30 to purchase tobacco products to 21 years of age.

Fiscal Note:

Description	Amount	Budget Narrative
100 staff hours	\$15,300	Can be accomplished with current staff
Total	\$15,300	\$0 added to the operating budget

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

Reference Committee: III – Legislation & Miscellaneous

References

1. US Dept of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
2. Centers for Disease Control and Prevention. *Vital Signs: Tobacco Product Use Among Middle and High School Students – United States, 2011-2018*. Morbidity and Mortality Weekly Report, 2019;68(06).
3. Institute of Medicine. *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*. Washington, DC: The National Academies Press, 2015.
[https://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2015/TobaccoMinAge/tobacco_minimum_age_report_brief.pdf](https://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2015/TobaccoMinAge/tobacco_minimum_age_report_brief.pdf).

Resolution19-307
Medicare Reimbursement Standard for Out-of-Network Medicaid Treatment
Dade County Medical Association

1 Whereas, in 2011, Florida instituted the Statewide Medicaid Managed Care Program which mandated
2 that the vast majority of Medicaid services be provided through Managed Care Contracts; and
3

4 Whereas, the implementing legislation for the Statewide Medicaid Managed Care Program attempted to
5 expand access to care to Medicaid beneficiaries by using savings accumulated and certified by the
6 Agency for Health Care Administration (AHCA) through the new managed care program to increase
7 physician reimbursement in the Medicaid Program to Medicare Levels; and
8

9 Whereas, as of 2019, AHCA has certified sufficient savings accumulation through implementation of the
10 Statewide Medicaid Managed Care Program to require that all in-network physicians providing care to
11 Pediatric Medicaid beneficiaries shall receive at-least Medicare level reimbursement; and
12

13 Whereas, AHCA has stated that they will only require Medicaid Managed Care Carriers to meet the
14 Network Adequacy Standards as included in their contract with the carriers and will not require
15 Medicaid Managed Care Carriers to reimburse out-of-network physicians treating pediatric Medicaid
16 beneficiaries at the same Medicare level reimbursement standard; and
17

18 Whereas, AHCA's reluctance to establish a uniform Medicare reimbursement standard for all pediatric
19 care rendered in the Medicaid program creates a dis-incentive for Managed Care Companies to contract
20 with more physicians than the minimum mandated by the network adequacy standards in their contract
21 with AHCA; and
22

23 Whereas, many physicians are not offered access to the Medicaid Managed Care Networks and are
24 therefore at a major disadvantage when it comes to providing care to Medicaid beneficiaries; and
25

26 Whereas, while some out-of-network physicians may be able to limit their exposure to Medicaid
27 patients and this lower reimbursement standard, on-call specialists in particular often cannot control
28 when they are required to provide emergency care and medically necessary follow up care for Medicaid
29 beneficiaries and are more commonly stuck with the lower Medicaid reimbursement rate while fulfilling
30 their legal obligations for call coverage and follow-up care; and
31

32 Whereas, it is the current policy of the Florida Medical Association to support Medicare level
33 reimbursement rates for the Medicaid program; therefore be it
34

35 RESOLVED, That the Florida Medical Association send a letter to the Governor's Office and the Agency
36 for Health Care Administration with a request to reconsider their position on not mandating out-of-
37 network physicians receive the same Medicare Level reimbursement rates when treating Pediatric
38 Medicaid Beneficiaries as in-network physicians; and be it further
39

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

Fiscal Note:

Description	Amount	Budget Narrative
310 staff hours	\$47,560	Can be accomplished with current staff
Total	\$47,560	\$0 added to the operating budget

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

Reference Committee: III – Legislation & Miscellaneous

Resolution 19-308
Youth Sports Safety Initiative
Florida Orthopaedic Society

1 Whereas, About 30 million children and teens participate in some form of organized sports, and more
2 than 3.5 million injuries each year, which cause some loss of time of participation, are experienced by
3 the participants; and
4

5 Whereas, Sports and recreational activities contribute to approximately 21 percent of all traumatic brain
6 injuries among American children; and
7

8 Whereas, More than 775,000 children, ages 14 and younger, are treated in hospital emergency rooms
9 for sports-related injuries each year. Most of the injuries occurred as a result of falls, being struck by an
10 object, collisions, and overexertion during unorganized or informal sports activities; and
11

12 Whereas, Legislation has been passed in Alabama that requires all athletic personnel involved in
13 organized youth sports programs receive basic education on the prevalence and impact of concussion,
14 heat illness and traumatic injury on young athletes participating in high risk youth activities; and
15

16 Whereas, According to materials produced by the Youth Sports Initiative in Alabama, the Centers for
17 Disease Control and Prevention has estimated that their efforts could reduce sports injuries by 50%;
18 therefore be it
19

20 RESOLVED, That the Florida Medical Association support legislation that will require athletic personnel,
21 including organizers and coaches, to participate in free educational programming focused on traumatic
22 injury, heat illness, concussion, and proper training to prevent or decrease the chance of serious injury
23 prior to being involved in high risk youth athletic activities. (“High-risk youth athletic activity” means any
24 organized sport for children 14 years of age or younger where there is a significant possibility for the
25 child to sustain a serious physical injury. The term includes, but is not limited to, the sports of football,
26 basketball, baseball, volleyball, soccer, ice or field hockey, cheerleading, and lacrosse.)
27

Fiscal Note:

Description	Amount	Budget Narrative
100 staff hours	\$15,300	Can be accomplished with current staff
Total	\$15,300	\$0 added to the operating budget

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

Reference Committee: III – Legislation & Miscellaneous

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

1 Whereas, Cardiovascular disease is a leading cause of mortality in the United States; and
2
3 Whereas, Cardiopulmonary resuscitation (CPR) is a skill readily learned by laypersons that, when
4 performed, may help resuscitate individuals after a cardiac arrest; and
5
6 Whereas, 38 states plus Washington, D.C. have passed laws or adopted curriculum requiring hands-on,
7 guidelines-based CPR training for students to graduate high school; and
8
9 Whereas, 11 counties in the state of Florida have already adopted policies to teach CPR in schools;
10 therefore be it
11
12 RESOLVED, That FMA support legislation that requires all students to receive hands-on, guidelines-
13 based CPR training in order to graduate high school.
14

Fiscal Note:

Description	Amount	Budget Narrative
100 staff hours	\$15,300	Can be accomplished with current staff
Total	\$15,300	\$0 added to the operating budget

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

Reference Committee: III – Legislation & Miscellaneous

Resolution 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

- 1 Whereas, hemorrhage remains the top cause of preventable death from injury; and
- 2
- 3 Whereas, swift interventions to stop bleeding with pressure, packing, and tourniquets have saved the
- 4 lives of wounded heroes in combat and civilian casualties in mass trauma events; and
- 5
- 6 Whereas, bystanders are motivated to stop the bleeding of injured people; and
- 7
- 8 Whereas, *Stop the Bleed* is a national hands-on educational program, *developed by the American College*
- 9 *of Surgeons and partners*, that teaches bleeding control to laypeople in less than an hour without cost;
- 10 and
- 11
- 12 Whereas, bleeding control kits that contain gloves, gauze, and tourniquets provide the materials
- 13 necessary for trained laypeople to stop bleeding when the kits are available in at-risk locations, such as
- 14 schools, shopping areas, stadiums; therefore be it
- 15
- 16 RESOLVED, That the Florida Medical Association support state legislation to fund the purchase,
- 17 placement, and maintenance of bleeding control kits in schools and high-trafficked public spaces in
- 18 Florida.

Fiscal Note:

Description	Amount	Budget Narrative
100 staff hours	\$15,300	Can be accomplished with current staff
Total	\$15,300	\$0 added to the operating budget

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

Reference Committee: III– Legislation & Miscellaneous

Resolution 19-311
Clarification of The Duties of Physicians and Pharmacists in Prescribing And Filling Medications
Ellen W. McKnight, M.D.

1 Whereas, The FMA acknowledges the vital role of the physician in diagnosing and treating patients and
2 recognizes that prescribing medication is often an integral part of a comprehensive treatment plan;
3 and

4
5 Whereas, The FMA acknowledges the vital role of the pharmacist in insuring that the correct
6 medication and the proper amount of medication is dispensed in a timely manner; and

7
8 Whereas, The pharmacist may not be privy to all pertinent medical information obtained by a physician
9 during an office visit and not all patients and clinical situations fit into proposed, often transient,
10 guidelines; and

11
12 Whereas, It is the physician who determines, after thoughtful evaluation, if there are clinically
13 relevant circumstances which call for a customized treatment plan; and

14
15 Whereas, The recent legislation regarding opioid prescribing and dispensing appears to be
16 ambiguous about who has the final say in prescribing, dispensing and authorizing medication; and

17
18 Whereas, Pharmacists are now reviewing guidelines pertaining to the monitoring of all medications, not
19 just opioids, and will use those guidelines as a justification for refusing to fill a medically indicated and
20 legally written prescription; and

21
22 Whereas, Some pharmacists are not filling medications because of “pop-up” alerts of rare potential
23 interactions, without notification or discussion with the prescribing physician, who has knowledge of
24 potential risks in their patient; and

25
26 Whereas, Pharmacy chains may have monetary interests in filling or not filling certain
27 prescriptions because of their ability to manipulate their formularies due to safe harbor
28 regulations; and

29
30 Whereas, Some pharmacists, without explanation or rationale, are refusing to fill opioid
31 prescriptions written by physicians who hold active DEA licenses and who are attempting to
32 humanely treat patients with chronic pain; and

33
34 Whereas, It is the physician who is held medically and legally responsible for adverse or poor
35 outcomes which could come from the arbitrary discontinuation or the abrupt withdrawal of certain
36 medications; therefore, be it

37
38 RESOLVED, That the FMA affirms that it is the physician who has the education and skills necessary to
39 put forth a treatment plan which often consists of prescribing medication including opioids; and be it
40 further

41
42 RESOLVED, That the FMA affirms the vital role of the pharmacist to fill medically indicated and legally
43 written prescriptions; and be it further

44

45 RESOLVED, That the FMA affirms that it is not the role of the pharmacist to determine whether a
 46 medically indicated and legally written prescription will be filled; and be it further
 47
 48 RESOLVED, That the FMA will support legislation which clarifies the recent opioid legislation to enable
 49 physicians to prescribe medications appropriately as we attempt to humanely treat pain; and be it
 50 further
 51
 52 RESOLVED, That the FMA will survey their members as to the burdens upon physicians as a result of
 53 the opioid dispensing law and to the penalties that may be brought against physicians practicing
 54 under this law; and be it further
 55
 56 RESOLVED, That the FMA will educate their members on point of care dispensing of medications
 57 consistent with F.S. 465.0276, Dispensing Practitioner.

Fiscal Note:

Description	Amount	Budget Narrative
103 staff hours	\$15,420	Can be accomplished with current staff
Total	\$15,420	\$0 added to the operating budget

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

Reference Committee: III – Legislation & Miscellaneous

Resolution 19-312
The “For Accuracy and Accountability in Clinical Titles” (FACT) Resolution
Florida Society of Anesthesiologists

1 Whereas, Patients have the right to know the professional qualifications, degree, and license of the
2 physician or mid-level provider taking care of them; and
3
4 Whereas, Having strong truth-in-medical-education laws helps to safeguard patients in Florida as well as
5 provide transparency in the health care marketplace; and
6
7 Whereas, The American Medical Association (AMA) policy provides that specialties such as
8 anesthesiology, dermatology, obstetrics/gynecology, surgery, and cardiology, among others, are
9 all considered to be the practice of medicine performed by physicians; and
10
11 Whereas, To avoid unnecessary confusion by other health care providers, the public, and especially
12 patients and their families, it is in the public good to prevent the misappropriation of medical specialty
13 titles, such as but not limited to “anesthesiologist”, “cardiologist”, “dermatologist”,
14 “obstetrician/gynecologist”, and “surgeon”; and
15
16 Whereas, Our Florida Medical Association supports the AMA’s Scope of Practice Partnership’s Truth in
17 Advertising Campaign to ensure patients receive accurate information about who is providing their care
18 (AMA Policy H-405.969); and
19
20 Whereas, In 2018 the American Association of Nurse Anesthetists (AANA) approved the descriptor
21 “nurse anesthesiologist” as an appropriate term to refer to a nurse anesthetist; and
22
23 Whereas, Multiple types of mid-level providers are labelling themselves using terms traditionally
24 reserved for physicians (e.g. “nurse anesthesiologist”, “nurse cardiologist”, or “nurse dermatologist”);
25
26 RESOLVED, That FMA policy oppose any misappropriation of medical specialties’ titles; and be it further
27
28 RESOLVED, That the FMA seek legislation that would accomplish the following:
29 1. Prevents non-physician mid-level providers from using titles and descriptors that are not in line
30 with their state licensure
31 2. Prevents non-physician mid-level providers from using descriptors reserved for physicians,
32 either in whole or in part (e.g. “nurse anesthesiologist”, “nurse cardiologist”, or “nurse
33 dermatologist”)
34 3. Establish criminal penalties for such acts
35 4. Define who may present themselves to a patient, or within a clinical or public setting as a
36 “doctor” and limit to Doctor of Medicine, Osteopathy, Dentist, Chiropractor, Optometrist, or
37 Podiatrist.
38
39 RESOLVED, That the FMA refer any violation of this legislation, when passed, to the Attorney General of
40 the State of Florida for appropriate legal action.

Fiscal Note:

Description	Amount	Budget Narrative
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300 staff hours	\$45,900	Can be accomplished with current staff
Total	\$45,900	\$0 added to the operating budget

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

Reference Committee: III – Legislation & Miscellaneous

Resolution 19-313
Authorization Denial Letter
Hillsborough County Medical Association

1 Whereas, An authorization denial letter should be signed by the reviewer (LPN/RN, etc) and not allow the
2 use of the medical director’s signature stamp when they have not reviewed the case; and
3

4 Whereas, It is in the patient’s best interest and that of best practices to have the medical director
5 review each denial personally; and
6

7 Whereas, There currently is a growing practice of having physician-requested procedures/tests reviewed
8 by a nurse that are denied by using the medical director’s name stamp rather than his actual signature;
9 and
10

11 Whereas, This practice of using a name stamp does not assure that the medical director has actually
12 reviewed the case; and
13

14 Whereas, Having direct oversight of denials by the medical director is likely to improve efficiency by
15 reducing time spent contacting call centers for peer review; and
16

17 RESOLVED, The Florida Medical Association seek legislation mandating the direct involvement of medical
18 directors of third parties/insurance companies with physicians who order a test/procedure/treatment
19 for their patients prior to denying the test/procedure/treatment; and be it further
20

21 RESOLVED, The Florida Medical Association seek legislation mandating denial letters cannot include
22 the medical director’s signature stamp when he/she did not review the denied case.

Fiscal Note:

Description	Amount	Budget Narrative
300 staff hours	\$45,900	Can be accomplished with current staff
Total	\$45,900	\$0 added to the operating budget

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

Reference Committee: III – Legislation & Miscellaneous

Resolution 19-314
Drug Prevention
South Florida Caucus

1 Whereas, The Centers for Disease Control and Prevention (CDC) reports that visits to the Emergency
2 Department for opioid overdoses rose 30% in all parts of the United States from July 2016 to September
3 2017. Large cities had an increase of 45% while Midwestern region was 70%; and
4
5 Whereas, There were 142,557 Emergency Department visits for opioid overdoses over a 15 month
6 period reported by the CDC; and
7
8 Whereas, Efforts to control drug availability have not decreased the number of overdoses. The major
9 culprit in drug overdose is fentanyl; and
10
11 Where, Primary prevention is more effective than tertiary prevention. We need to be more effective in
12 preventing drug abuse; and
13
14 Whereas, Prevention ads have quite effectively reduced smoking of tobacco products and littering; and
15
16 Whereas, Legislation has been introduced to further limit opioid prescriptions and increase substance
17 abuse treatment, little has been spoken of prevention; and
18
19 Whereas, There have been no recent campaigns for drug use prevention; therefore be it
20
21 RESOLVED, That the FMA encourage the State of Florida to allocate funding in their budget for an
22 effective Ad campaign through television and social media, addressing the "Prevention of Drug Abuse."
23

Fiscal Note:

Description	Amount	Budget Narrative
300 staff hours	\$45,900	Can be accomplished with current staff
Total	\$45,900	\$0 added to the operating budget

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

Reference Committee: III – Legislation & Miscellaneous

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

1 Whereas, The State of Florida has unfortunately elevated the scope of practice to ARNPs with the intent
 2 of providing increased access to Primary Care Functions; and
 3
 4 Whereas, Dentists (Non-Maxillofacial Surgeon DDS or DMD) and ARNPs working independently, do not
 5 have the core education and clinical experience and expertise and/or training in Surgery and/or
 6 Cosmetic and/or Dermatologic Surgery and/or Facial Aesthetics; and
 7
 8 Whereas, Cosmetic and/or Dermatologic Surgery and/or Facial Aesthetics shall be defined as the
 9 breaking of the skin; incision of the skin for the purposes of excision; removal, i.e., included but not
 10 limited to biopsy; implantation and/or injection, i.e., Botulinum toxin, deoxycholic acid, tissue fillers of
 11 any kind, placement of threads and/or sutures; and
 12
 13 Whereas, Expansion of Cosmetic and/or Dermatologic Surgery and/or Facial Aesthetics to the public by
 14 the aforementioned poses an immanent physical threat and harm to the public at the hands of Dentists
 15 (Non-Maxillofacial Surgeon DDS or DMD) and ARNPs; and
 16
 17 Whereas, Medical Directors are not mandated to be physically present on site overseeing Dentists (Non-
 18 Maxillofacial Surgeon DDS or DMD) and ARNPs performing Cosmetic and/or Dermatologic Surgery
 19 and/or Facial Aesthetics; and
 20
 21 Whereas, Diversion of patients to Dentists (Non-Maxillofacial Surgeon DDS or DMD) and ARNPs, due to
 22 the lure of costs of procedures at cost of service falsely implies the same esthetic, clinical and safe
 23 outcomes; and be it therefore
 24
 25 **RESOLVED**, The Florida Medical Association shall support legislation to restrict the practice of cosmetic
 26 and/or dermatologic surgery and/or facial aesthetics to MDs or Dos unless done by dentists or APRNs
 27 under the direct supervision of an MD or DO.

Fiscal Note:

Description	Amount	Budget Narrative
100 staff hours	\$15,300	Can be accomplished with current staff
Total	\$15,300	\$0 added to the operating budget

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

Reference Committee: III – Legislation & Miscellaneous

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

1 Whereas, As originally written, SB 1192/HB831 (Bean/Mariano amending s. 456.42, F.S. [initial bill
 2 attached] would have required prescriptions for all legend prescription medications to be submitted
 3 only electronically, and would have eliminated paper prescriptions entirely, and; and
 4

5 Whereas, SB1192/HB831 were strongly supported by large retail pharmacy businesses; and
 6

7 Whereas, Out of pocket expenses for prescriptions at different pharmacies can vary by as much as much
 8 as 3000%, and more---impacting uninsured patients and patients with chronic conditions
 9 disproportionately; and

10 Whereas, Paper prescriptions, issued by physicians empower patients to shop for prescriptions without
 11 re-issue by the prescribing physician; and
 12

13 Whereas, Patient adherence to prescription regimens is essential to obtaining adequate clinical results;
 14 and
 15

16 Whereas, Medical organizations were able to preserve physicians' prerogative of writing written
 17 prescriptions only by a last-minute amendment to the Bill such that written prescriptions still must be
 18 filled by pharmacies in Florida [final passed version attached]; therefore be it
 19

20 RESOLVED, That the Florida Medical Association will monitor and ~~vigorously~~ oppose legislation which
 21 would eliminate patients' ability to choose among pharmacies for purchase of medications; and be it
 22 further
 23

24 RESOLVED, That the Florida Medical Association will engage in early and vigorous opposition to future
 25 legislation that would restrict physician-issued forms of prescription by hand-writing, telephonic, or
 26 electronic means.
 27

Fiscal Note:

Description	Amount	Budget Narrative
300 staff hours	\$45,900	Can be accomplished with current staff
Total	\$45,900	\$0 added to the operating budget

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

Reference Committee: III – Legislation & Miscellaneous



Reference Committee IV



**Reference Committee No. IV
Medical Economics**

Saturday, August 10, 2019
10:00 a.m. – 12:30 p.m.
Hilton Bonnet Creek, Orlando

Members:

Rafael Haciski, M.D., CHAIR
Jeff Berman, M.D.
Daniel De la Torre, M.D.
Justin Deen, M.D.
Roger Duncan, M.D.
Ali Kasreian, M.D.
Naresh Pathak, M.D.
Abhik Roy, M.D.
Bruce Shephard, M.D.

Collier CMS
Florida Pulmonary Society
Lee CMS
Fl. Orthopedic Society
Palm Beach CMS
Duval CMS
Fl. Ch., American College of Physicians
Hillsborough CMA
Hillsborough CMA

Agenda:

Board Report D

1. Board Recommendation D-1: Resolution 17-410

Resolutions:

- | | |
|--------|---|
| 19-401 | Pharmaceutical Pricing Transparency |
| 19-402 | The ASAM Criteria Addiction Treatment Guidelines and ASAM Continuum as the Standard for Third Party Payor Reimbursement |
| 19-403 | Medicare for All |
| 19-404 | Inclusion of Medical Students as Recipient of Benefits of Workers Compensation |
| 19-405 | Effect of Expanding Insurance Coverage |

Report D
of the Board of Governors
Corey Howard, M.D., President and Chair

The Board of Governors submits the following report to the House of Delegates. This report contains **one recommendation** and a summary of major Board actions taken on items relating to medical economics. This report also contains information items as presented by the Council on Medical Economics and Practice Innovation.

Recommendation D-1

Resolution 17-410

**Physician Right to Decline Supervision of Non-Physician Clinicians
(2017 House of Delegates)**

That Resolution 17-410 adopt the substitute language in lieu of Resolution 17-410.

Original Language:

RESOLVED, That the FMA affirm the rights of physicians to decline to supervise non-physician clinicians based on patient safety issues such as inadequate supervision time, lack of cooperation from non-physician clinicians, or quality of care concerns.

RESOLVED, That the FMA conduct research to propose legislation or regulatory changes that prohibit non-physician clinician supervision as a term of employment and protect physicians' right to decline supervision of non-physicians.

Substitute Language:

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

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

Description	Amount	Budget Narrative
50 Staff hours	\$5,275	Can be accomplished with current staff
Total	\$5,275	No Fiscal Impact.

Background: On August 4, 2018 the FMA House of Delegates referred Board Recommendation D-2, Resolution 17-410 to the Board of Governors for study and report back to the 2019 House of Delegates.

Discussion: At the January Board of Governors meeting, an extensive debate was held on this issue. The Board of Governors explored three potential avenues to address the concern of the resolution. After multiple proposed amendments and extensive discussion, the Board of Governors voted to have the

1 Council of Medical Economics further study this resolution and report back at the May Board of
2 Governors meeting. The Council on Medical Economics reviewed the testimony heard at the January
3 Board of Governors meeting and presented its recommendation to the Board of Governors. The Board
4 of Governors recommended that the 2019 House of Delegates adopt the substitute language in lieu of
5 the original language in Resolution 17-410.

6 7 **Council on Medical Economics and Practice Innovation** 8

9 **Major Board Actions:**

- 10 • Adopted policy related to a standardized credentialing process:
11 That the FMA support legislation to require health plans and health systems to utilize
12 the Coalition for Affordable Quality Healthcare (CAQH) standard credentialing
13 application;
14 And further support legislation to require health plans to offer expedited credentialing
15 to physicians who join in-network practices, such as currently prescribed by Texas Law;
16 And further support legislation to require health plans to conclude the process of
17 credentialing and loading applicant information into their billing systems within sixty
18 calendar days after the receipt of a complete application and to provide notice as to
19 whether the application was approved or denied within seven calendar days after the
20 conclusion of the credentialing process

21 22 **Informational Items:**

- 23 • At the October Board of Governors meeting, James Goldenberg, M.D., Vice Chair of the Council
24 of Medical Economics presented the council's report. There were 2 major items that were
25 discussed. The first was CMS' revised fee schedule and E&M cuts. The second item was the
26 potential federal and state revisions to the Stark Law that may arise. The need for revision has
27 been driven by several factors, with the focus on value-based care. Physicians are having trouble
28 controlling costs when they cannot refer to entities in which they are affiliated with. The
29 Council on Medical Economics continues to prepare toolkits to help physicians with alternative
30 payment models and value-based medicine.
31

Resolution 19-401
Pharmaceutical Pricing Transparency
Florida Society of Rheumatology

1 Whereas, Pharmacy benefit managers (PBMs), health plans, and pharmaceutical manufacturers
2 all play a key role in the US pharmaceutical supply chain, and have significant influence over
3 drug costs and patient access to effective and affordable treatment; and
4

5 Whereas, According to a recent poll conducted by the Kaiser Family Foundation, four in ten sick
6 patients have trouble affording their prescription drugs¹ ; and
7

8 Whereas, Select manufacturers pay confidential rebates and fees on select drugs to PBMs, which has
9 increased opacity in the pharmaceutical supply chain, and has created warped financial incentives for
10 PBMs; and
11

12 Whereas, This rebate system has produced a gross-to-net pricing bubble that has compromised
13 patients' ability to afford medically necessary therapies²; and
14

15 Whereas, Step therapy, prior authorization, and other utilization management techniques used by
16 insurers largely stem from the formulary restrictions caused by the rebate system; and
17

18 Whereas, These utilization management practices have greatly impacted the ability of providers
19 to appropriately treat and effectively care for their patients; and
20

21 Whereas, stakeholders across the pharmaceutical supply chain have failed to facilitate
22 transparency necessary to resolving ongoing public policy debates regarding prescription drug
23 pricing and access; therefore be it
24

25 RESOLVED, That the Florida Medical Association adopt the following policy regarding pharmaceutical
26 pricing transparency:
27

28 Drug manufacturers should be required to submit information regarding the wholesale
29 acquisition cost of the drugs they sell, and should be required to disclose certain information
30 when the wholesale acquisition cost increases above a certain threshold.
31

32 Pharmacy benefit managers should be required to disclose information on the rebates they
33 collect, including the amount of aggregate rebates and fees collected and the amount passed
34 through to clients and health plan enrollees.
35

36 Health plans should be required to disclose the following information for all of their product
37 lines: (1) the names of the 25 most frequently prescribed prescription drugs; (2) the percent
38 increase in annual net spending for prescription drugs; (3) the percent increase in premiums
39 that were attributable to prescription drugs; (4) the percentage of specialty prescription drugs
40 with utilization management requirements; and (5) the premium reductions that were
41 attributable to specialty drug utilization management.
42

43 Health insurers should be required to disclose certain information in advance of a
44 premium increase that provides a justification for the increase.
45

Fiscal Note:

Description	Amount	Budget Narrative
5 staff hours	\$200	Can be accomplished with current staff
Total	\$200	\$0 added to the operating budget

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

Reference Committee: IV – Medical Economics

Resolution 19-402
The ASAM Criteria® Addiction Treatment Guidelines and ASAM® CONTINUUM as the Standard for
Third Party Payor Reimbursement
 Florida Society of Addiction Medicine

1 Whereas, The American Society of Addiction Medicine created The ASAM Criteria, formerly known as
 2 the ASAM patient placement criteria, through a collaboration that began in the 1980s to define one
 3 national set of criteria for providing outcome-oriented and results-based care in the treatment of
 4 addiction; and
 5

6 Whereas, The ASAM Criteria has become the national standard of care for matching patients to the
 7 appropriate level of care for the treatment of substance use disorders; and have become the most
 8 widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge
 9 of patients with addiction and co-occurring conditions; and
 10

11 Whereas, The ASAM Criteria and ASAM CONTINUUM, the clinical decision support software for
 12 assessment and patient placement, have been intensively studied, with a considerable body of work
 13 including at least ten evaluations involving more than 3,600 subjects and several controlled studies
 14 finding that treatment based on The ASAM Criteria is associated with improved patient outcomes
 15 including lower hospital utilization, higher retention, and lower substance use at follow up than
 16 mismatched treatment; and
 17

18 Whereas, in the State of Florida, certain healthcare insurance companies have disregarded The ASAM
 19 Criteria, choosing to create their own set of guidelines for placement, often on an arbitrary basis
 20 without any regard for the evidence base, and have used their own non-evidence based, non-
 21 established, non-validated and self-generated placement criteria to substantially reduce, obstruct, and
 22 deny care to patients with substance use disorders, with disregard for either the evidence base or
 23 national standards of care for treating patients with addiction disorders, including The ASAM Criteria;
 24 therefore, be it
 25

26 RESOLVED, That the Florida Medical Association petitions the Florida Office of Insurance Regulation, to
 27 accept a position statement that supports the established, nationally accepted and recognized
 28 treatment guidelines of the various national medical specialty organizations as the standard for third
 29 party payor payment criteria, treatment criteria, placement criteria and all additional matters relating to
 30 the medical care of patients and strongly discourages the use of other self-created, non-evidence based,
 31 non-validated and non-nationally established treatment guidelines.
 32

Fiscal Note:

Description	Amount	Budget Narrative
25 staff hours	\$4,150	Can be accomplished with current staff
Total	\$4,150	\$0 added to the operating budget

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

Reference Committee: IV – Medical Economics

Resolution 19-403
Medicare for All
Palm Beach County Medical Society

- 1 Whereas, Medicare for All is not fiscally reasonable; and
2
3 Whereas, the majority of patients are satisfied with their present health care; and
4
5 Whereas, Medicare for All would necessitate rationing of health care services and considerable delay in
6 election procedures; and
7
8 RESOLVED, That the FMA inform the public that our association is against Medicare for All.
9

Fiscal Note:

Description	Amount	Budget Narrative
15 hours	\$890	Can be accomplished with current staff
Total	\$890	\$0 added to the operating budget

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

Reference Committee: IV – Medical Economics

Resolution 19-404
Inclusion of Medical Students as Recipient of Benefits of Workers Compensation
Medical Student Section

1 Whereas, Needlestick injuries (NSI) occur in a clinical setting and introduce the risk of transmitting blood
2 borne pathogens such as Hepatitis B, Hepatitis C, and HIV¹; and
3
4 Whereas, The Centers for Disease Control and Prevention (CDC) estimates that about 385,000 sharps-
5 related injuries occur annually among health care workers with medical students also at risk of
6 sustaining NSIs^{2,3}; and
7
8 Whereas, Due to the risk of contracting aforementioned bloodborne pathogens, the protocol for
9 NSIs is to receive the appropriate post-exposure prophylaxis (PEP) as a means of disease prevention
10 with appropriate diagnostic follow up^{2,3}; and
11
12 Whereas, According to recommendations from the International Antiviral Society, the protocol for PEP
13 of HIV specifically for health care workers includes at least 4 weeks of three antiretroviral drug regimen
14 with appropriate laboratory and clinical follow up³; and
15
16 Whereas, A systematic review that analyzed the costs associated with NSIs found these costs to range
17 from \$650 to \$750, while also noting extraneous factors that lead to variations in costs⁴; and
18
19 Whereas, The review also noted that frequent changes in the indicated antiretroviral therapy further
20 leads to a greater variation and increase in costs, with an approximated median cost of \$1,187⁴; and
21
22 Whereas, A cost analysis published by the Kaiser Family Foundation indicated that since 2014, the prices
23 of branded common and specialty drugs have risen by 60% and 57%, respectively⁵; and
24
25 Whereas, In addition to presenting a significant financial implication, aforementioned processes related
26 to PEP potentially create a severe emotional burden on those who sustain such an injury^{1,2,4}; and
27
28 Whereas, A study conducted with over 2,000 US medical student participants found that 21.4% of
29 students sustained a NSI during clinical rotations⁶; and
30
31 Whereas, Many NSIs often go unreported, with studies citing the fear of punishment, the financial costs,
32 and the “time consuming process” as a major factor for not immediately reporting an injury^{2,6-8} and
33
34 Whereas, Health care workers that sustain NSI are required to undergo appropriate protocol for
35 exposure, of which all related costs are financially covered under their employer’s workers’
36 compensation program⁹; and
37
38 Whereas, While these programs vary by state, medical students are often exempt from the mandatory
39 coverage of workers’ compensation that their company offer to health care workers since they are not
40 considered employees¹⁰; and

41
 42 Whereas, As an exception to this, the state of Utah amended policy 53B-14-401 to include medical
 43 students within its definition of “interns” stating that interns can become recipients of medical benefits
 44 from workers’ compensation in the event of occupational injuries and diseases¹¹; and

45
 46 Whereas, Although a majority of medical schools require medical students to have a form of health
 47 insurance prior to matriculation, the comprehensive costs associated with NSIs are not explicitly stated,
 48 and insurance providers inconsistently provide complete coverage of these costs⁴; therefore be it

49
 50 RESOLVED, That our Florida Medical Association support legislation that would guarantee medical
 51 students at a state medical school the benefits provided by section 440.09, Florida Statutes, if the
 52 medical student suffers an accidental compensable injury or death arising out of actions performed in
 53 the course and scope of their medical school education.

Fiscal Note:

Description	Amount	Budget Narrative
100 staff hours	\$15,300	Can be accomplished with current staff
Total	\$15,300	\$0 added to the operating budget

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

Reference Committee: IV – Medical Economics

References:

1. Cooke, C.E., Stephens, J.M. Clinical, economic, and humanistic burden of needlestick injuries in healthcare workers. *Medical Devices: Evidence and Research*. 2017; 10: 225-235.
2. National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention. Stop Sticks Campaign.
3. Marrazzo, J.M., et al. HIV Prevention in Clinical Care Settings. *JAMA*. 2014; 312(4): 390-409.
4. Mannocci, A. et al. How Much do Needlestick Injuries Cost? A Systematic Review of the Economic Evaluations of Needlestick and Sharps Injuries Among Healthcare Personnel. *Infection Control and Hospital Epidemiology*. 2016 Jun.; 37(6): 635-646.
5. Kamal, R., et al. What are the recent and forecasted trends in prescription drug spending? *Kaiser Family Foundation*. 2019 Feb 20.
6. Choi, L.Y. et al. Sharps and Needlestick Injuries Among Medical Students, Surgical Residents, Faculty, and Operating Room Staff at a Single Academic Institution. *Journal of Surgical Education*. 2017 Jan.-Feb.; 74(1):131-6.
7. Lauer, A.C. et al. Needlestick and sharp injuries among medical undergraduate students. *American Journal of Infection Control*. 2014 Mar.; 42(3):235-9.
8. Hasak, J.M. et al. Prevalence of Needlestick Injuries, Attitude Changes, and Prevention

- Practices Over 12 Years in an Urban Academic Hospital Surgery Department. *Annals of Surgery*. 2018 Feb.; 267(2):291-6.
9. Worker Safety in Hospitals. *Occupational Safety and Health Administration*. https://www.osha.gov/dsg/hospitals/understanding_problem.html. Accessed 19 Apr 2019.
 10. Workers' Compensation Law - State by State Comparison. *National Federation of Independent Business*. 2017 Jun 07.
 11. Utah Code. Title 53B, Chapter 16, 401-403. <https://le.utah.gov/xcode/Title53B/>

RELEVANT AMA POLICY

Insurance Coverage for Medical Students and Resident Physicians H-295.942

1. Our AMA urges all medical schools to pay for or offer affordable policy options and, assuming the rates are appropriate, require enrollment in disability insurance plans by all medical students;
2. Our AMA urges all residency programs to pay for or offer affordable policy options for disability insurance, and strongly encourage the enrollment of all residents in such plans;
3. Our AMA urges medical schools and residency training programs to pay for or offer comprehensive and affordable health insurance coverage, including but not limited to medical, dental, and vision care, to medical students and residents which provides no less than the minimum benefits currently recommended by the AMA for employer-provided health insurance and to require enrollment in such insurance.
4. Our AMA urge carriers offering disability insurance to: (a) offer a range of disability policies for medical students and residents that provide sufficient monthly disability benefits to defray any educational loan repayments, other living expenses, and an amount sufficient to continue payment for health insurance providing the minimum benefits recommended by the AMA for employer-provided health insurance; and (b) include in all such policies a rollover provision allowing continuation of student disability coverage into the residency period without medical underwriting.
5. Our AMA: (a) actively encourages medical schools, residency programs, and fellowship programs to provide access to portable group health and disability insurance, including human immunodeficiency virus positive indemnity insurance, for all medical students and resident and fellow physicians; (b) will work with the ACGME and the LCME, and other interested state medical societies or specialty organizations, to develop strategies and policies to ensure access to the provision of portable health and disability insurance coverage, including human immunodeficiency virus positive indemnity insurance, for all medical students, resident and fellow physicians; and (c) will prepare informational material designed to inform medical students and residents concerning the need for both disability and health insurance and describing the available coverage and characteristics of such insurance.

BOT Rep. W, I-91; Reaffirmed: BOT Rep. 14, I-93; Appended: Res. 311, I-98; Modified: Res. 306, A-04; Modified: CME Rep. 2, A-14

HIV Postexposure Prophylaxis for Medical Students During Electives Abroad D-295.970

1. Our AMA recommends that US medical schools ensure that medical students who engage in clinical rotations abroad have immediate access to HIV prophylaxis.

2. Our AMA encourages medical schools to provide information to medical students regarding the potential health risks of completing a medical rotation abroad, and on the appropriate precautions to take to minimize such risks.

Res. 303, A-02; Reaffirmed: CCB/CLRPD Rep. 4, A-12

Pre-Exposure Prophylaxis (PrEP) for HIV H-20.895

1. Our AMA will educate physicians and the public about the effective use of pre-exposure prophylaxis for HIV and the US PrEP Clinical Practice Guidelines.

2. Our AMA supports the coverage of PrEP in all clinically appropriate circumstances.

3. Our AMA supports the removal of insurance barriers for PrEP such as prior authorization, mandatory consultation with an infectious disease specialist and other barriers that are not clinically relevant.

4. Our AMA advocates that individuals not be denied any insurance on the basis of PrEP use.

Res. 106, A-16; Modified: Res. 916, I-16; Appended: Res. 101, A-17

Prophylaxis for Medical Students Exposed to Bloodborne Pathogens D-365.999

1. Our AMA will work with the Department of Health and Human Services to seek that references to "staff" in the proposed conditions of participation for hospitals expressly include "students and/or trainees" before they are finalized.

2. Our AMA is unsuccessful in achieving the desired outcome in Recommendation 1, our AMA will work with OSHA to obtain a clarifying interpretation of the current OSHA requirements that would have the effect of broadening the application of their bloodborne pathogen standards to include medical students and trainees.

3. Our AMA is unsuccessful in fulfilling Recommendation 2, our AMA will develop model legislation to establish new standards to ensure appropriate prophylaxis and counseling are made available to medical students and trainees exposed to bloodborne pathogens.

4. Our AMA will make a concerted effort to encourage medical schools to require, as part of their affiliation agreements with medical centers, that CDC and other applicable guidelines and standards be applied also to medical students and trainees. Additionally, Our AMA draft and disseminate model contract language for medical schools to use when contracting with hospitals. And further, Our AMA incorporate an effective enforcement mechanism into the model contract language.

BOT Rep. 21, I-00; Reaffirmed: CSAPH Rep. 1, A-10

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

1 Whereas, The current climate in the US is to consider expanding insurance coverage by the government
 2 such as Medicare for all and the public option; and
 3

4 Whereas, Most in the US including patients and physicians do not understand the actual working and
 5 downstream consequences of using only governmental insurances or simply cannot summarize it with
 6 clear cut implications; and
 7

8 Whereas, Physicians, hospitals, medical clinics and others all have different experiences with
 9 governmental insurances including but not limited to low reimbursement, cost both for providing the
 10 care as well as the enormous cost associated with the regulations by the Medicare and Medicaid
 11 system; and
 12

13 Whereas, Physicians need a clear summary letter guidance with clear cut list of implications if our
 14 country will change or consider changing into a Medicare for all or public options in order to continue
 15 the practice of medicine; and therefore, be it
 16

17 RESOLVED, That the FMA create a document and communicate it to physicians as soon as possible
 18 summarizing the implications and potential effects of expanding governmental insurance coverage
 19 without responsibly and its downstream effect on the ability of physicians to practice medicine both in
 20 hospital and/or the private practice of medicine including, but not limited to reimbursement and
 21 regulatory and other costs associated with such governmental insurance; be it further
 22

23 RESOLVED, That the FMA’s AMA Delegation create a document that can be distributed to physicians as
 24 soon as possible summarizing the effects of expanding the governmental insurance coverage as in
 25 “Medicare For All” and/or the “Public Option;” be it further
 26

27 RESOLVED, That the document will be published and made available for physicians to present to
 28 patients, national, federal, state and local organizations.
 29

Fiscal Note:

Description	Amount	Budget Narrative
120 staff hours	\$7,100	Can be accomplished with current staff
Total	\$7,100	\$0 added to the operating budget

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