



FloridaMedical
ASSOCIATION
Helping Physicians Practice Medicine

2012
PUBLIC POLICY COMPENDIUM
(Contains public policy statements through year end 2012)

Last updated April 11, 2013

Florida Medical Association
P.O. Box 10269
Tallahassee, FL 32302



FOREWORD

The 2012 FMA Public Policy Compendium provides a listing of the Florida Medical Association's policy positions adopted by the FMA House of Delegates and FMA Board of Governors through the end of 2012. Each policy is affixed with a one letter prefix code (P) followed by a multi-digit number which is unique to the subject matter.

FMA councils and committees review seven year-old public policies on an annual basis and make recommendations to the House of Delegates to reaffirm or sunset. Policies that sunset are kept in a separate archive system for historical purposes.

An indexed table of contents is located on pages i-xxi.

MISSION AND VALUES

The Florida Medical Association exists to *Help Physicians Practice Medicine.*

In carrying out that mission, the Florida Medical Association
will adhere to the following values:

ADVOCACY

Speaking for physicians and their patients.

QUALITY

Promoting the highest standards of medical care.

PROFESSIONALISM:

Delivering care with integrity and compassion.

FREEDOM

Maintaining choice in a free-market system that respects the patient/physician relationship.

EDUCATION

Promoting life-long learning and the education of future physicians.

HEALTHY FLORIDIANS

Promoting comprehensive patient care and public health.

TABLE OF CONTENTS

P 5.000	ABORTION	1
P 5.001	ABORTION CIVIL DAMAGES	1
P 5.002	ABORTION POLICY STATEMENT	1
P 5.003	REPEAL OF THE FLORIDA STATE LEGISLATION ON NON-MEDICAL TESTING	1
P 10.000	ACCIDENT PREVENTION	1
P 10.001	SAFETY BELTS	1
P 10.002	DRIVER FATIGUE.....	1
P 10.003	DRIVING AND USE OF CELL PHONES	2
P 10.004	MOTORCYCLE HELMET REQUIREMENT	2
P 10.005	BANNING TEXTING WHILE DRIVING.....	2
P 10.006	CELL PHONES AND EDUCATION FOR “IN CASE OF EMERGENCY (ICE)”	2
P 10.007	ADVOCACY CAMPAIGN FOR CELL PHONES AND “IN CASE OF EMERGENCY (ICE)”	2
P 15.000	ACCOUNTABLE CARE ORGANIZATIONS (ACOS)	2
P 15.001	FMA PRINCIPLES ON ACOS	2
P 20.000	ACQUIRED IMMUNODEFICIENCY SYNDROM (AIDS)	2
P 20.001	NEEDLE AND SYRINGE EXCHANGE PROGRAM	2
P 20.002	DEVELOPMENT OF HIV/AIDS PLANNING AND MANAGEMENT ORGANIZATIONS	3
P 20.003	DISTRIBUTION OF CDC RECOMMENDATIONS	3
P 20.004	HIV TESTING - ABBREVIATED COUNSELING WHEN APPROPRIATE	3
P 20.005	HIV TESTING.....	3
P 25.000	ADVERSE INCIDENT REPORTS	3
P 25.001	OFFICE ADVERSE INCIDENT REPORTS.....	3
P 25.002	REPORTING OF WRONG SITE SURGERY (ARCHIVED)	3
P 25.003	EQUAL PROTECTION FROM DISCOVERY.....	3
P 30.000	ADVERTISING	3
P 30.001	PRINCIPLES GOVERNING ADVERTISING IN ALL PUBLICATIONS OF THE FLORIDA MEDICAL ASSOCIATION	3
P 30.002	PROVIDER DEGREE IDENTIFICATION FOR CONSUMER PROTECTION	4
P 30.003	BOGUS BOARDS.....	4
P 30.004	DIPLOMACY CLAIMS	4
P 30.005	ONLY PHYSICIANS CERTIFIED BY ABMS ALLOWED TO ADVERTISE AS BOARD CERTIFIED.....	4
P 35.000	AGENCY FOR HEALTH CARE ADMINISTRATION	4
P 35.001	HOSPITAL DEPARTMENT CLOSURES	4
P 35.002	IMPLEMENTATION OF PAYER MEASURES BY AHCA	4
P 40.000	AGING	4
P 45.000	ALCOHOL AND ALCOHOLISM	5
P 45.001	BINGE DRINKING IN YOUNG ADULTS.....	5
P 45.002	FETAL ALCOHOL SYNDROME.....	5
P 45.003	FETAL ALCOHOL ABUSE	5
P 50.000	ALLIED HEALTH	5
P 50.001	ALLIED HEALTH EDUCATION	5
P 50.002	NONPRACTITIONER-ORDERED LABORATORY TESTING.....	5
P 50.003	HEALTH CARE PROVIDER	5
P 50.004	SUPERVISION OF ALLIED HEALTH PROFESSIONALS	5
P 55.000	AMERICAN MEDICAL ASSOCIATION	5
P 55.001	EXPANSION OF SCOPE AND ACTIVITIES OF AMA PHYSICIAN CONSORTIUM FOR PERFORMANCE IMPROVEMENT	5
P 55.002	ADMISSION CRITERIA FOR INPATIENT REHABILITATION FACILITIES.....	6
P 55.003	AMA PHYSICIAN CONSORTIUM.....	6
P 55.004	PHARMACEUTICAL COMPANIES SHOULD NOT OBTAIN SENSITIVE INFORMATION.....	6
P 55.005	RANKING NATIONAL HEALTHCARE SYSTEMS ON MEDICAL INNOVATION	6
P 55.006	AMA PRIORITIES AND MISSION	6
P 55.007	AMA DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST	6
P 55.008	SPECIALTY SOCIETY ADVOCACY	6
P 55.009	CHARTER TO WORK WITH ALL APPLICABLE PHYSICIAN ADVOCACY ORGANIZATIONS	6
P 55.010	AMA MAKE BALANCE BILLING ITS HIGHEST PRIORITY	7

P 55.011	PROFESSIONAL SERVICES VS. EVALUATION AND MANAGEMENT SERVICES CPT CODES	7
P 60.000	BLOOD	7
P 60.001	EXTENDING THE STATUTE OF LIMITATIONS FOR BLOOD BANKS	7
P 65.000	BOARD OF MEDICINE	7
P 65.001	PRESIDENT'S LETTER TO THE FLORIDA BOARD OF MEDICINE	7
P 65.002	BOARD OF MEDICINE'S COUNCIL OF PHYSICIAN ASSISTANTS.....	7
P 65.003	MEDICAL LICENSURE APPLICATION – MENTAL DISORDER/IMPAIRMENT	7
P 65.004	PHYSICIAN ASSISTANT ON THE BOARD OF MEDICINE	7
P 70.000	CANCER	7
P 70.001	PROSTATE CANCER SCREENING (ARCHIVED).....	7
P 70.002	BREAST CANCER RISK FACTORS (ARCHIVED)	7
P 70.003	CHILDHOOD MELANOMA AND SKIN CANCER SAFE SUN	8
P 70.004	PROSTATE CANCER SCREENING	8
P 70.005	INSURANCE COVERAGE FOR CANCER PATIENTS ENROLLED IN CLINICAL TRIALS.....	8
P 70.006	COLON CANCER SCREENING.....	8
P 70.007	ESOPHAGEAL CANCER AWARENESS	8
P 75.000	CARDIOLOGY	8
P 75.001	DIRECT ACCESS EMERGENCY CARDIAC CARE	8
P 75.002	CARDIOLOGY SERVICES.....	8
P 80.000	CENTERS FOR MEDICARE AND MEDICAID SERVICES – CMS	8
P 80.001	SANCTION PROCESS	8
P 80.002	TOLL-FREE TELEPHONE NUMBERS	8
P 80.003	NOMINATION OF DONALD BERWICK TO HEAD THE CENTER FOR MEDICARE AND MEDICAID SERVICES	9
P 80.004	DOW JONES LAWSUIT	9
P 80.005	ELIMINATE ICD-10.....	9
P 85.000	CERTIFICATE OF NEED	9
P 85.001	CON AND LOCAL HEALTH COUNCILS.....	9
P 90.000	CHILDREN & HEALTH	9
P 90.001	FINGERPRINTING OF CHILDREN.....	9
P 90.002	FETAL AND INFANT DEATHS	9
P 90.003	IMPACT OF NON-RECURRING FUNDS ON CHILDREN'S MEDICAL SERVICES (ARCHIVED)	9
P 90.004	CHILDHOOD OBESITY - (ARCHIVED).....	9
P 90.005	ETHICAL TREATMENT OF PRENATAL INMATES - (ARCHIVED).....	9
P 90.006	INCREASE AWARENESS OF CHILDHOOD DENTAL CARE	10
P 90.007	MODIFY AHCA PROCESS FOR PRESCRIPTION OF PRIVATE DUTY NURSING FOR SPECIAL NEEDS CHILDREN	10
P 90.008	ENDORSEMENT FOR WALKING/BIKING TO SCHOOL	10
P 90.009	FLORIDA KIDCARE.....	10
P 90.010	PHYSICAL EXAMS FOR CHILDREN AND ADOLESCENTS IN ORGANIZED ATHLETICS	10
P 90.011	COMMENDATION FOR THE FLORIDA MEDICALLY-LED CHILD PROTECTION TEAM MODEL.....	10
P 90.012	BOOSTER SEATS REQUIRED FOR CHILDREN.....	10
P 90.013	BOOSTER SEAT LAW SUPPORT	10
P 90.014	ADVOCATING CHILDREN'S ISSUES	10
P 90.015	ENSURING PAYMENT FOR NEWBORN CARE	11
P 90.016	NEWBORN SCREENING TO DETECT THE PRESENCE OF SEVERE COMBINED IMMUNODEFICIENCY DISEASE (SCID'S).....	11
P 90.017	PENALTIES FOR CARETAKERS WITHHOLDING INFORMATION FROM PHYSICIANS/HEALTH CARE PROFESSIONALS CARING FOR A CHILD	11
P90.018	NEONATAL PULSE OXIMETRY HEART DISEASE.....	11
P 95.000	CLINICS	11
P 95.001	MINI-CLINICS.....	11
P 95.002	RETAIL BASED CLINICS AND REGULATIONS OF SCOPE OF PRACTICE IN SUCH CENTERS	11
P 95.003	PHARMACY-BASED CLINICS	11
P 95.004	FOCUSING PILL MILL RULES ON PILL MILLS	11
P 95.005	ALLOWING STATE LAW REGULATING PAIN MANAGEMENT CLINICS TO SUPERSEDE LOCAL ORDINANCE(S)	12
P 100.000	CONTRACEPTION	12
P 100.001	ACCESS TO EMERGENCY CONTRACEPTION.....	12
P 104.000	CREDENTIALING	12

P 104.001	ECONOMIC CREDENTIALING	12
P 104.002	ECONOMIC CREDENTIALING (<i>ARCHIVED</i>).....	12
P 104.003	UNIFORM CREDENTIALING FORM FOR PHYSICIANS	12
P 104.004	ECONOMIC CREDENTIALING – DUAL STANDARDS.....	12
P 104.005	ECONOMIC PROFILING OF PHYSICIAN CARE IN FLORIDA.....	13
P 105.000	CRIME	13
P 105.001	INSANITY PLEA.....	13
P 105.002	CRIMINAL PENALTIES FOR NEGLIGENCE.....	13
P 105.003	DECRIMINALIZATION OF MEDICAL DECISIONS.....	13
P 105.004	PROHIBITION OF CRIMINAL PROSECUTION LEGISLATION	13
P 105.005	DOMESTIC VIOLENCE	13
P 105.006	MANAGEMENT OF SEX OFFENDERS.....	14
P 110.000	DEPARTMENT OF HEALTH (FLORIDA)	14
P 110.001	COLLECTION OF WORKFORCE DATA.....	14
P 110.002	COLLECTION OF WORKFORCE DATA.....	14
P 110.003	MAINTAINING A SEPARATE FLORIDA DEPARTMENT OF HEALTH	14
P 110.004	SUPPORT DOH INFORMATION TECHNOLOGY PROJECTS	14
P 110.005	SUPPORT OF FLORIDA POISON CONTROL CENTER.....	14
P 110.006	MERGER THE DEPARTMENT OF HEALTH AND AHCA	14
P 110.007	DEPARTMENT OF HEALTH – POSTING OF DISCIPLINARY ACTIONS.....	14
P 110.008	DEPARTMENT OF HEALTH - INTERACTIVE MAPS.....	15
P 110.009	FLORIDA HEALTH AND TRANSITION SERVICES.....	15
P 110.010	SUPPORT FOR DEPARTMENT OF HEALTH DURING PROPOSED REORGANIZATION, AUGUST, 2011...	15
P 110.011	DOH ACCESS TO HOSPITAL MEDICAL RECORDS	15
P 110.012	AUTHORITY TO ISSUE EMERGENCY SUSPENSION ORDER	15
P 110.013	MEDICAL LICENSE SUSPENSION POWERS	16
P 115.000	DISABLED	16
P 115.001	HEARING IMPAIRED	16
P 120.000	DISASTER PREPAREDNESS	16
P 120.001	CONTINUITY OF EDUCATION DURING DISASTER.....	16
P 120.002	CONTINUANCE OF HEALTH RELATED RESEARCH	16
P 120.003	PERMANENT STORAGE OF MEDICAL EDUCATION RECORDS.....	16
P 120.004	ASSURE PORTABILITY OF RESIDENT PHYSICIAN EDUCATION	16
P 120.005	DISASTER SECURITY OVERSIGHT COUNCIL	16
P 120.006	PHYSICIAN VOLUNTEERS DURING DISASTER	16
P 120.007	DISASTER PREPAREDNESS COURSE.....	17
P 120.008	SOUTHEAST REGIONAL PEDIATRIC DISASTER SURGE RESPONSE NETWORK	17
P 125.000	DRUGS – ABUSE	17
P 125.001	SUBSTANCE ABUSE TREATMENT CENTERS.....	17
P 125.002	SCREENING AND BRIEF INTERVENTION MEASURES	17
P 125.003	FULL FORCE AND EFFECT ACROSS COUNTY LINES OF ORDERS FOR INVOLUNTARY SUBSTANCE ABUSE EVALUATION AND TREATMENT SERVICES (MARCHMAN ACT).....	17
P 130.000	DRUGS – PRESCRIBING AND DISPENSING	17
P 130.001	VERIFYING PRESCRIPTIONS	17
P 130.002	INTRACTABLE PAIN.....	18
P 130.003	EXEMPTION OF ER PHYSICIANS FROM DISPENSING PRACTITIONER REGULATIONS	18
P 130.004	PHARMACISTS.....	18
P 130.005	FLORIDA COLLEGE OF EMERGENCY PHYSICIANS	18
P 130.006	RECREATIONAL PRESCRIPTIONS	18
P 130.007	PRESCRIPTION OF STRONG ANALGESICS AND OXYCONTIN	18
P 130.008	ABUSE OF PRESCRIPTION DRUGS	18
P 130.009	FILLING PRESCRIPTIONS	18
P 130.010	TREATMENT OF OPIOID DEPENDENCE	19
P 130.011	PHARMACISTS ALTERING PRESCRIPTIONS	19
P 130.012	COUNTERFEIT DRUG PREVENTION	19
P 130.013	DEVELOPMENT OF ELECTRONIC CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM	19
P 130.014	STANDARDIZE PHARMACY TELEPHONE ANSWERING MACHINES	19
P 130.015	FLORIDA ALL SCHEDULE PRESCRIPTION ELECTRONIC REPORTING ACT.....	19
P 130.016	PHARMACY LOCATIONS.....	19
P 130.017	COMPREHENSIVE ELECTRONIC PRESCRIPTION DRUG MONITORING PLAN	19

P 130.018	PHYSICIAN PRESCRIPTIONS	20
P 130.019	CONTINUED SUPPORT FOR PRESCRIPTION DRUG MONITORING PROGRAM.....	20
P 135.000	DRUGS – REGULATION	20
P 135.001	THERAPEUTIC SUBSTITUTION	20
P 135.002	LABELING OF PRESCRIPTION DRUGS.....	20
P 135.003	USE OF SAMPLE MEDICATIONS	20
P 135.004	GENERIC DRUGS.....	20
P 135.005	RITALIN RESTRICTIONS.....	20
P 135.006	RITALIN	21
P 135.007	FEDERAL FEE ROLLBACK	21
P 135.008	FOOD AND DRUG ADMINISTRATION.....	21
P 135.009	REQUESTING DEA NUMBER.....	21
P 135.010	DEA NUMBERS FOR RESIDENT PHYSICIANS	21
P 135.011	“OFF LABEL” USE OF PHARMACOLOGIC AND DIAGNOSTIC AGENTS.....	21
P 135.012	SCHEDULE II MEDICATIONS OF DECEASED HOSPICE PATIENTS	21
P 135.013	OPPOSE FEDERAL LEGISLATION ON IMPORTATION OF DRUGS.....	22
P 135.014	IMMUNOSUPPRESSANT MEDICATIONS FOR ORGAN TRANSPLANT RECIPIENTS.....	22
P 135.015	RESTRICT DENTISTS FROM USING COSMETIC INJECTABLES AND PRESCRIBING SKIN CARE	
PRODUCTS	22
P 140.000	EDUCATION (MEDICAL)	22
P 140.001	ACCREDITED SYSTEMS.....	22
P 140.002	MEDICAL EDUCATION PLAN OF ACTION	22
P 140.003	CHEC FUNDING	22
P 140.004	UNDERSERVED AREA LOAN FUND.....	22
P 140.005	HEALTH EDUCATION LOANS	22
P 140.006	MEDICAL FACULTY CERTIFICATION	22
P 140.007	TEACHING MEDICAL STUDENTS FEE-FOR-SERVICE PRACTICE OF MEDICINE.....	23
P 140.008	CREATION OF A FUND TO SUPPORT GRADUATE MEDICAL EDUCATION AND RESEARCH	23
P 140.009	EDUCATION CODE 15.....	23
P 140.010	GRADUATE MEDICAL EDUCATION FUNDING.....	23
P 140.011	ALTERNATIVE LICENSURE PROGRAM.....	23
P 140.012	PHYSICIAN OPPORTUNITIES FOR PROFESSIONAL RETRAINING	23
P 140.013	REVISION OF MEDICARE FUNDING AND APPROVAL OF GRADUATE MEDICAL EDUCATION SLOTS IN	
FLORIDA	23	
P 145.000	EDUCATION – (CONTINUING MEDICAL EDUCATION – CME)	23
P 145.001	SUBJECT-SPECIFIC CME.....	23
P 145.002	EDUCATIONAL REQUIREMENTS ON SOCIAL ISSUES	24
P 145.003	CONTINUING EDUCATION ON LEGISLATIVE COURSE.....	24
P 145.004	SUBSTITUTING MANDATORY CME HOURS WITH APPROPRIATE EDUCATION.....	24
P 145.005	SUBSTITUTE EMERGENCY DISASTER PREPAREDNESS FOR CME	24
P 145.006	CME ON BIOTERRORISM AND PUBLIC HEALTH PREPAREDNESS	24
P 145.007	ELIMINATE LEGISLATIVELY MANDATED CME	24
P 145.008	REVIEW REQUIREMENTS FOR CME ACCREDITATION	24
P 145.009	CME REQUIREMENTS	24
P 145.010	SUNSET LEGISLATIVELY MANDATED CME.....	24
P 145.011	CHANGES TO DOMESTIC VIOLENCE LAW.....	25
P 145.012	DOMESTIC VIOLENCE CME ADDITION.....	25
P 145.013	DEVELOPMENTAL DISABILITIES AND AUTISM SPECTRUM DISORDER	25
P 145.014	GREEN DOCTOR OFFICE PROGRAM.....	25
P 155.000	EMERGENCY MEDICAL SERVICES	25
P 155.001	INTERRUPTION OF SERVICES (<i>ARCHIVED</i>).....	25
P 155.002	IMPROVING EMERGENCY CALL COVERAGE.....	25
P 155.003	CRISIS IN EMERGENCY CARE.....	25
P 155.004	SUPPORTING FLORIDA TRAUMA CENTERS	25
P 160.000	END OF LIFE	25
P 160.001	PHYSICIAN ASSISTED SUICIDE - RULING OF AMA.....	25
P 160.002	PHYSICIAN ASSISTED SUICIDE	26
P 160.003	ACUTE CARE OF “ORPHANED” NURSING HOME PATIENTS	26
P 160.004	DO NOT RESUSCITATE ORDER.....	26
P 160.005	UNIVERSAL LIVING WILL	26
P 160.006	HOSPICE REFERRAL.....	26

P 160.007	ADVANCE CARE PLAN	26
P 160.008	DNR ORDERS IN OUTPATIENT SETTING	26
P 160.009	END OF LIFE ISSUES.....	26
P 160.010	PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT.....	27
P 160.011	QUALITY END-OF-LIFE CARE.....	27
P 160.012	FUTILE CARE	27
P 160.013	LIMITING FUTILE CARE AT END OF LIFE	27
P 170.000	ENVIRONMENTAL HEALTH	27
P 170.001	ENVIRONMENTAL RESPONSIBILITY	27
P 170.002	COLLABORATIVE ON HEALTH AND THE ENVIRONMENT.....	27
P 170.003	PHYSICIANS RESPONSIBILITY FOR ENVIRONMENT AND HEALTH.....	27
P 170.004	EXPOSURE TO MERCURY TOXICITY	28
P 170.005	HEALTH RISKS OF FLORIDA’S COAL-BURNING ELECTRIC POWER PLANTS	28
P 170.006	STRATEGIES TO REDUCE SCHOOL BUS EMISSIONS	28
P 170.007	EXPANSION OF THE MIAMI-DADE COUNTY URBAN DEVELOPMENT BOUNDARY.....	28
P 170.008	REDUCE CO2 EMISSIONS	29
P 170.009	AMA POLICY ON CLIMATE CHANGE	29
P 170.010	RESOURCE CONSERVATION, WASTE RECYCLING, HEALTH RISKS CAUSED BY INCINERATORS	29
P 170.011	VEHICLE ANTI-IDLING POLICY	29
P 170.012	PHARMACEUTICAL DISPOSAL POLICY.....	29
P 170.013	UNDERSTANDING ENVIRONMENTAL INFLUENCE	29
P 175.000	ETHICS – MEDICAL	29
P 175.001	PATIENT FEE DISPUTES	29
P 175.002	CAPITAL PUNISHMENT	30
P 175.003	CODE OF ETHICS.....	30
P 175.004	PROFESSIONAL COURTESY	30
P 175.005	PROFESSIONAL COURTESY RESTORATION	30
P 180.000	EXAMINERS - MEDICAL	30
P 180.001	RISK MANAGEMENT - MEDICAL EXAMINERS.....	30
P 180.002	CERTIFICATION	30
P 185.000	EXPERT WITNESS	31
P 185.001	LIMITS ON EXPERT WITNESSES – FEES.....	31
P 185.002	EXPERT WITNESS	31
P 185.003	QUALITY ASSURANCE FOR EXPERT WITNESS TESTIMONY	31
P 185.004	VOLUNTEER EXPERT WITNESSES	31
P 185.005	REGULATION OF EXPERT TESTIMONY	31
P 185.006	EXPERT WITNESS COMMITTEE PROGRAM	31
P 185.007	EXPERT WITNESSES.....	31
P 185.008	AFFIDAVIT SIGNED UNDER OATH	31
P 185.009	EXPERT WITNESS FINE (<i>ARCHIVED</i>).....	32
P 185.010	SPECIALTY SOCIETIES SANCTION FRAUDULENT EXPERT WITNESS TESTIMONY	32
P 185.011	PROCEDURAL GUIDELINES FOR THE EXPERT WITNESS PROGRAM.....	32
P 185.012	MEDICAL EXPERT TESTIMONY AND THE “STANDARD OF CARE”	32
P 185.013	EXPERT WITNESS REFORM.....	32
P 185.014	EXPERT WITNESS & EXPERT TESTIMONY.....	32
P 185.015	FMA EXPERT WITNESS PROGRAM	33
P 185.016	OUT-OF-STATE EXPERT WITNESSES IN CHILD ABUSE CASES	33
P 190.000	FIREARMS	33
P 190.001	HANDGUN CONTROL - COOLING OFF PERIOD	33
P 190.002	FIREARMS AND ADOLESCENT/CHILD VIOLENCE	33
P 190.003	GUN SAFETY DEVICES	33
P 190.004	WILLFUL CARRYING OF A CONCEALED WEAPON.....	33
P 190.005	PHYSICIAN ABILITY TO FREELY DISCUSS GUN SAFETY.....	33
P 195.000	FLORIDA MEDICAL ASSOCIATION MISSION AND VALUES	33
P 195.001	FLORIDA MEDICAL ASSOCIATION MISSION AND VALUES.....	33
P 195.002	NATIONAL ADVOCACY OF FMA MISSION.....	34
P 195.003	PRESERVE CORE VALUES OF TRANSPARENCY AND INCLUSIVENESS	34
P 200.000	FOREIGN MEDICAL GRADUATES	34
P 200.001	PHYSICIAN ASSISTANTS	34
P 205.000	FRAUD	34
P 205.001	PATIENT REPORTING OF INSURANCE COMPANY FRAUD AND ABUSE.....	34

P 205.002	WELLCARE FRAUD AND ABUSE.....	34
P 210.000	GAMBLING	34
P 210.001	PATHOLOGICAL GAMBLING.....	34
P 215.000	HEALTH DISPARITIES	34
P 220.000	HEALTH INFORMATION TECHNOLOGY	35
P 220.001	MEDICAL INFORMATION TECHNOLOGY.....	35
P 220.002	COLLECTIVE OPERATING ORGANIZATION.....	35
P 220.003	HEALTH INFORMATION EXCHANGE PLANS.....	36
P 220.004	GUIDELINES AND PRINCIPLES FOR RESPONSIBLE HOSPITAL IMPLEMENTATION OF EMR AND CPOE	36
P 220.005	STATEWIDE HEALTH INFORMATION EXCHANGE PLAN	36
P 220.006	ROLE OF PHYSICIANS IN HEALTH INFORMATION EXCHANGE	36
P 220.007	PAYER CONTROLLED HEALTH INFORMATION EXCHANGE	36
P 220.008	MANDATES FOR HEALTH INFORMATION EXCHANGE.....	36
P 220.009	FUNDING FOR DEVELOPMENT AND EXPANSION OF HIE	36
P 220.010	EFFECTIVE PHYSICIAN CONTROLLED PLAN FOR HIE.....	37
P 220.011	UTILIZING HIE.....	37
P 220.012	IMPLEMENTATION OF EMR AND CPOE.....	37
P 220.013	OUTREACH TO FLORIDA REGIONAL EXTENSION CENTERS (REC)	37
P 220.014	FREE EMR PRODUCTS	37
P 220.015	COLLABORATION WITH FLORIDA REGIONAL EXTENSION CENTERS.....	37
P 225.000	HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)	37
P 225.001	PATIENT PRIVACY AND CONFIDENTIALITY	37
P 225.002	AMEND HIPAA REQUIREMENTS IN STATE POISON CONTROL CENTER NETWORK STATUTES (ARCHIVED)	37
P 230.000	HEALTH SAVINGS ACCOUNTS	37
P 230.001	UNINSURED FLORIDIANS	38
P 230.002	HEALTH SAVINGS ACCOUNTS FOR MEDICAID POPULATION	38
P 230.003	HEALTH SAVINGS ACCOUNTS: AN ALTERNATIVE TO MANAGED CARE	38
P 230.004	PROMOTION OF HEALTH SAVINGS ACCOUNTS.....	38
P 230.005	FEDERAL TAX POLICY AND HEALTH CARE FINANCING.....	38
P 235.000	HEALTH SYSTEM REFORM	38
P 235.001	THE ROLE OF ORGANIZED MEDICINE IN HEALTH CARE.....	38
P 235.002	INSURANCE REFORM	39
P 235.003	FLORIDA HEALTH SYSTEM IMPROVEMENT MODEL.....	39
P 235.004	HEALTH SYSTEM REFORM RELATING TO FMA PRINCIPLES	39
P 235.005	FMA HEALTH SYSTEM REFORM POLICIES.....	39
P 235.006	HEALTH SYSTEM REFORM/THE PHYSICIAN INPUT	41
P 235.007	FMA POSITION ON THE AMA’S NATIONAL ADVOCACY EFFORTS	41
P 235.008	HEALTH CARE FREEDOM AMENDMENT	41
P 235.009	IMPLEMENTATION OF HEALTH CARE REFORM LEGISLATION.....	41
P 235.010	IMMEDIATE HALT OF IMPLEMENTATION OF PPACA	41
P 235.011	ACTION BY U.S. SUPREME COURT	42
P 235.012	REPEAL OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT	42
P 235.013	HEALTH ACT OF 2011	42
P 235.014	ALERT PUBLIC ON EFFECTS OF PATIENT PROTECTION AND AFFORDABLE CARE ACT.....	42
P 240.000	HOSPITALS	42
P 240.001	JCAH STANDARDS FOR HOSPITALS	42
P 240.002	USER FEES	42
P 240.003	JOINT VENTURE.....	42
P 240.004	DIRECT CONTRACTING.....	42
P 240.005	JOINT COMMISSION FOR THE ACCREDITATION OF HEALTH CARE ORGANIZATIONS	43
P 240.006	STROKE CENTER MANAGEMENT	43
P 240.007	PHYSICIAN INDEMNIFICATION FOR TEACHING	43
P 240.008	DEFINING HOSPITALIST PHYSICIANS	43
P 240.009	CMS VERBAL ORDER AUTHENTICATION REQUIREMENT.....	43
P 240.010	INPATIENT VERSUS OUTPATIENT HOSPITAL MEDICAL CARE	43
P 245.000	HOSPITALS: MEDICAL STAFFS	43
P 245.001	NON-GEOGRAPHIC PHYSICIANS.....	43
P 245.002	N/A	44
P 245.003	N/A	44

P 245.004	SUPPORT LAWNWOOD REGIONAL MEDICAL CENTER (<i>ARCHIVED</i>)	44
P 245.005	SUPPORT FOR MEDICAL STAFF AUTONOMY	44
P 245.006	CONFLICT OF INTEREST DISCLOSURE FOR HOSPITAL MEDICAL EXECUTIVE COMMITTEE MEMBERS	44
P 245.007	EMERGENCY ROOM CONTRACTS AND HOSPITAL PRIVILEGES	44
P 245.008	MEDICAL STAFF MEMBER BILL OF RIGHTS	44
P 245.009	OUTPATIENT MEDICINE DEPARTMENT	44
P 245.010	MEDICAL STAFF SELF GOVERNANCE	44
P 248.000	IMMUNITY	45
P 248.001	LIABILITY PROTECTION FOR PHYSICIANS CONDUCTING SCHOOL PHYSICALS	45
P 248.002	VOLUNTEER PROTECTION	45
P 248.003	IMMUNITY FOR EXPERT WITNESSES	45
P 248.004	IMMUNITY FROM LIABILITY FOR PRE-PARTICIPATION SCREENINGS IN SCHOOL SPONSORED EVENTS	45
P 249.000	IMMUNITY (SOVEREIGN)	45
P 249.001	MALPRACTICE COVERAGE FOR PHYSICIANS PROVIDING INDIGENT CARE	45
P 249.002	EXTENSION OF SOVEREIGN IMMUNITY PROTECTION.....	45
P 249.003	SOVEREIGN IMMUNITY FOR NON-DEPARTMENT OF HEALTH FUNDED CLINICS	46
P 249.004	IMPROVEMENTS TO SOVEREIGN IMMUNITY CONTRACTS	46
P 249.005	SOVEREIGN IMMUNITY FOR PHYSICIANS PROVIDING EMERGENCY MEDICAL CARE.....	46
P 249.006	SOVEREIGN IMMUNITY FOR PHYSICIANS PROVIDING MANDATED TREATMENT IN EMERGENCY ROOMS	46
P 249.007	SOVEREIGN IMMUNITY FOR PROVIDERS OF MANDATED EMERGENCY CARE	46
P249.008	INCREASE SOVEREIGN IMMUNITY LIMITS FOR VOLUNTEER HEALTHCARE PROVIDER PROGRAM	46
P 250.000	IMMUNIZATIONS	46
P 250.001	ADULT IMMUNIZATIONS.....	46
P 250.002	IMMUNIZATION EXEMPTIONS	46
P 250.003	ADULT IMMUNIZATION IN NURSING HOMES	47
P 250.004	HEPATITIS C – PREVENTION AND TREATMENT.....	47
P 250.005	PARTICIPATION IN STATE IMMUNIZATION REGISTRY	47
P 255.000	INDIGENT CARE	47
P 255.001	FUNDING OF INDIGENT CARE	47
P 255.002	SUPPORT FROM THE HEALTH CARE INDUSTRY	47
P 255.003	INDIGENT HEALTH TAX.....	47
P 255.004	EMPLOYED UNINSURED AND UNDERINSURED.....	47
P 255.005	AVAILABILITY OF CONTRACEPTIVES FOR RECIPIENTS OF PUBLIC ASSISTANCE.....	47
P 255.006	WE CARE PROGRAM	47
P 255.007	INCREASE EXCISE TAX TO HELP LOW INCOME CHILDREN	48
P 255.008	STANDARDIZED PROCEDURES FOR PROVISION OF DRUGS TO MEDICALLY INDIGENT	48
P 260.000	INSURANCE	48
P 260.001	ASSIGNMENT OF INSURANCE BENEFITS	48
P 260.002	COVERAGE FOR CHILDREN	48
P 260.003	HEALTH INSURANCE RATES	48
P 260.004	PER DIEM RATES	48
P 260.005	INSURANCE CARRIER REIMBURSEMENT ITEMIZATION	48
P 260.006	INTEREST ON ERRONEOUSLY DENIED CLAIMS	48
P 260.007	P.I.P INSURANCE/PHYSICIAN COMPENSATION.....	49
P 260.008	THIRD-PARTY CONTRACTS NEGATIVELY IMPACTING ON PATIENT CARE.....	49
P 260.009	VOIDING PHYSICIAN INDEMNIFICATION OF A CARRIER	49
P 260.010	SILENT PPOS	49
P 260.011	WRITTEN CONFIRMATION OF DENIALS	49
P 260.012	INSURANCE COVERAGE OF MENTAL DISORDERS (<i>ARCHIVED</i>).....	49
P 260.013	GENETIC TESTING AND INSURANCE COVERAGE	49
P 260.014	ABOLISH “PRE-EXISTING CONDITION” RULES.....	49
P 260.015	SPECIALTY CARE	50
P 260.016	BARE BONES HEALTH INSURANCE VS MSAS	50
P 260.017	EXPANDING PERSONAL FINANCING AND HEALTH INSURANCE COVERAGE FOR AMERICANS	50
P 260.018	ACCEPTANCE OF AUTHORIZATION	50
P 260.019	INSURANCE REPORT CARD.....	50
P 260.020	REPEAL OF CERTAIN PROVISIONS OF THE UPPL.....	50
P 260.021	“STRIP MINING” OF OLD CLAIMS BY THIRD-PARTY PAYERS	50

P 260.022	PREVENT FUTURE SPECIAL ASSESSMENTS ON MEDICAL MALPRACTICE PREMIUMS.....	50
P 260.023	COVER FLORIDA HEALTH ACCESS PROGRAM.....	50
P 260.024	TRUTH IN HEALTH INSURANCE MARKETING.....	50
P 260.025	CONFIRMATION OF INSURANCE COVERAGE.....	51
P 260.026	STUDY OF THE EFFECTS OF THE MASSACHUSETTS INDIVIDUAL HEALTH INSURANCE MANDATES ON INDIVIDUALS, TAXPAYERS AND PHYSICIANS	51
P 260.027	PREAUTHORIZATION FOR MEDICAL TESTING.....	51
P 260.028	CONTRACT PROVISIONS ON HEALTH CARE PROVIDERS.....	51
P 260.029	HIGH RISK INSURANCE EXPANSION POOL.....	51
P 260.030	LEGISLATION AGAINST INSURANCE AUTHORIZATIONS.....	51
P 260.031	RADIOLOGY BENEFITS MANAGEMENT INTRUSION AND TRANSPARENCY ACT.....	51
P 260.032	UNIFORM INSURANCE ENROLLMENT FORM AND PROCESS.....	51
P 260.033	A “LEVEL PLAYING FIELD” IN NEGOTIATIONS BETWEEN HEALTH INSURANCE COMPANIES AND PHYSICIANS	51
P 260.034	PRIOR AUTHORIZATION	52
P 260.035	HIGH RISK INSURANCE POOL.....	52
P 260.036	RADIOLOGY BENEFITS MANAGERS	52
P 260.037	IMPROVING MEDICINE APPROVAL FOR PATIENTS WITH RESTRICTIVE INSURANCE COMPANY FORMULARIES (IE. MEDICAID).....	52
P 265.000	INTERNATIONAL MEDICAL VOLUNTEERS	52
P 265.001	INTERNATIONAL MEDICAL VOLUNTEERS	52
P 270.000	JURY	52
P 270.001	JURY SELECTION.....	52
P 275.000	LABORATORIES	52
P 275.001	CLIA '88	52
P 275.002	ADDING GRAM STAIN TO PHYSICIAN-PERFORMED CLIA-WAIVED LAB TESTS (<i>ARCHIVED</i>).....	53
P 275.003	RELIEF FROM CLIA.....	53
P 275.004	NON-PRACTITIONER-ORDERED LABORATORY TESTING.....	53
P 275.005	GUIDELINES FOR REVIEW OF PAP SMEARS IN THE CONTEXT OF POTENTIAL LITIGATION	53
P 275.006	STANDARDIZED LAB REPORTING FORMS	53
P 280.000	LEGISLATION	53
P 280.001	PATIENTS’ RIGHT TO KNOW ACT.....	53
P 280.002	NERVE CONDUCTION STUDIES.....	53
P 280.003	POLITICIAN PROFILES	54
P 280.004	FINANCIAL RESPONSIBILITY LAW	54
P 280.005	LEGISLATION PROHIBITING RETALIATORY ACTION.....	54
P 280.006	TRUTH IN MEDICAL EDUCATION (<i>ARCHIVED</i>).....	54
P 280.007	STATEWIDE LIEN LAW.....	54
P 280.008	CRISIS IN MEDICAL CARE IN FLORIDA	54
P 280.009	LICENSE PLATE FOR DIABETES RESEARCH AND EDUCATIONAL AWARENESS.....	54
P 280.010	PERFORMANCE OF ELECTRODIAGNOSTIC STUDIES	54
P 283.000	LIABILITY / PROFESSIONAL LIABILITY	54
P 283.001	PROFESSIONAL LIABILITY MANDATORY INSURANCE.....	54
P 283.002	NOT-FOR-PROFIT LIABILITY	55
P 283.003	MANDATORY INSURANCE FOR LICENSURE.....	55
P 283.004	JUDICIAL RECOGNITION OF CONTRACTUAL WAIVERS OF LIABILITY.....	55
P 283.005	PPO, HMOS.....	55
P 283.006	MEDICAL PROFESSIONAL LIABILITY	55
P 283.007	NATIONAL DATA BANK REPORTING.....	55
P 283.008	PHYSICIAN INVOLVEMENT IN PRODUCT LIABILITY CASES	55
P 283.009	MEDICAL DEVICES AND PHYSICIAN RESPONSIBILITY	55
P 283.010	MINIMUM MALPRACTICE COVERAGE	55
P 283.011	FINANCIAL RESPONSIBILITY FOR MALPRACTICE AWARDS.....	56
P 283.012	REQUIREMENT TO CARRY LIABILITY INSURANCE TO PRACTICE IN HOSPITAL (<i>ARCHIVED</i>).....	56
P 283.013	2004 LEGISLATION PRIORITY (<i>ARCHIVED</i>)	56
P 283.014	ELIMINATE MANDATORY MALPRACTICE INSURANCE REQUIREMENTS BY THIRD PARTY PAYERS	56
P 283.015	SELF-INSURED PHYSICIANS	56
P 283.016	PROFESSIONAL LIABILITY INSURANCE LEGISLATION (<i>ARCHIVED</i>)	56
P 283.017	THREE STRIKES AND OUT AMENDMENT	56
P 283.018	DECLARATION OF LIABILITY PROTECTION FOR VOLUNTEER PHYSICIANS.....	56

P 283.019	FABRE CHANGES	56
P 283.020	USE OF FMA FORM FOR WAIVER OF PATIENT’S RIGHTS TO SUE.....	56
P 283.021	PATIENT'S COMPENSATION SYSTEM	57
P 285.000	LICENSURE	57
P 285.001	MEDICAL LICENSURE BY ENDORSEMENT.....	57
P 285.002	INFORMATION ON PAID CLAIMS	57
P 285.003	LICENSING OF PHYSICIANS - PREFERENTIAL TREATMENT	57
P 285.004	LICENSURE EXAMINATION	57
P 285.005	MEDICAL LICENSURE – EXCEPTIONS.....	57
P 285.006	EDUCATIONAL REQUIREMENTS	58
P 285.007	UPHOLDING STANDARDS OF LICENSURE.....	58
P 285.008	PRESCRIBED PROCEDURES.....	58
P 285.009	STATE MEDICAL LICENSURE REQUIREMENT	58
P 285.010	MANDATED ACCEPTANCE OF THIRD-PARTY PAYERS	58
P 285.011	OPPOSE TAX, LICENSURE FEES OR ASSESSMENT ENACTED BY THE FLORIDA LEGISLATURE	58
P 285.012	MANDATORY ASSIGNMENT AND LICENSURE	58
P 285.013	FLORIDA LICENSURE FOR DIRECTORS OF PUBLIC HEALTH.....	58
P 285.014	FLORIDA LICENSURE FOR MEDICAL DIRECTORS AND CONSULTANTS	59
P 285.015	MEDICAL DIRECTORS IN POST-ACUTE CARE FACILITIES.....	59
P 285.016	LICENSURE FEES	59
P 285.017	LICENSURE RESIDENCY REQUIREMENTS	59
P 285.018	LICENSURE OF HOSPITAL ADMINISTRATORS.....	59
P 285.019	ANESTHESIOLOGIST ASSISTANTS	59
P 285.020	FOREIGN PHYSICIAN LICENSURE	59
P 285.021	LICENSURE OF INTERNATIONAL MEDICAL GRADUATES.....	59
P 285.022	RESTRICTED LICENSURE FOR CERTAIN FOREIGN-LICENSED PHYSICIANS	59
P 285.023	BOARD CERTIFICATION NOT REQUIRED FOR MAINTENANCE OF LICENSURE	60
P 285.024	STREAMLINE PROCEDURE FOR LIMITED LICENSE.....	60
P 285.025	LIMITED LICENSURE FOR RETIRED MILITARY PHYSICIANS	60
P 285.026	PROTECTING FLORIDA’S PHYSICIANS FROM MANDATORY HEALTH NETWORK PARTICIPATION... ..	60
P 290.000	LONG-TERM CARE	60
P 290.001	DNR NURSING HOME PATIENTS	60
P 290.002	MARRIED COUPLES TO REMAIN IN SAME LIVING FACILITY	60
P 295.000	MANAGED CARE	60
P 295.001	HMO FINANCIAL RESPONSIBILITY FOR EMERGENCY CARE	60
P 295.002	MANAGED CARE.....	61
P 295.003	FAIR COMPENSATION	61
P 295.004	ANY WILLING PROVIDER LEGISLATION	61
P 295.005	PRESERVATION OF PATIENTS’ FREEDOM OF CHOICE IN MANAGED CARE PLANS	61
P 295.006	STANDARD CONTRACT RE: HEALTH CARE ORGANIZATIONS.....	61
P 295.007	NEGATIVE INCENTIVES IN MANAGED CARE CONTRACTS.....	61
P 295.008	MANAGED CARE NEGOTIATIONS	62
P 295.009	PATIENTS’ RIGHT TO KNOW	62
P 295.010	N/A	62
P 295.011	REIMBURSEMENT BY HMOS OF NON-CONTRACTED PHYSICIANS	62
P 295.012	MANAGED CARE REPORT CARD.....	62
P 295.013	DECISIONS REGARDING REFERRALS TO SPECIALISTS.....	62
P 295.014	INAPPROPRIATE USE OF DEA NUMBER BY HMOS	62
P 295.015	HMO ASSIGNMENT OF FINANCIAL RISK TO PHYSICIANS.....	62
P 295.016	DIRECT ACCESS FOR OBSTETRICAL CARE	62
P 295.017	UNIFORM HOSPITAL REIMBURSEMENT FOR HOSPITALIZED PATIENTS.....	63
P 295.018	HOSPITAL AND MANAGED CARE LIABILITY INSURANCE REQUIREMENTS	63
P 295.019	DEVELOP MANAGED CARE GUIDELINES	63
P 295.020	MANAGED CARE FIVE-YEAR PLAN	63
P 295.021	ENFORCEMENT OF PROMPT PAY PROVISIONS	63
P 295.022	INSURANCE REIMBURSEMENTS.....	63
P 295.023	EXPANSION AND ENFORCEMENT OF FLORIDA PROMPT PAY LAW	63
P 295.024	ELIMINATION OF FINES IMPOSED BY MCOS AGAINST PHYSICIANS.....	63
P 295.025	ELIMINATE RETROACTIVE DENIALS FOR SERVICE	63
P 295.026	DETERMINATION OF MEDICAL BENEFITS	64
P 295.027	FRAUDULENT AUDITING ACTIVITY	64
P 295.028	FIVE YEAR PLAN	64

P 295.029	PHYSICIAN CIVIL RIGHTS ABUSES BY MANAGED CARE ORGANIZATIONS	64
P 295.030	HMO'S BAIT AND SWITCH	64
P 300.000	MEDICAID	64
P 300.001	MEDICAID DRUG UTILIZATION REVIEW	64
P 300.002	MEDICAID PATIENT QUALITY OF CARE	64
P 300.003	SELECTION OF PLANS	65
P 300.004	MEDICAID AUDIT	65
P 300.005	DURABLE MEDICAL EQUIPMENT PRESCRIPTIONS	65
P 300.006	MEDICAID ENROLLMENT DISINCENTIVES	65
P 300.007	MEDICAID FRAUD AND ABUSE AUDITS	65
P 300.008	THE AGENCY FOR HEALTH CARE ADMINISTRATION MEDICAID INTEGRITY UNIT ACTIVITY RELATING TO EPSDT BILLING	65
P 300.009	INCREASE IN MEDICAID REIMBURSEMENT RATES	65
P 300.010	PEDIATRIC MEDICAID PRESCRIBING	65
P 300.011	MEDIPASS BEST DELIVERY SYSTEM FOR MEDICAID RECIPIENTS	65
P 300.012	OPPOSE DELETION OF PRENATAL GENETIC CARRIER TESTING BY FLORIDA MEDICAID	66
P 300.013	MODIFY FLORIDA MEDICAID PREAUTHORIZATION PRESCRIBING PROGRAM	66
P 300.014	PHARMACY BENEFIT MANAGEMENT PROGRAMS	66
P 300.015	MEDICAID PHYSICIAN PAYMENT RATES	66
P 300.016	MEDICAID PROVIDER PAYMENT ADVOCACY	66
P 300.017	MEDICAL HOME CONCEPT	66
P 300.018	MEDICAID HMO PAYMENT FOR NON-CONTRACTED PHYSICIAN HOSPITAL CARE	66
P 300.019	MEDICAID HMO REQUIRED NOTIFICATION WHEN TERMINATING COUNTY COVERAGE	67
P 300.020	OPPAGA STUDIES ON COMPLIANCE OF NEWBORN INSURANCE ACT	67
P 300.021	MEDICAL HOME	67
P 300.022	FMA POSITION ON MEDICAID REFORM	67
P 300.023	MEDICAL HOME	67
P 300.024	MEDICAID REFORM WAIVER EXTENSION AND STATEWIDE EXPANSION	67
P 305.000	MEDICAL ECONOMICS	67
P 305.001	CAPITATION FEES	68
P 305.002	PHYSICIAN HOSPITAL DISCOUNTS	68
P 305.003	COST CONTAINMENT	68
P 305.004	TAX EQUITY AND FISCAL RESPONSIBILITY ACT (ARCHIVED)	68
P 305.005	COLLECTION OF HEALTH CARE DATA	68
P 305.006	BANKRUPTCY LEGISLATION	68
P 305.007	SIMPLIFYING PHYSICIAN PORTION OF CLAIMS FORMS	68
P 305.008	PHYSICIANS' RIGHT TO FREE ENTERPRISE	68
P 305.009	PATIENT PRIVACY AND CMS'S UNIFORM CLINICAL DATA SET (UCDS)	68
P 305.010	NON-JOINT VENTURE DESIGNATION SERVICES	69
P 305.011	INSURANCE PROVIDER DISCLOSURE	69
P 305.012	CREDIT TOWARD "HEALTH PROVIDER ASSESSMENT FOR INDIGENT CARE"	69
P 305.013	MISUSE OF PHYSICIAN-SPECIFIC DATA	69
P 305.014	AMA MODEL FOR PROVIDER SPONSORED ORGANIZATIONS	69
P 305.015	PROVIDER SPONSORED ORGANIZATIONS	69
P 305.016	REPEAL OF TAX ON FREE STANDING FACILITIES	70
P 305.017	EDUCATE MEMBERS ON ECONOMICS OF HEALTH CARE DELIVERY	70
P 305.018	PHYSICIAN INCOME DATA REPORTING	70
P 305.019	REDUCING LIABILITY RISK	70
P 305.020	UNFAIR ECONOMIC PROFILING	70
P 305.021	INCREASE REIMBURSEMENT FOR MEDICAL RECORDS REPRODUCTION	70
P 305.022	PRE-IMAGING AUTHORIZATION PROCEDURES	70
P 305.023	PUBLIC REPORTING OF PHYSICIAN DATA	70
P 305.024	PUBLIC REPORTING BY AHCA	70
P 305.025	ABUSIVE ECONOMIC PROFILING PROGRAMS	71
P 305.026	REPORTING OF PAYER MEASURES	71
P 305.027	DATA COLLECTION ON PHYSICIAN SHORTAGES	71
P 305.028	CONSOLIDATION OF PHYSICIANS OFFICES	71
P 305.029	HOSPITAL READMISSION STANDARDS	71
P 307.000	MEDICAL MARIJUANA	71
P 307.001	MEDICAL MARIJUANA USE NOT SUPPORTED OR SUBSTANTIATED	71
P 310.000	MEDICAL RECORDS	71
P 310.001	CONFIDENTIALITY OF PATIENT RECORDS	72

P 310.002	OPEN RECORDS LAW	72
P 310.003	MEDICAL RECORDS: REVIEW BY GOVERNMENT/INSURANCE AGENCIES	72
P 310.004	MEDICAL RECORDS	72
P 310.005	MEDICAL RECORDS – SUMMARY	72
P 315.000	MEDICAL SCHOOLS	72
P 315.001	FLORIDA MEDICAL ASSOCIATION REPRESENTATIVE AT MEETINGS.....	72
P 315.002	DEVELOPING A DIVERSE HEALTH CARE WORKFORCE.....	72
P 315.003	MEDICAL SCHOOLS AND GME TRAINING POSITIONS IN FLORIDA.....	72
P 320.000	MEDICAL STUDENTS	73
P 320.001	REDUCING MEDICAL STUDENT DEBT.....	73
P 320.002	MEDICAL STUDENTS OBTAINING ACCESS TO HEALTH CARE FACILITIES.....	73
P 320.003	STUDENT HEALTH INSURANCE.....	73
P 325.000	MEDICARE	73
P 325.001	VOLUNTARY PARTICIPATION.....	73
P 325.002	CMS DENIAL OF PAYMENT FOR "SUBSTANDARD QUALITY CARE.....	73
P 325.003	VOLUNTARY ACCEPTANCE OF ASSIGNMENT	73
P 325.004	EXPLANATION OF BENEFITS	74
P 325.005	MEDICARE CLAIM SUBMISSION FEE.....	74
P 325.006	CLAIMS PROCESSING ACCURACY	74
P 325.007	DEVELOPMENT AND REVISION OF PROCEDURE CODES.....	74
P 325.008	CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) NEW E & M DOCUMENTATION GUIDELINES	74
P 325.009	MEDICARE E&M DOCUMENTATION GUIDELINES.....	74
P 325.010	EXPEDITE PROCESS FOR MEDICARE PROVIDER NUMBERS	75
P 325.011	GUARANTEE A UNIFORM REPRICING OF PHYSICIAN CLAIMS	75
P 325.012	MEDICARE PRACTICE EXPENSES	75
P 325.013	OPTING OUT OF MEDICARE	75
P 325.014	POLICY ON SUSTAINABLE GROWTH RATE.....	75
P 325.015	EDUCATE THE PUBLIC ON POTENTIAL LACK OF ACCESS TO HEALTHCARE FOR MEDICARE RECIPIENTS	75
P 325.016	REPEAL OF SUSTAINABLE GROWTH RATE IN MEDICARE PAYMENT TO PHYSICIANS	76
P 325.017	GEOGRAPHIC PRACTICE COST INDEXES (GPCI)	76
P 325.018	MEDICARE REPLACEMENT POLICIES.....	76
P 325.019	MEDICARE BALANCE BILLING	76
P 325.020	AMA INVOLVEMENT IN CONGRESSIONAL MEDICARE REFORM	76
P 325.021	MEDICARE PARTICIPATION LETTERS	77
P 325.022	MANAGED CARE PANELS.....	77
P 330.000	MENTAL HEALTH	77
P 330.001	TRANSFER TO DEPARTMENT OF HEALTH.....	77
P 330.002	MENTAL HEALTH PARITY	77
P 335.000	NEUROLOGICAL INJURY COMPENSATION ACT (NICA)	77
P 335.001	BIRTH WEIGHT	77
P 335.002	EXPANSION OR DISSOLUTION OF NICA.....	77
P 335.003	AUDIT OF NICA	77
P 335.004	NICA EXPANSION FOR BRACHIAL PLEXUS INJURED CHILDREN	77
P 340.000	NURSES AND NURSING	78
P 340.001	PHYSICIAN-NURSE PROFESSIONAL RELATIONSHIP.....	78
P 340.002	DOCTOR DEGREE FOR NURSES.....	78
P 340.003	NURSING MEASURES.....	78
P 340.004	FLORIDA BOARD OF NURSING'S PROPOSED RULE ON SEDATION	78
P 340.005	IMPROVING QUALITY OF PATIENT CARE AND WORKING CONDITIONS FOR FLORIDA'S HOSPITAL- BASED NURSES	78
P 345.000	OCCUPATIONAL HEALTH	78
P 345.001	INSTITUTION OF STATE-LEVEL OCCUPATIONAL HEALTH PROGRAM	78
P 345.002	DESIGNATION OF COMMUNICABLE DISEASES.....	78
P 350.000	ORGAN DONATION & TRANSPLANTATION	78
P 350.001	CORNEAL TRANSPLANTS.....	78
P 350.002	ORGAN HARVESTING.....	79
P 350.003	SUPPORT OF ORGAN AND CORNEA DONATION	79
P 350.004	PROPOSED RULE TO ALLOCATE ORGANS FOR TRANSPLANTS ON A NATIONAL BASIS	79
P 350.005	EQUAL ACCESS TO ORGAN TRANSPLANTATION FOR MEDICAID BENEFICIARIES	79

P 355.000	PATIENT RESPONSIBILITY	79
P 355.001	SHARED RESPONSIBILITY	79
P 360.000	PATIENT SAFETY	79
P 360.001	QUALITY MEDICAL CARE THROUGH PATIENT SAFETY INITIATIVES	79
P 360.002	PATIENT SAFETY AND CONTINUITY OF CARE IN ELECTRONIC RECORDS.....	80
P 360.003	INFORMATION TECHNOLOGY.....	80
P 360.004	PHYSICIAN ERRORS.....	80
P 365.000	PAY-FOR-PERFORMANCE	80
P 365.001	PAY-FOR-PERFORMANCE.....	80
P 365.002	PAY-FOR-PERFORMANCE PROGRAMS IN FLORIDA.....	80
P 365.003	PAYER MEASURES FOR PRIVATE AND PUBLIC HEALTH INSURANCE.....	80
P 365.004	TRANSPARENCY OF PHYSICIAN RATING PROGRAMS	81
P 370.000	PEER REVIEW /PEER REVIEW ORGANIZATIONS	81
P 370.001	PRO REVIEWERS.....	81
P 370.002	PRO QUALITY DENIALS	81
P 370.003	REVIEW PROCESS CHANGES	81
P 370.004	VOLUNTARY PEER REVIEW.....	81
P 370.005	EXTENSION OF PRO ACTIVITIES TO PHYSICIANS' OFFICES.....	81
P 370.006	SUBMITTAL OF PRACTICE PARAMETERS TO PRO.....	81
P 370.007	CHANGES TO THE PRO	81
P 370.008	BACKGROUND OF REVIEWERS.....	82
P 370.009	PEER REVIEW BY ACTIVELY PRACTICING PHYSICIANS	82
P 370.010	PRO REVIEWERS	82
P 370.011	DOUBLE STANDARDS IN PRO REVIEW	82
P 370.012	CONFIDENTIALITY OF PEER REVIEW PRODUCT	82
P 370.013	ON-SITE REVIEWS	82
P 370.014	PEER REVIEW INVESTIGATIONS.....	82
P 370.015	DEFINITION OF SHAM PEER REVIEW	83
P 370.016	PEER REVIEW ORGANIZATIONS UPDATE	83
P 370.017	REGIONAL PEER REVIEW	83
P 375.000	PHYSICIAN FEES	83
P 375.001	TRANSPARENCY IN HEALTH INSURANCE CPT REIMBURSEMENT SCHEDULES.....	83
P 378.000	PHYSICIAN PATIENT RELATIONSHIP	83
P 378.001	ENSURING PATIENT RIGHT TO CHOOSE PHYSICIAN DURING HOSPITALIZATION	83
P 378.002	PROTECTING PATIENT RIGHTS	84
P 378.003	PREVENT INTRUSION IN PHYSICIAN-PATIENT SELF DETERMINATION AND AUTONOMY IN DECISION MAKING	84
P 378.004	OPPOSITION TO LEGISLATION SEEKING TO LIMIT PHYSICIAN AND PATIENT CONVERSATIONS	84
P 378.005	PHYSICIAN AND PATIENT RELATIONSHIPS.....	84
P 380.000	PHYSICIAN PAYMENT & REIMBURSEMENT	84
P 380.001	OUTPATIENT REIMBURSEMENT.....	84
P 380.002	SUPERVISION OF MEDICAL SERVICES; PHYSICIAN RESPONSIBILITY AND REIMBURSEMENT	84
P 380.003	PHYSICIAN REIMBURSEMENT FROM THIRD-PARTY PAYERS.....	85
P 380.004	REIMBURSEMENT OF FIRST ASSISTANT FEES	85
P 380.005	REIMBURSEMENT OF POST-MASTECTOMY BREAST RECONSTRUCTIONS	85
P 380.006	LATE PAYMENTS TO PHYSICIANS	85
P 380.007	INAPPROPRIATE BUNDLING OF CPT CODES AND WORK	85
P 380.008	AUTHORIZATION NUMBER VALIDITY	85
P 380.009	MENTAL HEALTH CARE IN THE PRIMARY CARE SETTING.....	85
P 380.010	REIMBURSEMENT OF EMERGENCY ROOM SERVICES	85
P 380.011	REIMBURSEMENT DENIAL BASED SOLELY ON SPECIALTY.....	85
P 380.012	PHYSICIAN COMPENSATION FOR EMERGENCY DEPARTMENT CALL ROTATION	86
P 380.013	EMERGENCY ROOM COVERAGE	86
P 380.014	PROHIBITION OF NON-PAYMENT OF CLAIMS DUE TO INSURER'S DELAY	86
P 380.015	EMERGENCY ROOM COVERAGE	86
P 380.016	REIMBURSEMENT FOR PROFESSIONAL SERVICES	86
P 380.017	PHYSICIAN COMPENSATION FOR CASE MANAGEMENT SERVICES	86
P 380.018	APPROPRIATE PAYMENT FOR VACCINES AND VACCINE ADMINISTRATION.....	86
P 380.019	APPROPRIATE PAYMENT BY AHCA FOR VACCINES AND THEIR ADMINISTRATION	87
P 380.020	TIMELY AND APPROPRIATE PAYMENTS FOR NEW CPT CODES	87
P 380.021	APPROPRIATE PAYMENTS FOR VACCINE PRICE INCREASES.....	87

P 385.000	PHYSICIAN PAYMENT & REIMBURSEMENT – MEDICARE-MEDICAID	87
P 385.001	MEDICARE REIMBURSEMENT; OVERHEAD EXPENSES.....	87
P 385.002	MEDICARE PHYSICIAN PAYMENT SCHEDULE/RBRVS.....	87
P 385.003	PARITY IN REIMBURSEMENTS.....	87
P 385.004	RBRVS LAWSUIT.....	87
P 385.005	MEDICARE REIMBURSEMENT.....	87
P 385.006	MEDICARE REIMBURSEMENT PAYMENTS.....	88
P 385.007	MEDICARE REIMBURSEMENT.....	88
P 385.008	EMERGENCY ROOM COVERAGE.....	88
P 385.009	RESPONSIVENESS OF THE MEDICARE ADMINISTRATIVE CONTRACTOR.....	88
P 385.010	PAYMENT FOR PREVENTIVE SERVICES.....	88
P 385.011	ACCESS TO SPECIALTY CARE.....	88
P 390.000	PHYSICIAN PROFILING AND RATING	88
P 390.001	AHCA CREDENTIALING DATA COLLECTION.....	88
P 390.002	ONLINE PHYSICIAN RATING.....	89
P 395.000	PHYSICIANS	89
P 395.001	DEFINITION OF A PHYSICIAN.....	89
P 395.002	PHYSICIAN IDENTIFICATION.....	89
P 395.003	USE OF TERM “PHYSICIAN”.....	89
P 395.004	UNLISTED PHYSICIANS’ HOME TELEPHONE NUMBERS – STOP THE EXPOSURE:.....	89
P 395.005	FLORIDA MEDICAL PROFESSION LOAN REPAYMENT PROGRAM.....	89
P 395.006	PROTECTION OF PHYSICIANS’ HOME TELEPHONE NUMBERS.....	90
P 395.007	PHYSICIAN EXTENDER SUPERVISION.....	90
P 395.008	CHANGE USE OF HEALTH CARE PROVIDER.....	90
P 395.009	DEFINITION OF EMPLOYED PHYSICIAN.....	90
P 400.000	PRACTICE OF MEDICINE	90
P 400.001	OUTPATIENT ENDOSCOPY.....	90
P 400.002	NEW DEFINITION OF PRIMARY CARE BY THE INSTITUTE OF MEDICINE.....	90
P 400.003	LICENSED PHYSICIANS.....	91
P 400.004	PRACTICE OF MEDICINE BY NON-PHYSICIANS.....	91
P 400.005	PHYSICIAN PRACTICE ECONOMIC VIABILITY AS TOP PRIORITY FOR THE FMA.....	91
P 400.006	OUTPATIENT FACILITY OWNERSHIP OPPORTUNITIES.....	91
P 400.007	MEDICAL PRACTITIONER AUTONOMY.....	91
P 400.008	PRACTICING PHYSICIAN APPOINTMENTS.....	91
P 400.009	IDENTIFY INTERVENTIONAL PAIN MEDICINE AS THE PRACTICE OF MEDICINE.....	91
P 405.000	PRACTICE PARAMETERS	91
P 405.001	PRACTICE PARAMETERS.....	92
P 415.000	PROFESSIONALS RESOURCE NETWORK	92
P 415.001	MEDICAL STUDENT ACCESS TO PRN (ARCHIVED).....	92
P 415.002	ACCESS TO PRN FOR ALL STUDENTS OF HEALTH CARE PROFESSIONS.....	92
P 415.003	AGREEMENT WITH PRN AND MEDICAL SCHOOLS.....	92
P 415.004	PRN FINANCIAL SUPPORT.....	92
P 420.000	PUBLIC HEALTH	92
P 420.001	FLUORIDATION OF PUBLIC WATER SUPPLIES.....	92
P 420.002	POTENTIAL RADIATION RISKS.....	92
P 420.003	PUBLIC HEALTH LEADERSHIP.....	92
P 420.004	HEALTHY START PROGRAM.....	92
P 420.005	STATE TUBERCULOSIS HOSPITAL.....	93
P 420.006	PREVENTION AND CHOLESTEROL SCREENING.....	93
P 420.007	COUNTY PUBLIC HEALTH FUNDING FOR PRIMARY CARE SERVICES.....	93
P 420.008	PUBLIC HEALTH NEEDS.....	93
P 420.009	CULTURAL DIVERSITY.....	93
P 420.010	MUNICIPAL MOSQUITO MANAGEMENT PROGRAM (ARCHIVED).....	93
P 420.011	ANTIBIOTICS IN ANIMAL AGRICULTURE.....	93
P 420.012	HEALTH RISKS OF LEAD TOXICITY.....	93
P 420.013	DIAGNOSIS AND TREATMENT OF LYME DISEASE.....	93
P 420.014	AWARENESS OF PANDEMIC FLU EPIDEMIC.....	94
P 420.015	IMPROVING THE HEALTH OF FLORIDIANS.....	94
P 420.016	HEALTH AND WELLNESS CAMPAIGN.....	94
P 420.017	FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA).....	94
P 420.018	BRIGHT AUTOMOBILE HEADLIGHT WARNING.....	94

P 420.019	HEALTH NUTRITIVE FOOD AND BEVERAGES	94
P 420.020	INSPECTION AND PERMITTING.....	94
P 420.021	INCREASE AND IMPROVE ACCESS TO HEALTH FOR MEDICALLY ILLITERATE	94
P 420.022	HEALTH RISKS OF TANNING BEDS	94
P 420.023	RESTAURANT CALORIE DISCLOSURES.....	95
P 420.024	INJURIES RELATING TO MISUSE OF CONSUMER FIREWORKS	95
P 420.025	FOOD IRRADIATION PROCESS.....	95
P 420.026	POST NUTRITIONAL INFORMATION IN CHAIN RESTAURANTS	95
P 420.027	TANNING BEDS	95
P 420.028	INFORMING FLORIDIANS OF THE HEALTH BENEFITS OF FISH CONSUMPTION AND DANGERS OF MERCURY TOXICITY.....	95
P 420.029	MAINTAINING PUBLIC HEALTH PROGRAMMATIC INTEGRITY	96
P 420.030	COLLABORATION BETWEEN HUMAN MEDICINE, VETERINARY MEDICINE, AND THE ENVIRONMENTAL SCIENCES (ONE HEALTH).....	96
P420.031	FLORIDA PUBLIC HEALTH INSTITUTE	96
P420.032	INFORMING FLORIDIANS ABOUT THE RISKS TO MUNICIPAL WATER SUPPLIES AND THE LIMITATIONS OF BOTTLED WATER	96
P420.033	HAZING RISK REDUCTION BY EDUCATIONAL INSTITUTIONS.....	96
P 420.034	LEGALIZING SYRINGE EXCHANGE PROGRAMS IN THE STATE OF FLORIDA.....	96
P 425.000	QUALITY OF CARE	96
P 430.000	REGULATION AND DISCIPLINE	96
P 430.001	MEDICAL PRACTICE ACT	96
P 430.002	SUNSET OF MEDICAL PRACTICE ACT	97
P 430.003	RISK MANAGEMENT.....	97
P 430.004	DISCIPLINARY RECORDS.....	97
P 430.005	SUPER BOARD	97
P 430.006	DISCIPLINE IN SEXUAL MISCONDUCT CASES	97
P 430.007	CONFIDENTIALITY OF COMPLAINTS	97
P 430.008	PRIORITIZATION OF INVESTIGATIONS	97
P 430.009	DETECTION BY BOARD OF PATTERNS OF BEHAVIOR	97
P 430.010	STATUTE OF LIMITATIONS ON DISCIPLINARY CASES	97
P 430.011	REPORTING CODE 15S	98
P 430.012	EDUCATING PHYSICIANS ON CODE 15S	98
P 430.013	FOREIGN BODY STANDARD OF CARE PRESUMPTION.....	98
P 430.014	THREE STRIKE CASES AGAINST FMA MEMBERS	98
P 430.015	REVISION OF FS 456.0635 (SB 1986, 2009)	98
P 430.016	MANDATORY REPORT FOR MEDICAL PROFESSIONALS WITH MULTIPLE DRIVING UNDER THE INFLUENCE (DUI) ARRESTS	98
P 435.000	RESEARCH	98
P 435.001	USE OF ANIMALS IN MEDICAL RESEARCH.....	98
P 435.002	HEALTH POLICY AGENDA/FUNDING FOR BIOMEDICAL RESEARCH.....	99
P 435.003	PHYSICIANS IN SUPPORT OF ANIMAL RESEARCH	99
P 435.004	RESEARCH LIBRARIES	99
P 435.005	DEVELOPING GENETIC RESEARCH & BIOMEDICAL VILLAGES IN THE STATE OF FLORIDA	99
P 440.000	RESIDENCIES AND INTERNSHIPS	99
P 440.001	RESIDENCY PROGRAMS AND HEALTH SYSTEM REFORM	99
P 440.002	RESIDENT PHYSICIAN MEDICAL EDUCATION SUPPORT.....	99
P 445.000	SCHOOL HEALTH	99
P 445.001	ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL (<i>ARCHIVED</i>).....	100
P 445.002	PRE-SCHOOL PHYSICAL EXAMINATIONS	100
P 445.003	SUBSTANCE AND CHEMICAL ABUSE EDUCATION K-12.....	100
P 445.004	SCOLIOSIS SCREENING	100
P 445.005	SCHOOL HEALTH PROGRAMS	100
P 445.006	COMPREHENSIVE SCHOOL HEALTH EXAMS.....	101
P 445.007	SEX EDUCATION PROGRAM IN SCHOOLS	101
P 445.008	ADVANCE LIFE SUPPORT/AMBULANCE COVERAGE AT VARSITY HIGH SCHOOL FOOTBALL GAMES	101
P 445.009	REMOVE SOFT DRINKS IN SCHOOL VENDING MACHINES.....	101
P 445.010	FREEDOM FOR DIABETIC CHILDREN TO MONITOR BLOOD GLUCOSE.....	101
P 445.011	HEALTHY PEOPLE 2010 AND SCHOOL NURSE RATIOS.....	101
P 445.012	MANDATORY PHYSICAL EDUCATION FOR SECONDARY SCHOOL STUDENTS.....	101

P 445.013	EXPANDING SCHOOL HEALTH EXAMINATIONS	102
P 445.014	MANDATORY PHYSICAL EDUCATION FOR GRADES K-12.....	102
P 445.015	LICENSED ATHLETIC TRAINERS FOR HIGH SCHOOLS	102
P 445.016	RETURN TO PLAY AFTER SUSPECTED CONCUSSION	102
P 445.017	RECOGNIZE AND TREAT ANAPHYLAXIS (GENERAL ALLERGIC EMERGENCY).....	102
P 445.018	SCHOOL START TIMES	102
P 450.000	SCOPE OF PRACTICE	102
P 450.001	OPTOMETRISTS' USE OF DRUGS	102
P 450.002	NATUROPATHIC PRACTICE	102
P 450.003	MASSAGE THERAPISTS	103
P 450.004	HOSPITAL STAFF PRIVILEGES FOR OPTOMETRISTS	103
P 450.005	DENTAL ANESTHESIA	103
P 450.006	PHYSICIAN ASSISTANTS.....	103
P 450.007	POSTOPERATIVE MEDICAL EYE CARE.....	103
P 450.008	STAFF PRIVILEGES FOR NON-PHYSICIANS	103
P 450.009	ENCROACHMENT OF NONPHYSICIANS ON THE PRACTICE OF MEDICINE.....	103
P 450.010	PSYCHOLOGISTS ADMITTING PRIVILEGES.....	104
P 450.011	HOSPITAL PRIVILEGES FOR NONMEDICAL HEALTH CARE PRACTITIONERS	104
P 450.012	LAY MIDWIVES	104
P 450.013	PHYSICIAN ASSISTANTS PRESCRIBING	104
P 450.014	SCOPE OF PRACTICE EXPANSION FOR NON-PHYSICIANS.....	104
P 450.015	ANESTHESIOLOGY ASSISTANTS (ARCHIVED).....	104
P 450.016	SCOPE OF PRACTICE EXPANSION (ARCHIVED).....	104
P 450.017	ARNP & PA SUPERVISION (ARCHIVED).....	104
P 450.018	PODIATRY SCOPE OF PRACTICE.....	104
P 450.019	RETAIL COMPANIES OFFERING MEDICAL EXAMS	105
P 450.020	PHYSICIAN ASSISTANT AND ARNP SUPERVISION IN OUTPATIENT MEDICAL OFFICES.....	105
P 450.021	PHYSICIAN ASSISTANT AND ARNP SUPERVISION IN OUTPATIENT SPECIALTY OFFICES	105
P 450.022	PODIATRIST	105
P 450.023	PHYSICIAN ASSISTANT CO-SIGNATURES.....	105
P 450.024	SCOPE OF PRACTICE BY NON-PHYSICIAN PROVIDERS.....	105
P 450.025	“DOCTOR-NURSES” REPLACING PHYSICIANS.....	105
P 450.026	PA’S ORDERING MEDICATIONS	105
P 450.027	FMA POSITION ON SCOPE OF PRACTICE.....	106
P 460.000	SURGERY	106
P 460.001	LASER SURGERY	106
P 465.000	TELEMEDICINE	106
P 465.001	PHYSICIANS TREATING VIA TELEMEDICINE (ARCHIVED)	106
P 465.002	LICENSURE REQUIREMENT (ARCHIVED)	106
P 465.003	ACADEMIC CENTERS (ARCHIVED).....	106
P 465.004	POSITION ON TELEMEDICINE (ARCHIVED).....	106
P 465.005	FMA POSITION ON TELEMEDICINE	106
P 470.000	TOBACCO	106
P 470.001	SMOKE FREE SCHOOLS.....	107
P 470.002	SECOND HAND SMOKE	107
P 470.003	LOCAL PREEMPTION OF CLEAN INDOOR AIR ACT	107
P 470.004	TOBACCO PREVENTION EDUCATION (ARCHIVED).....	107
P 470.005	FUNDING FOR ANTI-TOBACCO EFFORTS (ARCHIVED)	107
P 470.006	TAX TO REDUCE TEEN SMOKING.....	107
P 470.007	NATIONAL “SCREEN OUT” CAMPAIGN	107
P 470.008	SMOKING ON COUNTY AND STATE HEALTH DEPARTMENT PROPERTY	107
P 470.009	SECOND HAND SMOKING AND LOCAL JURISDICTIONS	107
P 470.010	CLEAN AIR ON STATE SUPPORTED INSTITUTIONS OF HIGHER LEARNING.....	107
P 470.011	SECONDHAND SMOKE AND COMPREHENSIVE TOBACCO FREE POLICIES THROUGHOUT THE STATE OF FLORIDA	107
P 475.000	TORT REFORM	108
P 475.001	ELIMINATION OF THE DOCTRINE OF JOINT AND SEVERAL LIABILITY	108
P 475.002	CONTINGENCY FEES FOR FRIVOLOUS LAWSUITS	108
P 475.003	PERIODIC AWARDS--PAYMENT OF FUTURE DAMAGES	108
P 475.004	SPEAKING WITH DEFENSE ATTORNEYS	108
P 475.005	CONTINGENCY FEE PETITION (ARCHIVED).....	108

P 475.006	HALT ATTORNEY REFERRAL FEES	108
P 475.007	TORT REFORM.....	108
P 475.008	TORT REFORM.....	108
P 475.009	COMPENSATION OF MINORS IN MEDICAL MALPRACTICE AWARDS	109
P 475.010	TORT REFORM.....	109
P 475.011	STRUCTURE CONTINGENCY FEES IN MEDICAL MALPRACTICE CASES (ARCHIVED)	109
P 475.012	CAP ON NON-ECONOMIC DAMAGES (ARCHIVED).....	109
P 475.013	CAP ON NON-ECONOMIC DAMAGES (ARCHIVED).....	109
P 475.014	ATTORNEYS' CONTINGENCY FEES IN MEDICAL MALPRACTICE CASES (ARCHIVED).....	109
P 475.015	TORT REFORM.....	109
P 475.016	TRIAL ATTORNEY ACCOUNTABILITY.....	109
P 475.017	JOINT AND SEVERAL LIABILITY REFORM	109
P 475.018	REQUIREMENT TO PROVIDE TAIL COVERAGE	109
P 475.019	HEALTH COURTS	109
P 475.020	FLORIDA HEALTH COURTS	110
P 475.021	STANDARD FOR CONVICTION IN MEDICAL MALPRACTICE CASES	110
P 475.022	WRONGFUL DEATH.....	110
P 475.023	MEDICAL MALPRACTICE EXEMPTION.....	110
P 475.024	LIMITING MALPRACTICE HEDGE FUNDS	110
P 480.000	UNIONS	110
P 480.001	PHYSICIANS RIGHT TO COLLECTIVELY BARGAIN AND THE RIGHT TO FORM BARGAINING UNITS	110
P 480.002	ASSURING THE RIGHT OF PHYSICIANS TO COLLECTIVELY BARGAIN.....	110
P 480.003	NEGOTIATING UNITS FOR PHYSICIANS.....	110
P 480.004	COLLECTIVE BARGAINING FOR PHYSICIANS	111
P 485.000	VACCINES	111
P 485.001	PURCHASING CO-OPS FOR FLU VACCINE	111
P 485.002	DISTRIBUTION OF INFLUENZA VACCINE.....	111
P 485.003	VACCINE DISTRIBUTION TO PHYSICIANS.....	111
P 485.004	GROUP PURCHASE OF VACCINES	111
P 485.005	AVAILABILITY OF INFLUENZA VACCINE.....	111
P 485.006	OPPOSE STATE AND FEDERAL ANTI-VACCINATION LEGISLATION.....	111
P 485.007	PERTUSSIS EDUCATION AND VACCINATION FOR HOUSEHOLD CONTACTS OF NEWBORNS	111
P 490.000	WORKERS' COMPENSATION	112
P 490.001	FEE SCHEDULES	112
P 490.002	DISCREPANCY IN CLAIMS	112
P 490.003	SOVEREIGN IMMUNITY, WORKERS' COMPENSATION PILOT PROJECTS	112
P 490.004	FULL, USUAL AND CUSTOMARY FEE.....	112
P 490.005	FILING OF DISPUTED CLAIM.....	112
P 490.006	WORKERS' COMPENSATION COVERAGE FOR HEALTH CARE WORKERS	112
P 490.007	FAILURE TO PAY CLAIMS.....	112

P 5.000 ABORTION

P 5.001 ABORTION CIVIL DAMAGES

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

P 5.002 ABORTION POLICY STATEMENT

The Florida Medical Association supports the position that the early termination of pregnancy is a medical matter between the patient and the physician, subject to the physician's clinical judgment, the patient's informed consent and the availability of appropriate facilities. Abortion is a medical procedure and should be performed only by a duly licensed physician in conformance with standards of good medical practice and the laws of the state. No physician or other professional personnel shall be required to perform an act violative of good medical judgment or personally held moral principles. In these circumstances, good medical practice requires only that the physician or other professional withdraw from the case as long as the withdrawal is consistent with good medical practice (*BOG Rpt A, HOD 1993*) (*Reaffirmed HOD 2003*) (*Reaffirmed as amended, BOG May 2012*)

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*)

P 10.000 ACCIDENT PREVENTION

P 10.001 SAFETY BELTS

The Florida Medical Association endorses a change in Florida law to require primary enforcement of lap and shoulder belt use in order to increase safety belt usage and thereby reduce deaths, incapacitating injuries, the emotional trauma of automobile crashes and the economic costs associated with crashes. (*Res 91-34, HOD 1991*) (*Reaffirmed HOD 2001*) (*Reaffirmed HOD 2009*)

P 10.002 DRIVER FATIGUE

The Florida Medical Association requests the American Medical Association's (AMA's) Council on Scientific Affairs to study the issue of sleep disorders, including fatigue, and its relationship to motor vehicle accidents generally and fatal motor vehicle accidents specifically; and further requests the AMA to support the National Transportation Safety Board safety recommendations which recommend to the Federal Highway Administration that they: 1) Revise 49 CFR 395.1 to require sufficient rest provisions to permit drivers to obtain at least eight continuous hours of sleep after driving ten hours or being on duty for 15 hours; 2) Revise 49 CFR 395.1 to eliminate paragraph (h) that allows drivers with sleeper berth equipment to cumulate the eight hours of off-duty time in two separate periods; 3) Examine truck driver pay compensation to determine if there is any effect on hours-of-service violations, accidents or fatigue; and 4) Amend 49 CFR Part 392 and 395 to prohibit employers, shippers, receivers, brokers or drivers from accepting and scheduling a shipment which would require that the driver exceed the hours-of-service regulations in order to meet the delivery deadline; and further ask the Medical Advisory Board of the Department of Highway Safety and Motor Vehicles to analyze and interpret cause of injury codes (E-Codes) and to support the development and implementation of appropriate E-Codes which document the contribution of fatigue and other sleep disorders to motor vehicle accidents. (*Res 95-20, HOD 1995*) (*Reaffirmed HOD 2005*)

P 10.003 DRIVING AND USE OF CELL PHONES

The Florida Medical Association discourages the use of handheld communication devices and text messaging while operating motor vehicles, except in cases of emergency. (*Res 00-31, HOD 2000*) (*Reaffirmed as amended HOD 2009*)

P 10.004 MOTORCYCLE HELMET REQUIREMENT

The Florida Medical Association supports legislation requiring all occupants of motorcycles wear appropriate protective helmets while riding on public roads. (*Res 06-8, HOD 2006*)

P 10.005 BANNING TEXTING WHILE DRIVING

The Florida Medical Association supports legislation banning drivers from manually texting or emailing while operating a motorized vehicle. (*Amended Res 10-103, HOD 2010*)

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*)

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*)

P 15.000 ACCOUNTABLE CARE ORGANIZATIONS (ACOS)

P 15.001 FMA PRINCIPLES ON ACOS

The Florida Medical Association adopted principles on Accountable Care Organizations (ACOs) as presented by the Task Force on ACOS on December 17, 2010. (*BOG December 2010; Appendix 15.001*)

P 20.000 ACQUIRED IMMUNODEFICIENCY SYNDROM (AIDS)

P 20.001 NEEDLE AND SYRINGE EXCHANGE PROGRAM

The Florida Medical Association supports legislation to introduce a pilot project for a needle and syringe exchange program to help break the link between dirty needles, HIV infection, and hepatitis; and that it be coupled with a mandatory education program for users. (*BOG Rpt A, HOD 1995*) (*Reaffirmed HOD 2005*)

P 20.002 DEVELOPMENT OF HIV/AIDS PLANNING AND MANAGEMENT ORGANIZATIONS

The Florida Medical Association and its component societies encourages and supports the local and regional development of HIV/AIDS planning and management organizations and supports leading by participation in the development of these civic organizations as a model for community involvement in health care crisis resolution. (*Res 95-25, HOD 1995*)(*Reaffirmed HOD 2005*)

P 20.003 DISTRIBUTION OF CDC RECOMMENDATIONS

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

P 20.004 HIV TESTING - ABBREVIATED COUNSELING WHEN APPROPRIATE

The Florida Medical Association supports legislation which permits physicians to test patients for HIV when clinically appropriate, and provides for an abbreviated counseling and consent process to include a signed notice to be given to the patient explaining that testing is going to be performed. (*BOG November 1997*) (*Reaffirmed BOG 2007*)

P 20.005 HIV TESTING

The Florida Medical Association supports legislation that would make Florida consistent with CDC recommendations and guidelines concerning routine HIV screening, and would increase testing rates and improve the cost effectiveness of screening. (*BOG October 2010*)

P 25.000 ADVERSE INCIDENT REPORTS

P 25.001 OFFICE ADVERSE INCIDENT REPORTS

The Florida Medical Association actively pursues legislation that protects the confidentiality of physician office adverse incident reported to the Department of Health. (*Res 00-19, HOD 2000*) (*Reaffirmed HOD 2009*)

P 25.002 REPORTING OF WRONG SITE SURGERY (ARCHIVED)

(*Res 04-30, BOG November 2004*) (*Sunset HOD 2012*)

P 25.003 EQUAL PROTECTION FROM DISCOVERY

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

P 30.000 ADVERTISING

P 30.001 PRINCIPLES GOVERNING ADVERTISING IN ALL PUBLICATIONS OF THE FLORIDA MEDICAL ASSOCIATION

The Florida Medical Association (FMA) seeks to promote the science and art of medicine and the betterment of public health. In serving these aims, the FMA communicates regularly with the members of the medical profession, with professional persons in allied fields, and with the public. A substantial part of this communication is carried out through the regular production and distribution of its publications. The appearance of advertising in FMA is not an FMA guarantee or endorsement of the product or service. The fact that an advertisement for a product, service or company has appeared in the FMA publication shall not be referred to in collateral advertising. As a matter of policy, the FMA will sell advertising space in its publications when (1) the buyer believes purchase of such space represents a sound expenditure, and (2) the

inclusion of advertising material does not interfere with the purpose of the publication. These principles are applied by the FMA in determining the eligibility of products and services for advertising in FMA scientific publication - The Journal of the Florida Medical Association, Inc. The FMA reserves the right to refuse advertising in any of its publications which it considers to contradict or contravene in any manner the goals and purposes of the FMA as set forth in the Association's Bylaws. (*BOG Rpt A, HOD 1986*) (*Reaffirmed HOD 1996*) (*Reaffirmed HOD 2006*)

P 30.002 PROVIDER DEGREE IDENTIFICATION FOR CONSUMER PROTECTION

The Florida Medical Association shall sponsor legislation that following the name of any health care provider licensed by the state of Florida, there shall be immediately following his/her name, in all professional correspondence and announcements and advertising with the public in any form of public notice relating to his/her professional practice or activities, his/her degree for which he/she is licensed to practice. (*Res 90-52, HOD 1990*)(*Reaffirmed HOD 2000*) (*Reaffirmed HOD 2009*) (*Reaffirmed HOD 2012*)

P 30.003 BOGUS BOARDS

The Florida Medical Association shall continue working with the Florida Board of Medicine to enforce code 59R-11.001; and further continue to monitor and, when appropriate, offer recommendations pertinent to certification by non-AMA and non-AOA boards. (*Res 96-24, HOD 1996*) (*Reaffirmed HOD 2006*)

P 30.004 DIPLOMACY CLAIMS

The Florida Medical Association is directed to educate its members regarding current laws on physician advertising and statements regarding board certification, and declare that a physician's advertising of claims of board certification and/or diplomacy from a board not recognized by the Florida Board of Medicine is intentionally deceptive and as such a breach of medical ethics which is proscribed; and further request that the Department of Health devote more resources to monitor and discipline physicians who advertise board certification by a board not recognized by the Florida Board of Medicine. (*Sub Res 99-24, HOD 1999*) (*Reaffirmed HOD 2009*)

P 30.005 ONLY PHYSICIANS CERTIFIED BY ABMS ALLOWED TO ADVERTISE AS BOARD CERTIFIED

The Florida Medical Association shall use any and all means to ensure that the Florida Board of Medicine allow only those physicians certified by American Board of Medical Specialties (ABMS) boards or other boards whose standards are identical to ABMS to advertise themselves as board certified in that specialty. (*BOG November 2002*) (*Reaffirmed HOD 2010*)

P 35.000 AGENCY FOR HEALTH CARE ADMINISTRATION

P 35.001 HOSPITAL DEPARTMENT CLOSURES

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

P 35.002 IMPLEMENTATION OF PAYER MEASURES BY AHCA

The Florida Medical Association requests that the Agency for Health Care Administration report payer measures as allowed for in Florida law on the FloridaCompareCare website by the middle of 2008 to improve transparency of third-party payer payment practices, product affordability and policy quality in Florida. (*Res 07-15, HOD 2007*)

P 40.000 AGING

P 45.000 ALCOHOL AND ALCOHOLISM

P 45.001 BINGE DRINKING IN YOUNG ADULTS

The Florida Medical Association recognizes the dangers of binge drinking in young adults, especially on college campuses, and does not support the purchase, consumption or possession of alcoholic beverages by anyone under 21 years of age. (*BOG May 2009*)

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*)

P 45.003 FETAL ALCOHOL ABUSE

The Florida Medical Association supports legislation that would provide for voluntary admission of expectant mothers for alcohol abuse. (*BOG October 2010*)

P 50.000 ALLIED HEALTH

P 50.001 ALLIED HEALTH EDUCATION

The Florida Medical Association supports articulation of credits, cross training of students and increased funding for allied health programs in the state of Florida. (*BOG March 1992*) (*Reaffirmed HOD 2006*)

P 50.002 NONPRACTITIONER-ORDERED LABORATORY TESTING

The Florida Medical Association seeks appropriate enforcement of Section 493, Florida Statutes, and 10D-41, Florida Administrative Code, regulating laboratory testing of the public including multiphasic testing. (*Res 94-43, HOD 1994*) (*Reaffirmed HOD 2005*)

P 50.003 HEALTH CARE PROVIDER

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

P 50.004 SUPERVISION OF ALLIED HEALTH PROFESSIONALS

The Florida Medical Association urges the Board of Medicine to enforce existing laws regarding the supervision of allied health professionals and the practice of medicine without an appropriate license. (*BOG February 1998*) (*Reaffirmed HOD 2008*)

P 55.000 AMERICAN MEDICAL ASSOCIATION

P 55.001 EXPANSION OF SCOPE AND ACTIVITIES OF AMA PHYSICIAN CONSORTIUM FOR PERFORMANCE IMPROVEMENT

The Florida Medical Association requests the American Medical Association (AMA) House of Delegates instruct the AMA Board of Trustees to expand the AMA Physician Consortium for Performance Improvement to include representatives from all national medical specialty societies and state medical societies who wish to participate; to instruct the AMA Board of Trustees to expand the scope of the AMA Physician Consortium for Performance Improvement to include development of clinical performance measures, validation of clinical performance measures, and implementation of clinical performance measures. (*Res 05-61, HOD 2005*)

P 55.002 ADMISSION CRITERIA FOR INPATIENT REHABILITATION FACILITIES

The Florida Medical Association, through its Delegation to the American Medical Association (AMA), asks the AMA to seek legislative change to the admission criteria for Inpatient Rehabilitation Facilities (IRF) to diagnosis-specific, functional-level and limitations of the individual patient, as opposed to diagnosis-specific criteria alone. (*Res. 05-79, HOD 2005*)

P 55.003 AMA PHYSICIAN CONSORTIUM

The Florida Medical Association (FMA) supports the appointment of an FMA member to the American Medical Association's Physician Consortium for Performance Improvement. (*BOG April 2006*)

P 55.004 PHARMACEUTICAL COMPANIES SHOULD NOT OBTAIN SENSITIVE INFORMATION

The Florida Medical Association supports the utilization and effectiveness of the American Medical Association's (AMA) Physician Data Restriction program (the "opt out" program). (*Sub Res 07-38; HOD 2007*)

P 55.005 RANKING NATIONAL HEALTHCARE SYSTEMS ON MEDICAL INNOVATION

The Florida Medical Association urges the American Medical Association to begin a study on healthcare quality that does not use access to care and per capita dollars spent, but technologic innovation, outcomes, patient satisfaction and rapidity of access for those with the ability to pay for services. (*Amended Res 10-411, HOD 2010*)

P 55.006 AMA PRIORITIES AND MISSION

The Florida Medical Association (FMA) requests the American Medical Association (AMA) take action on AMA Resolution 204 and make the pending legislation for private contracting, balanced billing and the assignment of Medicare benefits a top priority with reports back to the AMA HOD semi-annually; and further requests the AMA change AMA policy G 625.010, AMA Mission and Vision, to read "Helping Physicians Practice Medicine," and further the FMA will work with the Coalition of State Medical and National Specialty Societies and other advocacy groups that share the goal(s) to include but not limited to private contracting, balance billing and Medicare reform; and further the FMA will express its discontent on recent AMA positions regarding Health System Reform. (*Sub Res 10-205, HOD 2010*)

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*)

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*)

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*)

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*)

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*)

P 60.000 BLOOD

P 60.001 EXTENDING THE STATUTE OF LIMITATIONS FOR BLOOD BANKS

The Florida Medical Association opposes legislation that expands the statute of limitations for litigation involving blood banks. (*BOG January 1992*) (*Reaffirmed HOD 2002*) (*Reaffirmed HOD 2010*)

P 65.000 BOARD OF MEDICINE

P 65.001 PRESIDENT'S LETTER TO THE FLORIDA BOARD OF MEDICINE

The Florida Medical Association opposes changing the ratio of physicians to consumers on the Board of Medicine. (*BOG October 1998*) (*Reaffirmed HOD 2008*)

P 65.002 BOARD OF MEDICINE'S COUNCIL OF PHYSICIAN ASSISTANTS

The Florida Medical Association opposes legislation proposed by the Florida Academy of Physician Assistants to change the composition of the Council of Physician Assistants under the Board of Medicine. (*BOG October 2006*)

P 65.003 MEDICAL LICENSURE APPLICATION – MENTAL DISORDER/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*)

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*)

P 70.000 CANCER

P 70.001 PROSTATE CANCER SCREENING (ARCHIVED)

(*BOG July 2003*) (*Sunset HOD 2011, Objective Accomplished*)

P 70.002 BREAST CANCER RISK FACTORS (ARCHIVED)

(*BOG November 2003*)(*Sunset HOD 2011, Objective Accomplished*)

P 70.003 CHILDHOOD MELANOMA AND SKIN CANCER SAFE SUN

The Florida Medical Association supports a Florida policy that schools allow students to wear sun-protective clothing, including but not limited to hats while outdoors on campus; and further supports teacher education and teacher advocacy for student sun protection; and further supports outreach to students identified as high risk by family history of melanoma, fair skin with easy burning, and atypical moles for special programs including protection of skin during school hours. (*Res 05-5, HOD 2005*)

P 70.004 PROSTATE CANCER SCREENING

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

P 70.005 INSURANCE COVERAGE FOR CANCER PATIENTS ENROLLED IN CLINICAL TRIALS

The Florida Medical Association adopts as policy the American Medical Association policies: H-55.983 Reimbursement and Coverage Implication of Clinical Trials in Treatment of Cancer; H-460.965 Viability of Clinical Research Coverage and Reimbursement; and D-460.988 Payment of Routine Care for Clinical Trial Participants. (*Sub Res 08-4, HOD 2008*)

P 70.006 COLON CANCER SCREENING

The Florida Medical Association supports legislation that would require health insurers to cover colon cancer screening tests. (*BOG October 2009*)

P 70.007 ESOPHAGEAL CANCER AWARENESS

The Florida Medical Association supports HR 1343 and promotion of April as National Esophageal Cancer Awareness Month. (*BOG October 2010*)

P 75.000 CARDIOLOGY

P 75.001 DIRECT ACCESS EMERGENCY CARDIAC CARE

The Florida Medical Association supports a policy that requires direct access without delay for emergency cardiac care. (*Res 99-50, HOD 1999*) (*Reaffirmed HOD 2009*)

P 75.002 CARDIOLOGY SERVICES

The Florida Medical Association opposes legislation that establishes protocols for the assessment, treatment, and destination selection and transportation of suspected cardiac patients to include a destination selection criterion for suspected STEMI patients. (*BOG October 2009*)

P 80.000 CENTERS FOR MEDICARE AND MEDICAID SERVICES – CMS

P 80.001 SANCTION PROCESS

The Florida Medical Association supports the American Medical Association's request to the Centers for Medicare and Medicaid Services (CMS) that the current sanction process be revised to allow for adequate due process for physicians being considered for sanction and that all appropriate appeals be exhausted before a sanction is imposed and made public. (*BOG June 1987*) (*Reaffirmed HOD 1997*) (*Reaffirmed BOG 2007*)

P 80.002 TOLL-FREE TELEPHONE NUMBERS

The Florida Medical Association (FMA) demands that the Centers for Medicare and Medicaid Services (CMS) install competently staffed toll-free telephone lines for all physicians in the state of Florida. (*Res 89-53, HOD 1989*) (*Reaffirmed June 2000*) (*Reaffirmed HOD 2009*)

P 80.003 NOMINATION OF DONALD BERWICK TO HEAD THE CENTER FOR MEDICARE AND MEDICAID SERVICES

The Florida Medical Association opposes the nomination of Donald Berwick to head the Center for Medicare and Medicaid Services and further will express its opposition in a press release and letter to Congress. (*BOG May 2010*)

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*)

P 80.005 ELIMINATE ICD-10

In order to alleviate the increasing bureaucratic and financial burden on physicians, the Florida Medical Association vigorously advocates that the Centers for Medicare and Medicaid Services eliminate the implementation of ICD-10 and instead wait for the adoption of ICD-11. (*Res 12-406, HOD 2012*)

P 85.000 CERTIFICATE OF NEED

P 85.001 CON AND LOCAL HEALTH COUNCILS

The Florida Medical Association opposes the Certificate of Need (CON) law and any reinstatement of authority over the CON program by local health councils; and further the Committee on State Legislation is directed to support efforts to eliminate funding for CON activities by local health councils; and further request the American Medical Association intensify its efforts to defeat the national health planning legislation now being considered by Congress. (*BOG October 1983*) (*Reaffirmed BOG Rpt A, HOD 1994*) (*Reaffirmed HOD 2005*)

P 90.000 CHILDREN & HEALTH

P 90.001 FINGERPRINTING OF CHILDREN

The Florida Medical Association endorses programs of voluntary fingerprinting of children as an aid in identifying missing persons. (*BOG October 1984*) (*Reaffirmed BOG Rpt A, HOD 1994*) (*Reaffirmed HOD 2005*)

P 90.002 FETAL AND INFANT DEATHS

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

P 90.003 IMPACT OF NON-RECURRING FUNDS ON CHILDREN'S MEDICAL SERVICES (ARCHIVED)

(*Res 03-48, HOD 2003*) (*Sunset HOD 2011*)

P 90.004 CHILDHOOD OBESITY - (ARCHIVED)

(*BOG March 2003*) (*Sunset HOD 2011, Superseded by another policy*)

P 90.005 ETHICAL TREATMENT OF PRENATAL INMATES - (ARCHIVED)

(*Res 03-24, HOD 2003*) (*Sunset HOD 2011, Objective Accomplished*)

P 90.006 INCREASE AWARENESS OF CHILDHOOD DENTAL CARE

The Florida Medical Association shall work in conjunction with the Florida Dental Association to increase awareness of preventative dental care in the community aimed at parents to help get their children the prophylaxis needed to lessen acute dental emergencies presenting to Florida emergency departments. (*Res 04-32, BOG November 2004*) (*Reaffirmed as amended HOD 2012*)

P 90.007 MODIFY AHCA PROCESS FOR PRESCRIPTION OF PRIVATE DUTY NURSING FOR SPECIAL NEEDS CHILDREN

The Florida Medical Association shall work as advocates proactively with the Department of Health/Children's Medical Services, the Agency for Health Care Administration and the Florida Pediatric Society to develop a seamless and timely process for assuring necessary care as medically necessary in the most cost effective and efficient manner for special needs children and their families requiring eight or more hours of private duty nursing in their home. (*Res 05-72, HOD 2005*)

P 90.008 ENDORSEMENT FOR WALKING/BIKING TO SCHOOL

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

P 90.009 FLORIDA KIDCARE

The Florida Medical Association supports the efforts of the Florida Pediatric Society to legislatively fix the Florida KidCare Statute. (*Amended BOG Supp. Rept. C-4, HOD 2008*)

P 90.010 PHYSICAL EXAMS FOR CHILDREN AND ADOLESCENTS IN ORGANIZED ATHLETICS

The Florida Medical Association seeks legislation allowing only licensed allopathic and osteopathic physicians and their designated Physician Assistants and Advanced Registered Nurses Practitioners to perform pre-participation physicals. (*Sub Res 08-1, HOD 2008*)

P 90.011 COMMENDATION FOR THE FLORIDA MEDICALLY-LED CHILD PROTECTION TEAM MODEL

The Florida Medical Association congratulates the Child Protection Team system on its successful 30th anniversary; and further supports Children's Medical Services in its ongoing efforts to maintain a non-biased medical focus on the assessment of child abuse; and further encourages other states to adopt the Child Protection Team system in Florida as a national model of excellence. (*Res 08-52, HOD 2008*)

P 90.012 BOOSTER SEATS REQUIRED FOR CHILDREN

The Florida Medical Association shall work collaboratively with public health and child advocacy organizations to support legislation requiring all children 4 to 7 years of age and 4'9" in height or less be placed in a properly restrained booster seat when riding in an automobile. (*Amended Res 09-2, HOD 2009*)

P 90.013 BOOSTER SEAT LAW SUPPORT

The Florida Medical Association shall continue to work collaboratively in the 2011 legislative session with county medical societies, specialty medical societies, the FMA Alliance, and with public health and child-advocacy organizations to support and ensure passage of legislation requiring that all children 4 through 7 years of age and less than 4'9" be properly restrained in either a crash-tested, federally-approved children's car seat or booster seat, appropriate for the child's height and weight. (*Amended Res 10-311, HOD 2010*)

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*)

P 90.015 ENSURING PAYMENT FOR NEWBORN CARE

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

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*)

P 90.017 PENALTIES FOR CARETAKERS WITHHOLDING INFORMATION FROM PHYSICIANS/HEALTH CARE PROFESSIONALS CARING FOR A CHILD

The Florida Medical Association supports legislation that would make it a crime for caretakers to purposely withhold and/or provide false or misleading information to treating physicians/health care professionals regarding the true nature of a child's injury or condition. (*Res 12-313, HOD 2012*)

P90.018 NEONATAL PULSE OXIMETRY HEART DISEASE

The Florida Medical Association supports legislation requiring that all Florida newborns be screened for critical congenital heart disease using pulse oximetry, and further that such legislation require newborn pulse oximetry be added to the list of mandated newborn screening tests, and further that such legislation direct Children's Medical Services, within the Florida Department of Health, to develop and implement such a screening program for CCHD and track the results in all newborns.

P 95.000 CLINICS

P 95.001 MINI-CLINICS

The Florida Medical Association advocates that when medicine is practiced in mini-clinics, that such practice be subject to the same clinical, financial, and regulatory standards as community physicians. (*BOG May 2008*)

P 95.002 RETAIL BASED CLINICS AND REGULATIONS OF SCOPE OF PRACTICE IN SUCH CENTERS

The Florida Medical Association seeks through advocacy to encourage educational efforts for the public consumer on the risk and benefits of non-medical home facilities and that regulators maintain strict health care safety performance and quality criteria for such ventures; and urges that there be strict enforcement of the scope of practice including physician supervision, if applicable, in all such ventures in the state of Florida. (*Sub Res 07-23, HOD 2008*)

P 95.003 PHARMACY-BASED CLINICS

The Florida Medical Association seeks legislation regulating the practice of pharmacy-based clinics. (*Res 07-36, HOD 2008*)

P 95.004 FOCUSING PILL MILL RULES ON PILL MILLS

The Florida Medical Association is directed to work with all medical specialties in Florida to define legislative and other language to prevent unintended and substantial negative impact on patients and

physician practices related to overly broad definitions and legislation of pain management clinics. (*Res 10-312, HOD 2010*)

P 95.005 ALLOWING STATE LAW REGULATING PAIN MANAGEMENT CLINICS TO SUPERSEDE LOCAL ORDINANCE(S)

The Florida Medical Association pursues legislation which allows state law regarding the standards of practice and registration of pain clinics to supersede any local ordinance regarding the same and explicitly prohibit counties and municipalities from passing any such laws.

P 100.000 CONTRACEPTION

P 100.001 ACCESS TO EMERGENCY CONTRACEPTION

The Florida Medical Association (FMA) adopts policy of the American Medical Association (AMA) concerning access to emergency contraception and pharmacies and pharmacists' duty to fill prescriptions as developed at the 2005 AMA Annual Meeting as follows:

That our AMA reaffirm policies supporting responsibility to the patients as paramount in all situations and the principle of access of medical care for all people; and be it further that our AMA support legislation that requires individual pharmacists or pharmacy chains to fill legally valid prescriptions or provide immediate referral to an appropriate alternative dispensing pharmacy without interference; and be it further that our AMA work with state medical societies to support legislation to protect patients' ability to have legally valid prescriptions filled; and be it further that our AMA enter into discussions with relevant associations (including but not limited to the American Hospital Association, American Pharmacists Association, American Society of Health System Pharmacists, National Association of Chain Drug Stores, and National Community Pharmacists Association) to guarantee that, if an individual pharmacist exercises a conscientious refusal to dispense a legal prescription, a patient's right to obtain legal prescriptions will be protected by immediate referral to an appropriate dispensing pharmacy."

The FMA will work with appropriate organizations to support state legislation that will allow physicians to dispense medication to their own patients when there is not a pharmacist within a thirty mile radius who is able and willing to dispense that medication. (*Res 05-35; HOD 2005*)

P 104.000 CREDENTIALING

P 104.001 ECONOMIC CREDENTIALING

The Florida Medical Association reaffirms opposition to legislation that permits hospitals to credential physicians for staff privileges solely on the basis of economic criteria. (*BOG January 1992*) (*Reaffirmed HOD 2005*)

P 104.002 ECONOMIC CREDENTIALING (ARCHIVED)

(*BOG Rpt D, A-1993*) (*Reaffirmed HOD 2003*) (*Sunset HOD 2011, Policy superseded by a newer policy*)

P 104.003 UNIFORM CREDENTIALING FORM FOR PHYSICIANS

The Florida Medical Association shall promote the acceptance of a single uniform physician credentialing form to be used by all managed care companies and hospitals in the state of Florida for initial credentialing and for recredentialing. (*Res 94-48, BOG Rpt D, HOD 1995*) (*Reaffirmed HOD 2005*)

P 104.004 ECONOMIC CREDENTIALING – DUAL STANDARDS

The Florida Medical Association opposes a hospital's use of a dual standard for credentialing, allowing hospital contracted physician groups the right to obtain staff privileges for new associates, and not allowing non-contracted physician groups the same privilege; and further will act on this policy by advocating

legislation in Florida that will expressly prohibit the use of a dual standard for credentialing. (*Res 97-65, HOD 1997*) (*Reaffirmed BOG 2007*)

P 104.005 ECONOMIC PROFILING OF PHYSICIAN CARE IN FLORIDA

The Florida Medical Association opposes arbitrary use and abuse of economic profiling and credentialing of physicians by government and private entities for use in health insurance and other health programs; and further seeks legislation and administrative code that specifically prohibits the arbitrary use and abuse of economic profiling and credentialing of physicians by government payers, health insurance carriers and any other private entity in the state of Florida; and further explore the feasibility of legal action designed to prevent the arbitrary use and abuse of economic profiling and credentialing of physicians in Florida. (*Res 06-10, HOD 2006*)

P 105.000 CRIME

P 105.001 INSANITY PLEA

The Florida Medical Association is directed to use its influence to have introduced and passed in the Florida legislature a bill which would: (1) Not allow insanity to be used as a defense in a criminal trial. The guilt or innocence would be determined solely on the facts of the case. (2) The sanity of the defendant could be raised as an issue to be considered in the pre-sentence investigation and hearing if necessary. (3) Then, after determination of insanity, the judge can use this determination in the sentencing. (4) The defendant could be sentenced to a psychiatric hospital until treatment is completed and then spend the remainder of the sentence in prison. (*Res 84-02, HOD 1984*) (*Reaffirmed HOD 1995*) (*Reaffirmed HOD 2005*)

P 105.002 CRIMINAL PENALTIES FOR NEGLIGENCE

The Florida Medical Association supports taking appropriate action in the development of its judicial, legislative and other legal initiatives to formulate, promote and encourage measures to deter, dissuade or otherwise discourage legal actions involving unwarranted criminal charges or penalties against medical doctors and health care practice groups. (*Res 95-40, HOD 1995*) (*Reaffirmed HOD 2006*)

P 105.003 DECRIMINALIZATION OF MEDICAL DECISIONS

The Florida Medical Association, through its public information, education, legislative action, and American Medical Association (AMA) Delegation, stands against and decries the indiscriminate use of criminal prosecution against physicians. (*Res 98-55; HOD 1998*) (*Reaffirmed HOD 2008*)

P 105.004 PROHIBITION OF CRIMINAL PROSECUTION LEGISLATION

The Florida Medical Association supports as a priority, legislation that would prohibit criminal prosecution against physicians for the practice of medicine, absent a clear and convincing showing of harmful intent. (*Res 98-40; HOD 1998*) (*Reaffirmed HOD 2008*)

P 105.005 DOMESTIC VIOLENCE

The Florida Medical Association supports legislation limiting domestic violence reporting requirements by physicians to law enforcement agencies for life threatening injuries to protect the interests of patients. (*BOG January 1999*) (*Reaffirmed HOD 2009*)

P 105.006 MANAGEMENT OF SEX OFFENDERS

The Florida Medical Association (FMA) seeks legislation to make judges aware of this rule and require the courts to strongly enforce Florida's 1997 Chemical Castration Statute (Florida Statutes 794.0235); and further the FMA seeks legislation to amend Florida Statutes 794.0235, substituting Luteinising Hormone Releasing Hormone (LHRH) analogues, or other appropriate pharmacologic agent, for Medroxyprogesterone acetate (MPA) in conjunction with psychotherapy due to their higher effectiveness, safety profile, and reversibility. (*Res 05-52, HOD 2005*)

P 110.000 DEPARTMENT OF HEALTH (FLORIDA)

P 110.001 COLLECTION OF WORKFORCE DATA

The Florida Medical Association shall continue to work with the Florida Department of Health to encourage the collection of effective workforce analysis data as it relates to the need for additional graduate and undergraduate positions in Florida. (*BOG November 2004*)

P 110.002 COLLECTION OF WORKFORCE DATA

The Florida Medical Association supports legislation that would allow the Florida Department of Health (DOH) to collect workforce data to allow the DOH to determine how many licensed Florida physicians currently are employed in the state, where they are working, and what specialties they work in, etc. (*BOG October 2005*)

P 110.003 MAINTAINING A SEPARATE FLORIDA DEPARTMENT OF HEALTH

The Florida Medical Association reaffirms its support of a separate Department of Health should a legislative discussion come forward to combine the Florida Department of Health and the Agency for Health Care Administration or the alcohol, drug, and mental health component of the Department of Children and Families. (*BOG May 2008*)

P 110.004 SUPPORT DOH INFORMATION TECHNOLOGY PROJECTS

The Florida Medical Association fully supports legislative action in the 2009 session of the Florida Legislature to provide the needed budget authority for the implementation of three very important information technology projects (Children's Medical Services data delivery system, statewide pharmacy system, and electronic benefits transfer system for women, infants, and children program) within the Department of Health and Children's Medical Services to allow the involved agencies to function more effectively and efficiently on behalf of Florida's citizens. (*Res 08-47, HOD 2008*)

P 110.005 SUPPORT OF FLORIDA POISON CONTROL CENTER

The Florida Medical Association unequivocally supports the present organizational structure with data acquisition, protocol and scope of practice activities of the State of Florida's Poison Control Center. (*BOG February 2009*)

P 110.006 MERGER THE DEPARTMENT OF HEALTH AND AHCA

The Florida Medical Association does not oppose the Governor's budget proposal to merge the Department of Health and the Agency for Health Care Administration as long as an M.D. or D.O. is the head of the new Department of Health. (*BOG February 2009*)

P 110.007 DEPARTMENT OF HEALTH – POSTING OF DISCIPLINARY ACTIONS

The Florida Medical Association objects to the public reporting of disciplinary actions on the Florida Department of Health's website before a sufficient amount of time to consider a judgment of dismissal has occurred. (*BOG May 2010*)

P 110.008 DEPARTMENT OF HEALTH - INTERACTIVE MAPS

The Florida Medical Association supports and promotes the Florida Department of Health's interactive maps as a tool to understand and communicate state and community health data via its website and other electronic means. *(BOG July 27, 2010)*

P 110.009 FLORIDA HEALTH AND TRANSITION SERVICES

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

P 110.010 SUPPORT FOR DEPARTMENT OF HEALTH DURING PROPOSED REORGANIZATION, AUGUST, 2011

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

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

(Res 11-323, HOD 2011)

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)*

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)*

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)*

P 115.000 DISABLED

P 115.001 HEARING IMPAIRED

The Florida Medical Association opposes any legislation that increases the cost of hearing interpreters. *(BOG Rpt C-1, HOD 2006)*

P 120.000 DISASTER PREPAREDNESS

P 120.001 CONTINUITY OF EDUCATION DURING DISASTER

The Florida Medical Association shall work with the Deans and designated staff of each medical school in Florida to develop contingency plans to assure the continuity of education for undergraduate medical students for both the short and long term in the event of a natural or other disaster affecting the continuity of their operations. *(BOG October 2005)*

P 120.002 CONTINUANCE OF HEALTH RELATED RESEARCH

The Florida Medical Association shall work with the Florida medical schools to identify the requirements and resources which are necessary to assure the continuance of Florida's health related research enterprises in the event of a natural or other disaster. *(BOG October 2005)*

P 120.003 PERMANENT STORAGE OF MEDICAL EDUCATION RECORDS

The Florida Medical Association shall work with the Florida medical schools to assure the permanent storage of resident physician and medical student education records to be in mirror image off-campus secure sites (in event of natural or other disaster). *(BOG October 2005)*

P 120.004 ASSURE PORTABILITY OF RESIDENT PHYSICIAN EDUCATION

The Florida Medical Association requests that the American Medical Association urge the Centers for Medicare and Medicaid (CMS) assure portability of resident physician direct and indirect medical education funding for resident physicians displaced from their enrolled training program by a natural or other disaster. *(BOG October 2005)*

P 120.005 DISASTER SECURITY OVERSIGHT COUNCIL

The Florida Medical Association (FMA) recommends to the Governor the addition of an FMA nominated physician to the Disaster Security Oversight Council who would provide liaison and expertise to assist with assuring the continuity of physician professional care, including physicians and resident physicians in meeting medical care for Florida's communities affected by a natural or other disaster; and further that if it is determined that the Council members are statutorily designated, that the FMA seek legislation as required to ensure that an FMA nominated physician sits on the Disaster Security Oversight Council. *(BOG October 2005)*

P 120.006 PHYSICIAN VOLUNTEERS DURING DISASTER

The Florida Medical Association shall assist with and encourage the Florida Secretary of Health to develop a program that would effectively utilize services of volunteer physicians and other allied health care workers during a disaster. *(BOG October 2005)*

P 120.007 DISASTER PREPAREDNESS COURSE

The Florida Medical Association (FMA) approves the promotion of the Nova Southeastern University course as one of the routes for doctors and their staffs to become educated in disaster preparedness; and further the FMA will highlight the Nova course and other disaster preparedness courses in its publications, such as on the website and quarterly magazine. (*BOG April 2007*)

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*)

P 125.000 DRUGS – ABUSE

P 125.001 SUBSTANCE ABUSE TREATMENT CENTERS

The Florida Medical Association adopts policy for increasing awareness of substance abuse treatment centers in Florida as follows: (1) Education (a) stress prevention at an early age; (b) encourage early referrals for treatment; (c) educate the public and health care professionals as to screening, treatment and other resources available. (2) Funding (a) encourage funding from private insurers and government funding; (b) reduce cost of care while effectively treating the person with substance abuse; (c) encourage parity for treatment of substance abuse from both private and government insurers; (d) seek cost-effective methods of care and reduce recidivism while encouraging research and utilization evidence-based medicine. (*BOG November 2004*) (*Reaffirmed as amended HOD 2012*)

P 125.002 SCREENING AND BRIEF INTERVENTION MEASURES

The Florida Medical Association supports the development and promotion of continuing medical education programs instructing physicians on how to conduct substance abuse and addiction screening and brief intervention modalities; and further supports legislation that would mandate health plans to reimburse doctors for substance abuse and addiction screening and brief intervention modalities. (*Res 07-10, HOD 2007*)

P 125.003 FULL FORCE AND EFFECT ACROSS COUNTY LINES OF ORDERS FOR INVOLUNTARY SUBSTANCE ABUSE EVALUATION AND TREATMENT SERVICES (MARCHMAN ACT)

The Florida Medical Association shall proffer language to the Florida Legislature that Involuntary Evaluation and Treatment Orders shall be administered with full force and effect across county lines. (*Res 10-108, HOD 2010*)

P 130.000 DRUGS – PRESCRIBING AND DISPENSING

P 130.001 VERIFYING PRESCRIPTIONS

The Florida Medical Association supports the cooperation of physicians with pharmacists in ascertaining the legitimacy of individual prescriptions, whether ordered by verbal or written means and to verify these prescriptions with the pharmacist personally whenever possible. (*BOG Rpt B, HOD 1985*) (*Reaffirmed A-95*) (*Reaffirmed HOD 2005*)

P 130.002 INTRACTABLE PAIN

The Florida Medical Association strongly encourages county medical societies incorporate into their physician/member orientation programs, information on the recognition of patients who improperly attempt to obtain pain medication for purposes other than that which are medically indicated. (*BOG March 1991*) (*Reaffirmed HOD 2001*) (*Reaffirmed HOD 2009*)

P 130.003 EXEMPTION OF ER PHYSICIANS FROM DISPENSING PRACTITIONER REGULATIONS

The Florida Medical Association supports the exemption from the dispensing practitioner regulations, physicians working in emergency departments who dispense from the hospital pharmacy up to 48 hours worth of necessary medications to their patients. (*Res 97-37, HOD 1997*) (*Reaffirmed BOG 2007*)

P 130.004 PHARMACISTS

The Florida Medical Association opposes legislation permitting pharmacists to order and prescribe medications and drug therapies. (*BOG March 1997*) (*Reaffirmed BOG 2007*)

P 130.005 FLORIDA COLLEGE OF EMERGENCY PHYSICIANS

The Florida Medical Association supports legislation allowing emergency physicians to dispense small doses of medications in the emergency department. (*BOG February 1998*) (*Reaffirmed HOD 2008*)

P 130.006 RECREATIONAL PRESCRIPTIONS

The Florida Medical Association and its component county medical societies support: (1) continuously re-educating the public and its members that prescription systemic chemicals and biologic agents should only be used when indicated for the improvement of health and well-being; (2) discouraging physicians and marketers from promoting or advertising recreational, convenience, or abusive uses of prescription drugs; and (3) encouraging physicians to educate patients and the public to evaluate the risk benefit value of each and every therapeutic intervention. (*Res 98-56, HOD 1998*) (*Reaffirmed HOD 2008*)

P 130.007 PRESCRIPTION OF STRONG ANALGESICS AND OXYCONTIN

The Florida Medical Association unreservedly condemns unjustified, indiscriminate and reckless prescription of strong analgesics, and supports strong penalties for such unprofessional and/or criminal behavior; and further will undertake efforts to educate physicians on the proper use and abuse of narcotic analgesics, and request that the federal and local agencies implement existing procedures and regulations that strike a right balance between the patient's right to receive pain relief, and prevent the illegal transfer of analgesics to the drug illicit market, while effectively protecting physicians from liability when legitimately prescribing strong analgesics such as Oxycontin. (*Res 01-40, HOD 2001*) (*Reaffirmed HOD 2009*)

P 130.008 ABUSE OF PRESCRIPTION DRUGS

The Florida Medical Association will work with Florida governmental authorities on ways to minimize the abuse of prescription drugs without increasing regulatory burdens on physicians or jeopardizing patient privacy. (*BOG November 2002*) (*Reaffirmed HOD 2010*)

P 130.009 FILLING PRESCRIPTIONS

The Florida Medical Association opposes any legislation or rule change that allows a pharmacist to fill a prescription in any way other than what the treating physician has instructed. (*BOG November 2004*) (*Reaffirmed HOD 2012*)

P 130.010 TREATMENT OF OPIOID DEPENDENCE

The Florida Medical Association, in coordination with the Florida Society of Addiction Medicine and other relevant specialties, shall educate physicians about the availability of office-based opioid treatment (OBOT) modalities. (*Res 05-36, HOD 2005*)

P 130.011 PHARMACISTS ALTERING PRESCRIPTIONS

The Florida Medical Association opposes any rule or legislation that allows a pharmacist to alter a doctor's prescription without discussing the change first with the physician and that the discussion to be documented by the physician. (*BOG July 2005*)

P 130.012 COUNTERFEIT DRUG PREVENTION

The Florida Medical Association requests assistance from the American Medical Association, the National Association of Boards of Pharmacies, and any other pertinent organizations, in urging the FDA create a safe, reliable, and enforceable prescription medication delivery system; and seek stricter laws and stricter enforcement on the manufacturing, selling, delivering, and purchasing for resale of prescription medications to ensure the health of our residents. (*Res 06-6; HOD 2006*)

P 130.013 DEVELOPMENT OF ELECTRONIC CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM

The Florida Medical Association recognizes the critical importance of overseeing legitimate controlled substance availability in Florida in which there is a direct threat to public health and patient safety; and further seeks legislation to implement a patient-responsive and effective Electronic Controlled Substance Prescription Monitoring Program. (*Res 06-39; HOD 2006*)

P 130.014 STANDARDIZE PHARMACY TELEPHONE ANSWERING MACHINES

The Florida Medical Association requests the American Medical Association work with pharmacy executives of companies who have a multi-state presence, to standardize the pharmacy voice-mail message which would allow the physician caller to bypass the entire message and select the choice to phone in a prescription. (*Res 07-5, HOD 2007*)

P 130.015 FLORIDA ALL SCHEDULE PRESCRIPTION ELECTRONIC REPORTING ACT

The Florida Medical Association seeks legislation to amend Florida Statute 408.0611 to require the Agency for Health Care Administration to promptly create a secure access portion of its website for mandatory pharmacist reporting to a central secure database of all scheduled medicines for all Florida patients; and further that physicians not be liable for accessing or failing to access the database; and further that access to this database be limited to only Florida licensed physicians who have a treating or potential treating role, pharmacists asked to fill a prescription or review records by a treating physician, and to properly empower state or local administrative or law enforcement agencies acting upon court order or other specific authority in an actual and ongoing investigation. (*Res 07-52, HOD 2007*)

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*)

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*)

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*)

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*)

P 135.000 DRUGS – REGULATION

P 135.001 THERAPEUTIC SUBSTITUTION

The Florida Medical Association assumes an official position of opposition to therapeutic substitution of drugs by pharmacists unless the substitution is approved by the prescribing physician in each instance and will communicate this position to the Florida Department of Health, Florida Hospital Association and Joint Commission on Accreditation of Hospitals. (*Res 84-03, HOD 1984*) (*Reaffirmed HOD 1994*) (*Reaffirmed HOD 2005*)

P 135.002 LABELING OF PRESCRIPTION DRUGS

The Florida Medical Association will intercede with the Florida Board of Pharmacy to have instituted the requirement that all prescriptions for trade name drugs when filled with generics be labeled in the following or similar manner: Drug prescribed: "trade name"; Drug dispensed: "generic name"; and further if the FMA fails in negotiations with the pharmacy board, then it will attempt through the legislative process to accomplish this goal. (*Res 86-09, HOD 1986*) (*Reaffirmed HOD 1996*) (*Reaffirmed HOD 2006*)

P 135.003 USE OF SAMPLE MEDICATIONS

The Florida Medical Association actively and aggressively opposes enactment of legislation to limit or prohibit the use of sample medications by Florida physicians. (*Res 86-09, I-1986; Reaffirmed A-1996*) (*Reaffirmed HOD 2006*)

P 135.004 GENERIC DRUGS

The Florida Medical Association's position regarding generic drugs for use in the Medicaid program as well as by the general public is that the generic drug manufacturer be required to furnish documentation that each drug is truly equivalent to the corresponding brand name drug in formulation, efficacy and safety. (*BOG October 1986*) (*Reaffirmed A-1996*) (*Reaffirmed HOD 2006*)

P 135.005 RITALIN RESTRICTIONS

The Florida Medical Association opposes legislation that places unreasonable restrictions on the prescribing of Ritalin for the treatment of Attention Deficit Disorder in children and adolescents. (*BOG October 1991*) (*Reaffirmed HOD 2001*) (*Reaffirmed HOD 2009*)

P 135.006 RITALIN

The Florida Medical Association opposes legislation that places any restrictions on the prescribing of Ritalin for the treatment of attention deficit disorder in children and students; and further supports the following position of the American Academy of Pediatrics (AAP), as recommended in a 1987 AAP report entitled "Medication for Children with an Attention Deficit Disorder." "There are definite indications for drug therapy in the treatment of attention deficit disorder. Careful evaluation of patients is essential for drug treatment. Monitoring and follow-up both at school and at home are vital; all physicians must work in concert with parents, principals, teachers, special educators and school nurses. In view of requests from other professional and school personnel to prescribe medications for hyperkinetic children, all physicians should be cautious of becoming surrogate prescribers of medications. It is important to remember that the overall management of school failure may well be a multi disciplinary venture, but the ultimate responsibility for chemical behavior modifications is the physician's." (*BOG March 1992*)(*Reaffirmed 2002*) (*Reaffirmed HOD 2010*)

P 135.007 FEDERAL FEE ROLLBACK

The Florida Medical Association (FMA) encourages the Drug Enforcement Agency to cancel the recent increase in registration fees and provide refunds to physicians who have already paid these increased fees; and further the FMA shall introduce a resolution through the AMA Delegation to the AMA House of Delegates seeking legislative repeal of 21 CFR, parts 1301 and 1311. (*Res 94-5, A-1994*) (*Reaffirmed HOD 2005*)

P 135.008 FOOD AND DRUG ADMINISTRATION

The Florida Medical Association, through its delegation to the American Medical Association (AMA), requests that an evaluation be carried out by the AMA that will determine the effect of the Food and Drug Administration's policies and procedures on the status of the American Health Care System with regard to available new drugs and modalities of care. (*Res 94-15, A-1994*) (*Reaffirmed HOD 2005*)

P 135.009 REQUESTING DEA NUMBER

The Florida Medical Association seeks through legislative means to cause pharmacists and pharmacies to cease in requesting a DEA number from a physician in regard to medications prescribed which are reimbursed by insurance and are not controlled substances (*Res 96-58, A-1996*) (*Reaffirmed HOD 2006*)

P 135.010 DEA NUMBERS FOR RESIDENT PHYSICIANS

The Florida Medical Association supports legislation permitting the use of institutional DEA numbers for interns and residents for outpatient services. (*BOG March 1997*) (*Reaffirmed BOG 2007*)

P 135.011 "OFF LABEL" USE OF PHARMACOLOGIC AND DIAGNOSTIC AGENTS

The Florida Medical Association will explore all remedies, including legislation if needed, to prohibit hospitals from requiring physicians to utilize formularies in a manner which will force physicians to use "off label" (without FDA approval for intended use) pharmacologic, and diagnostic agents and devices without the physician's and patient's consent (*Res 01-3, HOD 2001*) (*Reaffirmed HOD 2009*)

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*)

P 135.013 OPPOSE FEDERAL LEGISLATION ON IMPORTATION OF DRUGS

The Florida Medical Association opposes federal legislation that is proposed which would allow importation of drugs into the United States that are not approved by the Food and Drug Administration. (*BOG July 2004*) (*Reaffirmed HOD 2012*)

P 135.014 IMMUNOSUPPRESSANT MEDICATIONS FOR ORGAN TRANSPLANT RECIPIENTS

The Florida Medical Association encourages the reintroduction of House and Senate bills in the 2009 legislative session that provide for notification to the physician when pharmacists substitute generic immunosuppressants and the FMA will support this legislation. (*Amend. Res 08-11, HOD 2008*)

P 135.015 RESTRICT DENTISTS FROM USING COSMETIC INJECTABLES AND PRESCRIBING SKIN CARE PRODUCTS

The Florida Medical Association expresses its concern over the use of Botulinum toxin and dermal fillers as well as the prescription of tretinoin and hydroquinone products by dentists to the Board of Dentistry and the Florida Dental Association. (*Res. 09-41, HOD 2009*)

P 140.000 EDUCATION (MEDICAL)

P 140.001 ACCREDITED SYSTEMS

The Florida Medical Association supports the concept that undergraduate medical education be conducted in the state of Florida only by appropriately accredited educational systems, even if legislative changes are required. (*BOG March 1983*) (*Reaffirmed 1993*) (*Reaffirmed HOD 2003*)

P 140.002 MEDICAL EDUCATION PLAN OF ACTION

The Florida Medical Association supports medical education at all levels from undergraduate and residency training programs through continuing medical education for practicing physicians. (*BOG Rpt C, A-1985*) (*Reaffirmed A-1995*) (*Reaffirmed HOD 2006*)

P 140.003 CHEC FUNDING

The Florida Medical Association supports funding for the Community Hospital Education Act to assist in residency training for primary care physicians and/or other needed specialties as substantiated by workforce data; and further supports creation of a mechanism to provide accountability that all funds be applied directly toward graduate medical education. (*BOG February 1986*) (*Reaffirmed A-1996*) (*Reaffirmed HOD 2006*)

P 140.004 UNDERSERVED AREA LOAN FUND

The Florida Medical Association supports the establishment and funding of a medical education loan reimbursement program administered by the Florida Department of Health to encourage qualified medical professionals to practice in underserved locations of the state; and further supports the program be administered by the State Health Officer. (*BOG June 1988*) (*Reaffirmed 1998*) (*Reaffirmed HOD 2008*)

P 140.005 HEALTH EDUCATION LOANS

The Florida Medical Association encourages the American Medical Association to seek legislative action on a national level to restore full interest deductibility on all health education loans. (*Res 89-61, HOD 1989*) (*Reaffirmed HOD 2000*) (*Reaffirmed HOD 2009*)

P 140.006 MEDICAL FACULTY CERTIFICATION

The Florida Medical Association supports legislation that would amend the current medical faculty certificate statute allowing the Board of Medicine the authority to grant faculty certificates to physicians whose clinical training may be in countries other than the United States and Canada; and further supports all recommendations made by the Florida Council on Deans regarding the number of medical faculty certificates

a medical school dean can renew. (*BOG October 1991*) (*Reaffirmed 2001*) (*Reaffirmed as amended HOD 2009*)

P 140.007 TEACHING MEDICAL STUDENTS FEE-FOR-SERVICE PRACTICE OF MEDICINE

The Florida Medical Association actively promotes the teaching of all aspects of medical economic issues in medical schools and post-graduate training programs. (*Res 95-18, A-1995*) (*Reaffirmed HOD 2005*)

P 140.008 CREATION OF A FUND TO SUPPORT GRADUATE MEDICAL EDUCATION AND RESEARCH

The Florida Medical Association endorses the concept of the formation of a fund to support graduate medical education and research which should involve assessing the adequacy of Florida's current and future physician workforce needs and developing legislative alternatives to address a possible physician workforce shortage. (*BOG Rpt A, A-1996*) (*Reaffirmed HOD 2006*)

P 140.009 EDUCATION CODE 15

The Florida Medical Association encourages physicians to utilize the FHA developed Code 15 packet that can be used by hospitals in their physician education that includes law, and suggested hospital protocol and process for review of code 15s. (*BOG February 1998*) (*Reaffirmed HOD 2008*)

P 140.010 GRADUATE MEDICAL EDUCATION FUNDING

The Florida Medical Association supports the facilitation of a statewide forum on Graduate Medical Education (GME) funding for interested specialties, medical colleges and education directors in order to attain common goals, coordination and solidarity in seeking and organizing GME funding. (*Res 97-75, HOD 1997*) (*Reaffirmed HOD 2007*)

P 140.011 ALTERNATIVE LICENSURE PROGRAM

The Florida Medical Association opposes any alternative licensure pathway that does not meet the requirements of a rigorous ACGME approved training program; and further will educate legislators about the importance and relevance of an ACGME approved training program designed to achieve the highest patient quality and safety standards. (*Res 05-34; HOD 2005*)

P 140.012 PHYSICIAN OPPORTUNITIES FOR PROFESSIONAL RETRAINING

The Florida Medical Association encourages the collaboration of Florida's medical schools to assure access to regional programs to provide enhanced educational opportunities in Florida for physicians identified by the Florida Board of Medicine in need of retraining in defined aspects of medical practice. (*Res 05-1, HOD 2005*)

P 140.013 REVISION OF MEDICARE FUNDING AND APPROVAL OF GRADUATE MEDICAL EDUCATION SLOTS IN FLORIDA

The Florida Medical Association requests the AMA advocate the passage of legislation providing additional graduate medical education funding with a more equitable distribution policy based on both need and population at all levels of the federal government. (*Res 07-22, HOD 2007*)

P 145.000 EDUCATION – (CONTINUING MEDICAL EDUCATION – CME)

P 145.001 SUBJECT-SPECIFIC CME

The Florida Medical Association seeks legislative elimination of mandatory continuing medical education requirements that are subject specific as part of license renewal. (*Res 94-24, HOD 1994*) (*Reaffirmed HOD 2006*)

P 145.002 EDUCATIONAL REQUIREMENTS ON SOCIAL ISSUES

The Florida Medical Association takes a firm stand and lobbies against any future legislation that dictates additional education of practicing physicians on specific issues or topics. (*Res 94-38, HOD 1994*) (*Reaffirmed HOD 2006*)

P 145.003 CONTINUING EDUCATION ON LEGISLATIVE COURSE

The Florida Medical Association supports the development of an ongoing continuing education course or program during the legislative session and that such be structured to permit its members to be more effective advocates. (*Res 97-46, 1997*) (*Reaffirmed BOG 2007*)

P 145.004 SUBSTITUTING MANDATORY CME HOURS WITH APPROPRIATE EDUCATION

The Florida Medical Association supports the concept of substituting mandatory CME hours with appropriate education without increasing the total number of CME hours specifically mandated and the total number of hours required for re-licensure in Florida. (*BOG February 2002*)

P 145.005 SUBSTITUTE EMERGENCY DISASTER PREPAREDNESS FOR CME

The Florida Medical Association supports the concept of substituting the topic of emergency disaster preparedness for one of the one-hour mandatory CME topics required for re-licensure in Florida. (*BOG February 2002*)

P 145.006 CME ON BIOTERRORISM AND PUBLIC HEALTH PREPAREDNESS

The Florida Medical Association supports substituting a one-hour CME on bioterrorism and public health preparedness in lieu of the current CME requirements for licensure (i.e., domestic violence or HIV AIDS). (*BOG February 2002*)

P 145.007 ELIMINATE LEGISLATIVELY MANDATED CME

The Florida Medical Association shall coordinate efforts with the Board of Medicine to eliminate all legislatively mandated CME for physician renewal and work to institute a policy whereby the Board of Medicine determines topics for physician renewal. (*Res 02-11, HOD 2002*)

P 145.008 REVIEW REQUIREMENTS FOR CME ACCREDITATION

The Florida Medical Association supports the endeavor to simplify the CME process for organizations to provide CME, therefore making it easier to apply for CME credits; and further endeavors to simplify the process and expand opportunities for organizations to provide CME at a reasonable cost and use less paperwork. (*Res 03-01, HOD 2003*)

P 145.009 CME REQUIREMENTS

The Florida Medical Association supports the pursuit of legislative action to modify CME requirements allowing physicians to substitute a one-hour course on public health preparedness for either the one-hour HIV/AIDS or domestic violence course. (*BOG November 2003*)

P 145.010 SUNSET LEGISLATIVELY MANDATED CME

The Florida Medical Association will work toward passage of legislation that would automatically sunset legislatively mandated CME topics after each has been effective for a period of three to five years; and further that the sunset provision be retroactive to include topics already legislatively mandated. (*BOG November 2004*)

P 145.011 CHANGES TO DOMESTIC VIOLENCE LAW

The Florida Medical Association supports legislation that changes the law requiring physicians to complete two credits in domestic violence every six years in favor of a requirement that is less confusing and easier to track and supports the efforts of the Board of Medicine in doing the same. (*BOG April 2007*)

P 145.012 DOMESTIC VIOLENCE CME ADDITION

The Florida Medical Association (FMA) approves additional content addressing human trafficking be added to the domestic violence CME course that is offered by the FMA for license renewal. (*BOG May 2008*)

P 145.013 DEVELOPMENTAL DISABILITIES AND AUTISM SPECTRUM DISORDER

The Florida Medical Association approves a non-mandatory CME course for physicians covering developmental disabilities and autism spectrum disorder. (*BOG October 2008*)

P 145.014 GREEN DOCTOR OFFICE PROGRAM

The Florida Medical Association approves the creation of the Green Doctor Office Program to be used by doctors and their office staffs to study a series of on-line workbooks, analyze the environmental practices of their offices, create a Green Doctor Office Team, make improvements in their office practices, and earn a Green Doctor Office Certificate from the FMA. (*BOG May 2009*)

P 155.000 EMERGENCY MEDICAL SERVICES

P 155.001 INTERRUPTION OF SERVICES (ARCHIVED)

(*BOG October 1987*) (*Reaffirmed HOD 2000*) (*Sunset HOD 2011, Obsolete*)

P 155.002 IMPROVING EMERGENCY CALL COVERAGE

The Florida Medical Association supports legislation for an emergency call coverage solution that can be applied on a fair and uniform basis across all hospitals in the state. (*Res 05-38; BG Rpt C-6, HOD 2006*)

P 155.003 CRISIS IN EMERGENCY CARE

The Florida Medical Association shall become actively involved with and assume a leadership role in promoting appropriate reform of the emergency care system outlined in the FHA Task Force Report on Emergency Care and the IOM Report on Emergency Care; and actively participate with the Florida College of Emergency Physicians, the Florida Hospital Association and other constituencies to prioritize and implement, as appropriate, the recommendations contained in the report of the Task Force on Emergency Care and the 2006 Institute of Medicine. (*Res 06-45, HOD 2006*)

P 155.004 SUPPORTING FLORIDA TRAUMA CENTERS

The Florida Medical Association recognizes the critical importance of Florida's Trauma System to the well-being of its citizens and encourages the continued development of systems of injury prevention and trauma care to improve control of the incidence and effect of the disease or injury; and further endorses enactment of an effective and equitable system of public and private funding to assure that trauma centers and trauma care specialists remain always available to all victims of severe injury; and further remains committed to providing leadership and direction to the entire health science profession to assure that the quality and capability of medical care for any and all injured Floridians remains unquestionably the best in the world. (*Res 09-46, HOD 2009*)

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*)

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*)

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

P 160.004 DO NOT RESUSCITATE ORDER

The Florida Medical Association supports educational programs for all long-term care facilities to promote the identification of patients' DNR-O status; and endorses the use of bracelets to identify patients with DNR-O status in order to provide immediate guidance to emergency medical service first-responders and hospital; emergency physicians and their support staff. (*BOG July 1997*) (*Reaffirmed BOG 2007*)

P 160.005 UNIVERSAL LIVING WILL

The Florida Medical Association supports legislation that would require that a living will should not only relate to terminal illness when death is imminent but also to medical decision planning for the last chapter of life under conditions such as multi-organ failure and organ disease, advanced dementia and advanced senility with total dependence and that this would not preempt Chapter 394, Florida Statutes (Baker Act provisions); and further supports in concept a privately funded central registry with immediate access by emergency personnel and emergency room departments. (*Res 97-5, HOD 1997*) (*Reaffirmed BOG 2007*)

P 160.006 HOSPICE REFERRAL

The Florida Medical Association supports the right of physicians to refer without penalty patients to hospice for palliative care and pain control. (*Res 98-24, HOD 1998*) (*Reaffirmed 2008*)

P 160.007 ADVANCE CARE PLAN

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

P 160.008 DNR ORDERS IN OUTPATIENT SETTING

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

P 160.009 END OF LIFE ISSUES

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

P 160.010 PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

The Florida Medical Association supports legislation that would create a form entitled “Physician Orders for Life-Sustaining Treatment” for statewide use to replace Advanced Directives and Do-Not-Resuscitate (DNA) forms, if the legislation is changed to allow for only an M.D. or D.O. signature. (*BOG October 2005*)

P 160.011 QUALITY END-OF-LIFE CARE

The Florida Medical Association shall work with other organizations, such as the Florida Hospice and Palliative Care Organization, Project GRACE (Guidelines for Resuscitation And Care at End-of-Life), the Florida Medical Directors Association, the Florida Geriatrics Society, and the Florida College of Emergency Physicians, to formulate a consistent, flexible, and comprehensive system of patient care guidelines to promote quality end-of-life care, based upon a patient’s current wishes or upon those expressed in an effective Advance Care Plan. (*Res 06-3, HOD 2006*)

P 160.012 FUTILE CARE

The Florida Medical Association, through its delegation to the American Medical Association (AMA), requests the AMA create a task force representative of the various stakeholders, e.g., AMA, AOA, AHA, AARP, and religious and ethical leaders, to evaluate the issues related to the appropriateness of end-of-life care. (*Res 07-30, HOD 2007*)

P 160.013 LIMITING FUTILE CARE AT END OF LIFE

The Florida Medical Association, through its delegation to the American Medical Association (AMA), requests the AMA seek legislation by the United States Congress that will allow the creation of a methodology directed by physicians (MDs/DOs) that permits physicians (MDs/DOs) to either not engage in or to suspend futile care at the end of life; and further that those physicians (MDs/DOs) be given immunity from liability when such decisions are made in good faith and within the standard of care with clear and convincing legal and ethical standards. (*Res 09-48, HOD 2009*)

P 170.000 ENVIRONMENTAL HEALTH

P 170.001 ENVIRONMENTAL RESPONSIBILITY

The Florida Medical Association shall make every reasonable effort to consider prudent energy conservation and recycling practices in their daily business practices, including the use of biodegradable and/or recyclable materials in all publications. (*Res 91-47, HOD 1991*) (*Reaffirmed 2001*) (*Reaffirmed HOD 2009*)

P 170.002 COLLABORATIVE ON HEALTH AND THE ENVIRONMENT

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

P 170.003 PHYSICIANS RESPONSIBILITY FOR ENVIRONMENT AND HEALTH

The Florida Medical Association adopts policy relating to Physicians’ Responsibilities for the Environment and Health as follows: (1) physicians are encouraged to educate themselves and their peers about the issues of the environment and public health; (2) physicians are encouraged to conduct research to further the scientific understanding of the environment and health; (3) physicians are encouraged to adopt sound environmental practices in their homes and offices, including reducing pollution, reducing waste and fostering recycling; (4) physicians are encouraged to promote sound environmental practices in their

hospitals and communities; and (5) physicians are encouraged to be public spokespersons for environmental stewardship. (*BOG July 2004*)

P 170.004 EXPOSURE TO MERCURY TOXICITY

The Florida Medical Association adopts the following policy related to mercury toxicity: 1. Support the identification of populations at high-risk for exposure to mercury toxicity or for complications of mercury toxicity; 2. Support the voluntary testing of high-risk populations; 3. Support efforts to educate Floridians about the ongoing environmental exposures to mercury, the risks of these exposures and the prevention of mercury toxicity; 4. Support the inclusion of environmental mercury exposure and toxicity in the curriculum of medical schools in Florida. (*BOG November 2004*) (*Reaffirmed as amended HOD 2012*)

P 170.005 HEALTH RISKS OF FLORIDA'S COAL-BURNING ELECTRIC POWER PLANTS

The Florida Medical Association urges state government and utilities to develop comprehensive energy conservation programs and to adopt improved energy efficiency standards for businesses, homes, appliances, and building construction, before approving new coal-burning power plants; and further urges that all options for meeting Florida's increased power needs be given careful consideration and full public debate, and that preference be given to the least polluting options; and further urges any new coal or fossil fuel power plants that are constructed in Florida be required to install and maintain equipment with the lowest polluting technology available at the time of plant construction, and that such controls shall be upgraded as improved technology becomes available; and further directs the President of the Florida Medical Association write to the Governor, the President of the Florida Senate, and the Speaker of the House of Representatives communicating the public health risks associated with coal-burning power plants. (*Res 05-67, HOD 2005*)

P 170.006 STRATEGIES TO REDUCE SCHOOL BUS EMISSIONS

The Florida Medical Association is directed to examine policies with the State of Florida to fully implement and enforce, with specific timeframes, steps to reduce school bus emissions and exposure to these emissions; and further call for school districts within the State of Florida to adopt the United States Environmental Protection Agency's Clean School Bus USA goals for reducing exposure to emissions through the implementation of school bus idling and smart driving practices, retrofitting buses and using cleaner fuels, and replacing aging school buses; and further encourages the State of Florida to establish a state clean diesel retrofit program for the purposes of administering a clean school bus program, so that the state of Florida, by having such a program, is then eligible to receive federal funds from the 2005 Diesel Emissions Reduction Program. (*Res 06-12, HOD 2006*)

P 170.007 EXPANSION OF THE MIAMI-DADE COUNTY URBAN DEVELOPMENT BOUNDARY

The Florida Medical Association is opposed, on an environmental public health basis, to any expansion of Miami-Dade County's urban development boundary (UDB), and will communicate this policy to Florida Governor Charlie Crist, Miami-Dade County Mayor Carlos Alvarez, and to each current member of the Miami-Dade Board of County Commissioners; and further supports the efforts by municipal and county governments to preserve open space, to create public parks, and to improve the Everglades environmental quality, all of which are considered important to the health of Floridians. (*BOG July 2007*)

P 170.008 REDUCE CO2 EMISSIONS

The Florida Medical Association urges state government to develop energy use policies that include a plan to reduce Florida's projected CO2 emissions, to adopt a renewable energy requirement for a portion of the state's electric power and to improve efficiency standards for transportation, businesses, homes and appliances; and further urges Florida's Congressional Delegation to support federal legislation to regulate CO2 emissions and to reduce the predicted increases in CO2 release nationally and worldwide; and further through its delegation to the American Medical Association (AMA), encourages the AMA to further the principles of this policy. (*BOG July 2007*)

P 170.009 AMA POLICY ON CLIMATE CHANGE

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

P 170.010 RESOURCE CONSERVATION, WASTE RECYCLING, HEALTH RISKS CAUSED BY INCINERATORS

The Florida Medical Association supports the implementation of HB 7135 which requires state government to develop comprehensive programs for resource conservation, resource reuse, recycling and composting for the state of Florida; and further urges state government and legislators to adopt policies to minimize the approval and construction of new incinerators including mass-burn, gasification, plasma, pyrolysis, biomass, refuse-derived fuel and other incinerator technologies, and to develop a plan to retire existing outdated incinerators; and further is directed to write to the Governor, the President of the Florida Senate, and the Speaker of the House of Representatives communicating the issues identified (*Res 08-21, HOD 2008*)

P 170.011 VEHICLE ANTI-IDLING POLICY

The Florida Medical Association adopts policy relating to vehicle anti-idling which would recommend that Florida individuals, businesses, and government take steps to minimize motor vehicle idling; and further urges the Speaker of the Florida House, the President of the Florida Senate and Florida's Governor to enact vehicle anti-idling legislation and policies; and further through its delegation to the American Medical Association (AMA), requests the AMA recommend passage of national anti-idling laws at the national level. (*BOG May 2009*)

P 170.012 PHARMACEUTICAL DISPOSAL POLICY

The Florida Medical Association supports efforts to educate public and health care facilities about proper methods of disposing of unused medications, and further supports partnering with interested state agencies, pharmaceutical manufacturers and pharmacies to develop take-back programs to lessen the threat to the environment from unused and expired medications. (*BOG May 2009*)

P 170.013 UNDERSTANDING ENVIRONMENTAL INFLUENCE

The Florida Medical Association supports the National Children's Study in working to understand the environmental influence in the development of children in Florida and the United States. (*BOG May 2009*)

P 175.000 ETHICS – MEDICAL

P 175.001 PATIENT FEE DISPUTES

The Florida Medical Association adopts the following policy on patient fee dispute complaints: (1) Under the direction of the Judicial Council, each county medical society would be encouraged to review patient fee complaints/disputes perhaps through a subcommittee of their grievance committee or through a separate committee established for that purpose; (2) All fee disputes would be handled under the following essential principles: a. All proceedings are voluntary to all parties. b. All deliberations of the fee dispute panels and

their decision would be confidential to the highest degree and any information or records would be available only to the parties to the proceeding, the grievance committee, and the Judicial Council. c. The decision of the committees would be advisory only. Neither party would be required by organized medicine to follow the decision. The parties would not be precluded, however, from independently and privately agreeing to be bound by the decision; (3) The make-up of the fee dispute committee would be left up to the decision of each county medical society. The Judicial Council suggests consideration of a small committee of perhaps three members which would include a lay person; (4) When a complaint involves both fee and non-fee issues, the fee committee would advise the grievance committee regarding its position on the issues. The grievance committee would issue a combined opinion on the complaint; (5) Notwithstanding paragraph (2) above, if the fee dispute committee found that charges were so exorbitant as to be unethical, then the committee could refer the entire case to the county medical society grievance committee; (6) The Judicial Council will prepare model step-by-step complaints under these guidelines. (*BOG June 1988*) (*Reaffirmed HOD 1998*) (*Reaffirmed HOD 2008*)

P 175.002 CAPITAL PUNISHMENT

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

P 175.003 CODE OF ETHICS

The Florida Medical Association (FMA) is committed to the principles of medical ethics and requires that all members agree and comply with the American Medical Association's (AMA's) and FMA's Principles of Medical Ethics. (*Res 97-54, HOD 1997*) (*Reaffirmed BOG 2007 – Appendix 175.003*)

P 175.004 PROFESSIONAL COURTESY

The Florida Medical Association seeks to amend the Florida Self-Referral Act and requests the American Medical Association (AMA) seek legislation to amend the Health Insurance Portability and Accountability Act so that physicians can continue professional courtesies offered to colleague physicians and be immune and protected from prosecution or interpretation as a violation(s) of fraud and abuse and anti-kickback statutes. (*Res 98-6, HOD 1998*) (*Reaffirmed HOD 2008*)

P 175.005 PROFESSIONAL COURTESY RESTORATION

The Florida Medical Association seeks legislative relief, both state and federal, to allow physicians to extend professional courtesy without fear of prosecution, loss of license, and monetary penalties. (*Res 99-5, HOD 1999*) (*Reaffirmed HOD 2009*)

P 180.000 EXAMINERS - MEDICAL

P 180.001 RISK MANAGEMENT - MEDICAL EXAMINERS

The Florida Medical Association supports inclusion in risk management programs information about the legal requirements of physicians pertaining to child abuse reporting, communicable disease reporting and the signing of death certificates with regard to the authorities of medical examiners. (*BOG March 1990*) (*Reaffirmed 2000*) (*Reaffirmed HOD 2009*)

P 180.002 CERTIFICATION

The Florida Medical Association supports a process by which qualified physicians can obtain certificates to serve as medical examiners in the State of Florida. (*BOG October 2009*)

P 185.000 EXPERT WITNESS

P 185.001 LIMITS ON EXPERT WITNESSES – FEES

The Florida Medical Association opposes any legislation that would limit expert witnesses and communicate this policy to the appropriate government authorities and to the leadership of The Florida Bar. (*Res 89-02, HOD 1989*) (*Reaffirmed HOD 2000*) (*Reaffirmed HOD 2009*)

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*)

P 185.003 QUALITY ASSURANCE FOR EXPERT WITNESS TESTIMONY

The Florida Medical Association (FMA's) Council on Ethical and Judicial Affairs will review the quality and relevance of expert witness testimony upon request of the county medical society and continue programs for the education of its members with regard to appropriate standards for expert witness testimony. (*Res 94-13, HOD 1994*) (*Reaffirmed as amended HOD 2005*)

P 185.004 VOLUNTEER EXPERT WITNESSES

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

P 185.005 REGULATION OF EXPERT TESTIMONY

The Florida Medical Association seeks legislation to provide that those physicians who come to Florida to testify who do not have Florida licenses, be required to sign a statement acknowledging the American Medical Association's Principles of Medical Ethics and agree that their testimony be in accordance with these principles; and further shall seek legislation to provide that the Department of Health and the Board of Medicine be given the authority to investigate charges that expert testimony or affidavit falls below the true standards of care when challenged by the Expert Witness Committee of any county medical society; and further shall urge the Florida Board of Medicine to develop methods to share results of such investigations with relevant licensure boards. (*Res 97-56, HOD 1997*) (*Reaffirmed HOD 2007*)

P 185.006 EXPERT WITNESS COMMITTEE PROGRAM

The Florida Medical Association shall coordinate and establish a statewide Expert Witness Committee Program based on the program established by the Hillsborough County Medical Association and further urge the American Medical Association to accomplish the following: urge all state and county medical societies to establish a comparable committee; use the Hillsborough County Medical Association's model as a prototype; use funds to promote these programs; and go on record that it will not tolerate false testimony and will assist in disciplining physicians in violation. (*BOG November 1997*) (*Reaffirmed HOD 2007*)

P 185.007 EXPERT WITNESSES

The Florida Medical Association supports adding expert witnessing to the definition of the practice of medicine. (*BOG October 1998*) (*Reaffirmed HOD 2008*)

P 185.008 AFFIDAVIT SIGNED UNDER OATH

The Florida Medical Association seeks immediate legislation mandating that any expert witness or pursuit affidavit which a physician signs must be under oath or it is not valid. (*Res 99-38, HOD 1999*) (*Reaffirmed HOD 2009*)

P 185.009 EXPERT WITNESS FINE (ARCHIVED)

(Res 02-69, HOD 2002) (Sunset HOD 2011)

P 185.010 SPECIALTY SOCIETIES SANCTION FRAUDULENT EXPERT WITNESS TESTIMONY

The Florida Medical Association encourages all state specialty societies to solicit complaints about expert witness testimony, and that penalties arising from the misconduct range from prompt appropriate sanctions by the state specialty society and referral of the findings to the appropriate national organization(s). *(Res 05-49, HOD 2005)*

P 185.011 PROCEDURAL GUIDELINES FOR THE EXPERT WITNESS PROGRAM

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

P 185.012 MEDICAL EXPERT TESTIMONY AND THE “STANDARD OF CARE”

Following are Guidelines for Expert Witness Testimony for FMA members who render any type of expert witness testimony: (1) The physician must be honest and trustworthy when writing reports, completing or signing forms, or providing evidence in litigation or other formal inquiries. The physician must take reasonable steps to verify any statement before signing a document. (2) The physician’s review of medical facts must be thorough, fair, and impartial and must not exclude any relevant information. It must not be biased to create a view favoring the plaintiff, the government, or the defendant. The goal of a physician testifying in any judicial proceeding should be to provide testimony that is complete, objective, and helpful to a just resolution of the proceeding. (3) The physician must have experience and knowledge in the areas of clinical medicine that enable him or her to testify about the standards of care that applied at the time of the occurrence that is the subject of the legal action. (4) The physician’s testimony must reflect an evaluation of performance in light of generally accepted standards, neither condemning performance that falls within generally accepted practice standards nor endorsing or condoning performance that falls below these standards. (5) The physician must make every effort to assess the relationship of the alleged substandard practice to the outcome, because deviation from a practice standard is not always substandard care or causally related to a bad outcome. (6) The physician shall identify as such any personal opinions that vary significantly from generally accepted medical practice. (7) The physician must be prepared to have testimony given in any judicial proceeding subjected to peer review by the Expert Witness Committee or by any other institution or professional organization to which the physician belongs. (8) The physician shall not accept a contingency fee for providing expert medical opinion services. (9) Charges for medical expert opinion services shall be reasonable and commensurate with the time and effort given to preparing and providing those services. *(Res 05-41, BOG Report A, HOD 2006)*

P 185.013 EXPERT WITNESS REFORM

The Florida Medical Association shall pursue legislation to expand the scope of Florida Statute 766.102(6)(a) in order for it to apply to all medical specialists. *(Res 08-26, HOD 2008)*

P 185.014 EXPERT WITNESS & EXPERT TESTIMONY

The Florida Medical Association supports legislation that requires expert witnesses to become licensed in Florida and clarifies that giving expert testimony is the practice of medicine. *(BOG October 2009)*

P 185.015 FMA EXPERT WITNESS PROGRAM

The Florida Medical Association's Council on Ethical and Judicial Affairs (CEJA) is directed to develop new expert witness testimony guidelines to be modeled after existing national standards for its members; and further develop a new expert witness committee to evaluate and discipline members whose testimony violates these guidelines. (*Res 10-208, HOD 2010*)

P 185.016 OUT-OF-STATE EXPERT WITNESSES IN CHILD ABUSE CASES

The Florida Medical Association supports legislation that requires non-Florida licensed physicians called to testify in criminal or civil cases involving medical issues such as child abuse cases be required to obtain an Expert Witness Certificate from the Florida Department of Health. (*Amended Res 11-316, HOD 2011*)

P 190.000 FIREARMS

P 190.001 HANDGUN CONTROL - COOLING OFF PERIOD

The Florida Medical Association supports efforts either through the legislature or by constitutional amendment for the imposition of a seven-day waiting period prior to the purchase of a handgun. (*Res 88-42, HOD 1988*) (*Reaffirmed HOD 1998*) (*Reaffirmed HOD 2008*)

P 190.002 FIREARMS AND ADOLESCENT/CHILD VIOLENCE

The Florida Medical Association actively seeks coalition strategies for reducing firearm injuries and other violence to children and adolescents utilizing appropriate educational, legal and legislative options. (*Res 94-18, HOD 1994*) (*Reaffirmed HOD 2005*)

P 190.003 GUN SAFETY DEVICES

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

P 190.004 WILLFUL CARRYING OF A CONCEALED WEAPON

The Florida Medical Association supports legislation that makes willfully carrying a concealed firearm or destructive device into a physician's office a third degree felony. (*BOG March 2000*) (*Reaffirmed HOD 2009*)

P 190.005 PHYSICIAN ABILITY TO FREELY DISCUSS GUN SAFETY

The Florida Medical Association opposes requiring any patient to answer any questions posed by their physicians; and further actively opposes any attempt to restrict physician questions to patients or require questions of patients; and further legally supports, to the greatest degree possible, any FMA member subject to disciplinary action based on enforcement of the Florida gun law (HB 155, 2011) if the affected physician was acting based on the medical necessity and safety of the patient or others. (*Sub Res 11-319, HOD 2011*)

P 195.000 FLORIDA MEDICAL ASSOCIATION MISSION AND VALUES

P 195.001 FLORIDA MEDICAL ASSOCIATION MISSION AND VALUES

The Florida Medical Association mission is to *Help Physicians Practice Medicine*. In carrying out that mission, the FMA will adhere to the following values: *ADVOCACY*: Speaking for physicians and their patients; *QUALITY*: Promoting the highest standards of medical care; *PROFESSIONALISM*: Delivering care with integrity and compassion; *FREEDOM*: Maintaining choice in a free-market system that respects the patient/physician relationship; *EDUCATION*: Promoting life-long learning and the education of future physicians; *HEALTHY FLORIDIANS*: Promoting comprehensive patient care and public health. (*BOG May 2008*) (*BOG October 2008*)

P 195.002 NATIONAL ADVOCACY OF FMA MISSION

The Florida Medical Association (FMA) is directed to form alliances with other organizations to lobby Congress on issues essential to the FMA mission; send a delegate to the annual meeting of the Association of American Physicians and Surgeons; and actively advocate its positions to Congress and in the public and private sector even if they are at odds with those of the American Medical Association. (*Res 09-16, HOD 2009*)

P 195.003 PRESERVE CORE VALUES OF TRANSPARENCY AND INCLUSIVENESS

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

P 200.000 FOREIGN MEDICAL GRADUATES

P 200.001 PHYSICIAN ASSISTANTS

The Florida Medical Association supports the Florida Physician Assistants Association's opposition to physicians who are international medical school graduates being automatically licensed in Florida as physician assistants unless they meet the requirements of a physician assistant under Florida law and related rules. (*BOG January 1988*) (*Reaffirmed HOD 1998*) (*Reaffirmed HOD 2008*)

P 205.000 FRAUD

P 205.001 PATIENT REPORTING OF INSURANCE COMPANY FRAUD AND ABUSE

The Florida Medical Association (FMA) shall develop proper phrasing for placing on individual physician's bills and letters to patients encouraging them to report suspected or obvious insurance company wrongdoing and provide them contact information such as the Insurance Commissioner's address and/or FMA hotline telephone numbers. (*Res 99-72, HOD 1999*) (*Reaffirmed HOD 2009*)

P 205.002 WELLCARE FRAUD AND ABUSE

The Florida Medical Association seeks cancellation of any and all current contracts and prohibition of any future contracts made between WellCare and any managed care company that has been found to have defrauded the Medicare or Medicaid program and the Agency for Health Care Administration. (*Amended Res 314, HOD 2010*)

P 210.000 GAMBLING

P 210.001 PATHOLOGICAL GAMBLING

The Florida Medical Association encourages its members to become educated about the somatic symptoms and conditions associated with pathological gambling; and further will make its members aware of screening and assessment options for pathological gambling in patients presenting with related symptoms and conditions; and further will inform its members and their medical staff that they can refer patients to the Florida Council on Compulsive Gambling's 24-hour HelpLine. (*Amended Res 08-16, HOD 2008*)

P 215.000 HEALTH DISPARITIES

P 220.000 HEALTH INFORMATION TECHNOLOGY**P 220.001 MEDICAL INFORMATION TECHNOLOGY**

The Florida Medical Association (FMA) recognizes the potential substantial advantages of medical information technology systems to improve patient care, and supports the ongoing effort to appropriately implement those systems. It is the policy of the FMA that all systems implemented, and any government or hospital regulations that affect those systems, must 1) promote optimal patient care delivery; 2) protect patient rights; 3) benefit as many patients as possible; and 4) anticipate future advances in technology. To do this, those systems and regulations must meet the following guidelines:

Optimal Patient Care Delivery: All medical information technology systems must be established and maintained with the delivery of optimal patient care as the primary objective; the physician-patient relationship is central to providing optimal patient care and all systems must preserve physicians' responsibility for patient care decisions based on their education and experience; medical information systems are considered supporting technology to assist the physician's care of the patient; physicians are responsible for providing optimal patient care, which may be improved, but is not dependent upon a medical information system; to protect the ability to provide optimal patient care, any system considered for implementation must be shown through adequate demonstration projects to — 1) work 2) be cost effective 3) not impose undue financial strains on practitioners 4) not unnecessarily increase physician workload and 5) benefit patient care; to protect the ability to provide optimal patient care, physicians and/or their office staffs must be allowed sufficient time to successfully adopt any new technology system; hospital-based systems must enhance the ability of physicians and nurses to provide patient care, and not be implemented just for cost considerations or hospital convenience; hospital-based systems must enhance the role of physicians and nurses in providing direct patient care, and not just shift clerical and administrative duties to physicians and/or the nursing staff; to minimize the potential for adverse patient care consequences, hospitals must obtain input from the medical and nursing staff before implementing medical information technology decisions.

Patients Rights: All systems must ensure that the physician caring for the patient retain primary control and responsibility over patient care information, subject to the rights of patients to access and release their healthcare information; all systems must secure the privacy of patient care information, including the right to privacy relating to government and insurance entities, subject to the right of the patient to release their healthcare information. *Patient Access To New Technology:* To encourage the dissemination of medical information technology, systems must be developed and offered that are affordable for small office practices; to ensure that the financial burden of new technology does not slow its implementation, there must be no unfunded government mandates; to ensure all patients ultimately have access to new technology innovations, systems must be developed using accepted standards to allow for the sharing of patient care information between *all* providers and clinical entities, and must be developed irrespective of specific systems or vendors. *Anticipate Future Advances in Technology:* Systems must be developed to be flexible and adaptable, in anticipation of future advances in technology, and/or the potential of a future electronic information infrastructure; systems must easily interface with all other systems; further, the cost of system interfaces must not hinder the dissemination of technology designed to improve patient care delivery. (BOG November 2003)(Reaffirmed HOD 2011)

P 220.002 COLLECTIVE OPERATING ORGANIZATION

The Florida Medical Association (FMA) strongly opposes the application for the Regional Extension Center submitted by the E-Prescribe Florida; and further will consider supporting a collective cooperative organization with an existing and functioning RHIO to become the regional extension center as defined in the American Recovery and Reinvestment Act. (BOG May 2009)

P 220.003 HEALTH INFORMATION EXCHANGE PLANS

The Florida Medical Association (FMA) adopts the following policies relating to health information exchange plans (1) strongly oppose the intent of the Agency for Health Care Administration (AHCA) to create a Florida Health Information Exchange Plan controlled by an insurance company; (2) collaborate with other health care organizations/stakeholders to produce and submit an alternative proposal to the AHCA's Exchange Plan which will ensure that data is used to benefit the patient-physician relationship and not third parties; (3) adopts policy that patient privacy will be protected and that the governing body and the organization housing the data cannot be, nor be significantly influenced by, an insurance company; (4) adopts policy that the majority of the American Recovery and Reinvestment Act monies designated for improving health care be spent on health care organizations and not funneled to insurance companies; (5) that the position of the FMA is that clinical data is produced and owned by clinicians for their use and the benefit of their patients; (6) that the FMA should approve a policy that insurance companies should not be in the business of health information exchange except for providing their claims data to providers (7) that insurance companies and their subordinate companies should never be in possession of medical data from patients that are not currently their clients. *(BOG May 2009)*

P 220.004 GUIDELINES AND PRINCIPLES FOR RESPONSIBLE HOSPITAL IMPLEMENTATION OF EMR AND CPOE

The Florida Medical Association adopted guidelines and principles for responsible hospital implementation of EMR and CPOE as submitted by the Council on Medical Economics. *(BOG October 2009 - Appendix 220.004)*

P 220.005 STATEWIDE HEALTH INFORMATION EXCHANGE PLAN

The Florida Medical Association adopts as policy a statewide Health Information Exchange (HIE) plan that is based on local/regional HIEs, which are governed by local physicians and which will ultimately connect to a statewide HIE that eventually connects to a national HIE and further will lobby the state that any governing body convened which has oversight of HIE be composed of a majority of physicians. *(BOG May 2010)*

P 220.006 ROLE OF PHYSICIANS IN HEALTH INFORMATION EXCHANGE

The Florida Medical Association supports the adoption of Health Information Exchange (HIE) governance, policies and legislation that recognizes the role of physicians as the authentic authors and owners of health care information they create and further supports copyright protection of physician produced clinical data. *(BOG May 2010)*

P 220.007 PAYER CONTROLLED HEALTH INFORMATION EXCHANGE

The Florida Medical Association opposes any payer controlled or payer governed Health Information Exchange (HIE) and further opposes the creation of a statewide HIE without the creation of local HIEs for each local health care community. *(BOG May 2010)*

P 220.008 MANDATES FOR HEALTH INFORMATION EXCHANGE

The Florida Medical Association opposes any mandate or requirement for physicians to use any Health Information Exchange (HIE). *(BOG May 2010)*

P 220.009 FUNDING FOR DEVELOPMENT AND EXPANSION OF HIE

The Florida Medical Association supports policies which generate funding for the development and expansion of local regional Health Information Exchange (HIEs) and assists local HIEs connect to statewide systems. *(BOG May 2010)*

P 220.010 EFFECTIVE PHYSICIAN CONTROLLED PLAN FOR HIE

The Florida Medical Association shall work with the Florida Hospital Association and other hospital association provider organizations to implement an effective physician controlled plan for local and statewide Health Information Exchange (HIE). (*BOG May 2010*)

P 220.011 UTILIZING HIE

The Florida Medical Association shall assist and educate county medical societies, specialty societies and other physician associations and groups in understanding and utilizing Health Information Exchange (HIE) where possible. (*BOG May 2010*)

P 220.012 IMPLEMENTATION OF EMR AND CPOE

The Florida Medical Association is directed to appoint a task force or utilize an existing committee to evaluate the current status of hospital-based EMR and Computerized Physician Order Entry (CPOE), develop guidelines for responsible hospital implementation of EMR and CPOE that protects physician autonomy and physician and nurse workload, minimize negative impact on hospital staffing and resources, guard against negative impact on clinical practice, ensure high technical administrative quality, protect data from inappropriate transfer to third party payers; and further the task force or committee will report its findings to the 2009 House of Delegates, and further request the Florida AMA Delegation submit a similar resolution to the 2008 AMA Interim Meeting to evaluate the current status of hospital-based EMR and CPOE. (*Res 08-3, HOD 2010*)

P 220.013 OUTREACH TO FLORIDA REGIONAL EXTENSION CENTERS (REC)

The Florida Medical Association (FMA) supports initiating an outreach to the four Florida Regional Extension Centers (RECs) as soon as possible; and further shall work with the RECs on a timeline and business plan to maximize the resources of each entity for the benefit of FMA member physicians. (*BOG October 2010*)

P 220.014 FREE EMR PRODUCTS

The Florida Medical Association shall post information and warning to its members about pitfalls surrounding EMR vendors purporting to provide Free EMR products. (*BOG October 2010*)

P 220.015 COLLABORATION WITH FLORIDA REGIONAL EXTENSION CENTERS

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

P 225.000 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

P 225.001 PATIENT PRIVACY AND CONFIDENTIALITY

The Florida Medical Association supports principles for the protection of patient information which provides guidelines to safeguard the privacy of patients and ensures the confidentiality of patient information that is stored and/or transferred through any and all means, including electronic; and further shall promulgate this policy to its members and educate its members, other health care providers, payers, and the public to ensure that this policy is widely adopted by all parties who view, manipulate, transfer, or otherwise handle patient information. (*Res 99-73, HOD 1999*) (*Res 03-22, Reaffirmed HOD 2009*)

P 225.002 AMEND HIPAA REQUIREMENTS IN STATE POISON CONTROL CENTER NETWORK STATUTES (ARCHIVED)

(*Res 04-39, BOG November 2004*) (*Sunset HOD 2012; accomplished*)

P 230.000 HEALTH SAVINGS ACCOUNTS

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)*

P 230.002 HEALTH SAVINGS ACCOUNTS FOR MEDICAID POPULATION

The Florida Medical Association, through its delegation to the American Medical Association (AMA), asks the AMA to endorse the concept that the Medicaid population of each state should be allowed to participate in Health Savings Accounts; and further requests that our AMA develop model legislation which could be used by the states to allow the Medicaid population to participate in Health Savings Accounts. *(Res 05-62; HOD 2005)*

P 230.003 HEALTH SAVINGS ACCOUNTS: AN ALTERNATIVE TO MANAGED CARE

The Florida Medical Association (FMA) supports entering into meaningful dialogue with organizations that represent both large and small employers in order to encourage and assist them in offering to the employees of these businesses health savings accounts as an alternative to managed care insurance coverage; and further entering into meaningful dialogue with the Florida Hospital Association, Medical Specialty Societies, County Medical Societies and other health related organizations in order to solicit their assistance in educating the business community and the public regarding the benefits of the health savings accounts; and further entering into meaningful dialogue with those insurance carriers who offer quality health savings accounts, for the purpose of forming a coalition to assist in educating the business community and the public to the importance of selecting a health savings account in place of a managed care health insurance product. *(Res 05-18; HOD 2005)*

P 230.004 PROMOTION OF HEALTH SAVINGS ACCOUNTS

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

P 230.005 FEDERAL TAX POLICY AND HEALTH CARE FINANCING

The Florida Medical Association requests the American Medical Association (AMA) reinstate AMA support for significant tax benefits for all Americans with Health Savings Accounts during its 2008 Interim Meeting and work within the AMA to ensure that all citizens receive a significant tax benefit for financing of health care. *(Substitute Res 08-34, HOD 2008)*

P 235.000 HEALTH SYSTEM REFORM

P 235.001 THE ROLE OF ORGANIZED MEDICINE IN HEALTH CARE

The Florida Medical Association (FMA) believes there should be legally mandated formal physician organization involvement in all areas of health policy, including negotiation of reimbursement review of the quality and appropriateness of care, review of the appropriateness of fees and establishment of overall budgetary predictability; and further is directed to establish an ad hoc Technical Advisory Committee (TAC) to explore and define the options and activities necessary to achieve the policies set forth by the establishment of a legally mandated, formal physician organization involved in legislative or regulatory development and implementation of health care policy, said options to include outlining compromises and/or innovative concepts (such as mandatory membership in state or national medical society) that may be necessary to allow the voice of medicine to speak with the maximum authority; and further the TAC will explore the possibility of requiring FMA membership as a condition of being included in the collective bargaining activities; and further the FMA opposes a single payer system. *(Res 2-60, A-1992) (Reaffirmed HOD 2005)*

P 235.002 INSURANCE REFORM

The Florida Medical Association (FMA) endorses legislation that promotes individual responsibility in health care by providing for the elimination of underwriting requirements that 1) create artificial barriers to small business insurance pools and 2) allow preexisting condition exclusions; and further endorses legislation that promotes individual responsibility in health care by 1) providing guaranteed portability of health insurance, 2) making the tax deductibility of health insurance uniform for all, and 3) authorizing health insurance vouchers and/or tax credits for the poor. (*Res 94-33, A-1994*) (*Reaffirmed HOD 2005*)

P 235.003 FLORIDA HEALTH SYSTEM IMPROVEMENT MODEL

The Florida Medical Association approves the characteristics, goals and broad principles of the Florida Health System Improvement Model developed by the Council on Medical Economics. (*BOG October 2008; Refer to Appendix P 235.003*)

P 235.004 HEALTH SYSTEM REFORM RELATING TO FMA PRINCIPLES

The Florida Medical Association (FMA) continues to support implementation of health system reform based on its principles as enunciated in the FMA Health Systems Improvement Model approved in October 2008; and further will not compromise its principles in seeking implementation of health system reform that empowers patients and diminishes the role of third party control of medical practice and health care financing; and further the FMA Executive Committee is directed to work with its Council Chairs to determine and implement the best tactical and strategic options for success and report to the Board regularly on its progress; and further the FMA will cooperate with all of its traditional allies and seek new alliances with those that support the FMA agenda. (*BOG February 2009*)

P 235.005 FMA HEALTH SYSTEM REFORM POLICIES

The Florida Medical Association adopts the following health system reform policies:

1. Supports the following health system policies to increase access to affordable and high quality care:
 - A. Promote Patient Rights:
 - (1) Ensure patient can receive medical care in their best interest within the patient physician relationship from a physician they freely choose.
 - (2) Ensure that the law prevents third parties from creating direct and indirect rationing of medical services.
 - (3) Ensure that third parties refrain from creating cookbook and evidenced based medicine protocols designed to help patient populations that do not help individual patients.
 - B. Increasing Affordability of Medical Services and Health Insurance.
 - (1) Limit guaranteed issue and community rating for health insurance products.
 - (2) Allow the interstate purchase of health insurance.
 - (3) Promote growth and expansion of health savings accounts and high deductible health insurance products and ensure that covered medical expenses are broad for these accounts with 100% first dollar coverage for proven preventative tests and treatments.
 - (4) Minimize state and federal health insurance mandated benefits.
 - (5) Encourage competition in the health industry by ending Certificate of Need laws, Stark rules and self-referral laws, and allowing physician ownership of health care facilities.
 - C. Promoting tax fairness for health care financing.
 - (1) Allow tax deduction for individuals who purchase health insurance outside of work.
 - (2) Expand contribution amounts for tax-free health savings accounts and ensure rollover of unused funds each year.
 - (3) Create refundable, advanceable tax credit (a voucher) for all Americans who purchase health insurance - at same amount regardless of income level.
 - D. Encourage private control of health care spending.

- (1) Reinstate right of Medicare and privately insured patients to privately contract with their physicians for medical care.
 - (2) Create a choice for younger workers to contribute payroll taxes to an individually owned Medicare account or to keep money in the Medicare system.
 - (3) Allow Medicare beneficiaries who opt-out of Medicare the right to continue to collect other Social Security benefits.
 - E. Ensure economic sustainability of government financed health care.
 - (1) Encourage transition of Medicare to an individually owned account for younger workers and subsidize cost of older workers who choose to transition to an individually owned account.
 - (2) Establish means testing for Medicare recipients for benefits and premiums.
 - (3) Prioritize public financing of health care for those of lower incomes.
 - F. Guarantee access to medical care:
 - (1) Pass tort reform by capping payments for non-economic damages at \$250,000 per incident and protect patient rights by creating special courts and tribunals for physician professional liability cases.
 - (2) Pay physicians and hospitals fair market value for services delivered to patients covered by publicly financed programs.
 - (3) Minimize regulations that increase cost of care with no benefit to individual patients and antitrust laws affecting physicians.
 - (4) Support activities of the Medicaid and CHIP Payment Access Commission (MACPAC) that increase access to medical care.
 - G. Ensure high quality health care and protection of patient and physician rights.
 - (1) Ensure fair and strenuous board certification and state licensing laws for physicians.
 - (2) Promote fair, unbiased peer review as the basis of quality, protect such through federal law and reserve reporting of de-identified physician quality measures to occur directly to individual physicians only.
 - (3) Ensure that only physicians practice medicine and that physician extenders are adequately supervised by practicing physicians.
 - (4) Allow access to courts and full judicial review for patients and physicians participating in publicly financed health programs and ensure full payment of attorney fees to prevailing party.
2. That the FMA opposes the following as health system reform policy:
- A. Creation of expanded public financing of health care through a “public option.”
 - B. Individual and employer mandates to purchase health insurance supported by tax penalties.
 - C. Value Based Purchasing and Pay for Performance programs that are not compliant with the AMA’s Principles and Guidelines on Pay for Performance.
 - D. Mandated use of Electronic Medical Records or Electronic Prescribing.
 - E. Reducing physician and hospital payments to fund incentive programs for value based purchasing.
 - F. Bundling of physician payments with hospital payments for medical practice reimbursement.
 - G. Financial penalties to physicians and hospitals for non-participation or non-compliance with government cost control and medical practice control programs.
 - H. Economically undermining physician practices or hospitals by providing incentive payments for competitors in certain programs such as pay for reporting and Accountable Care Organizations (ACOs).
 - I. Increasing payments for medical home physicians by cutting payments to specialists as suggested by the Medicare Payment Advisory Commission (MEDPAC).
 - J. Public reporting of physician and hospital practice data.
 - K. Forced compliance with cost control protocols established by the Federal Coordinating Council on Comparative Effectiveness.
 - L. Expanded scope of practice of non-physicians to practice medicine.

- M. Mandatory participation in professional liability insurance for physicians.
3. That our FMA advise Congress on health system reform policies that it opposes and those that it supports.
 4. That our FMA encourage and assist Florida medical societies to inform members of the public and the Florida Congressional Delegation on the FMA positions on health system reform. *(BOG May 2009)*

P 235.006 HEALTH SYSTEM REFORM/THE PHYSICIAN INPUT

The Florida Medical Association is directed to send out by mail and/or electronic means, a questionnaire to as many Florida physicians as possible to gather data that can be used to advise the following leaders prior to the enactment of final Health System Reform: President Barack Obama; Max Baucus, Senate Finance Committee; Kathleen Sebelius, Secretary, Department of Health and Human Services; Senators Bill Nelson and Mel Martinez; Florida U.S. House of Representatives. *(Res 09-49, HOD 2009)*

P 235.007 FMA POSITION ON THE AMA'S NATIONAL ADVOCACY EFFORTS

The Florida Medical Association (FMA) opposes elements of H.R. 3200 that are not in conformance with the FMA's Principles on Health System Reform and will communicate the same to each member of the American Medical Association (AMA) Board of Trustees and urge the AMA to revoke its support of the final federal bill regarding health system reform if it contains provisions that conflict with these principles; and further the FMA expresses deep concern to the AMA regarding the absence of effective communication to the delegation and its members regarding its position on health system reform, and the need for rapid improvement in ongoing communication and its concern that continued disregard by the AMA of the will of the majority of the AMA's membership threatens the integrity of its coalition; that the FMA develop talking points regarding the provisions of the health care reform bills that fail to include the FMA's Health System Reform Policies, and that FMA members discuss these talking points with their Congressional representatives during the August recess. *(Substitute Res 09-51, HOD 2009)*

P 235.008 HEALTH CARE FREEDOM AMENDMENT

The Florida Medical Association (FMA) endorses the passage of the Health Care Freedom Amendment and participation in a steering committee with other advocates of the amendment to determine the best way for the FMA to promote its passage; and further authorize the FMA Executive Committee to initiate a fundraising campaign to promote passage of the amendment and ensure that the FMA budget does not lose money in the process; and further recommend that the FMA PAC take similar actions. *(BOG May 2010)*

P 235.009 IMPLEMENTATION OF HEALTH CARE REFORM LEGISLATION

The Florida Medical Association shall be proactive and is directed to create a statewide committee to analyze the implementation of the new health care reform legislation and develop strategies to protect and preserve the private practice of medicine. *(Res 10-304, HOD 2010)*

P 235.010 IMMEDIATE HALT OF IMPLEMENTATION OF PPACA

The Florida Medical Association requests Florida Attorney General Pam Bondi and Governor Rick Scott seek an order from federal court for an immediate halt of implementation of the Patient Protection and Affordable Care Act (as amended) until the federal court system has settled the matter; and further asks the State of Florida to take action in federal court requesting that the U.S. Supreme Court act quickly to review all pending cases on the Patient Protection and Affordable Care Act (as amended) through a Writ of Certiorari. *(BOG February 2011)*

P 235.011 ACTION BY U.S. SUPREME COURT

The Florida Medical Association supports Senator Nelson's resolution calling for speedy action by the U.S. Supreme Court on the matter of the Patient Protection and Affordable Care Act and will communicate the same to Senator Nelson and Senator Rubio. (*BOG February 2011*)

P 235.012 REPEAL OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

The Florida Medical Association publicly calls for full repeal of the Patient Protection and Affordable Care Act and requests congressional leaders, the White House and the AMA leadership indicate support of full repeal with replacement by reforms that increase access to and quality of medical care; improve affordability and medical innovations; and respect the primacy of the patient-physician relationship. (*BOG February 2011*)

P 235.013 HEALTH ACT OF 2011

The Florida Medical Association (FMA), through its delegation to the American Medical Association (AMA), 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 support HR 5 – HEALTH ACT of 2011 by Representative Gingrey. (*Amended Res 11-203, HOD 2011*)

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*)

P 240.000 HOSPITALS

P 240.001 JCAH STANDARDS FOR HOSPITALS

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

P 240.002 USER FEES

The Florida Medical Association continues to oppose a physician user fee for hospital equipment and services as such expense will be passed on to patients and cause additional costs to hospitals for keeping records and filing reports. (*BOG October 1983*) (*Reaffirmed A-1994*) (*Reaffirmed HOD 2005*)

P 240.003 JOINT VENTURE

The Florida Medical Association's policy pertaining to joint ventures between physicians and hospitals is that the ultimate primary role of the physician is to provide the best quality care possible to the patient at the most economical cost at all times. (*BG October 1985*) (*Reaffirmed A-1996*) (*Reaffirmed HOD 2006*)

P 240.004 DIRECT CONTRACTING

The Florida Medical Association supports state and federal legislation allowing direct contracting; and further supports working with the Florida Hospital Association on the issue as long as the physicians maintain at least equal control; and further supports educating its members about provider service networks. (*BOG July 1997*) (*Reaffirmed BOG 2007*)

P 240.005 JOINT COMMISSION FOR THE ACCREDITATION OF HEALTH CARE ORGANIZATIONS

The Florida Medical Association (FMA), through its delegation to the American Medical Association (AMA), instructs its AMA to take whatever steps are necessary to insure that all regulations proposed by the Joint Commission for the Accreditation of Health Care Organizations (JCAHO) to hospitals take into consideration the cost of carrying them out and their “cost-effectiveness” regarding patient care; and further that the JCAHO set up processes so that proposals and regulations are developed and evaluated on evidence-based data and be restudied at appropriate intervals; and further that the AMA contact the ACP and ACS and request that they join in this endeavor. (*Res 98-58, HOD 1998*) (*Reaffirmed HOD 2008*)

P 240.006 STROKE CENTER MANAGEMENT

The Florida Medical Association requests that the Agency for Health Care Administration (AHCA) require only hospitals that have twenty-four hour neurological, neurosurgical, and neuroradiological physician coverage and proper staffing to manage acute brain attacks should be allowed to advertise themselves as a stroke center; and further requests that AHCA sanction hospitals that falsely advertise themselves as stroke centers without the capabilities to manage acute stroke attacks. (*Res 05-80, HOD 2005*)

P 240.007 PHYSICIAN INDEMNIFICATION FOR TEACHING

The Florida Medical Association shall work with the Florida Hospital Association to: (1) cause the hospital to protect, defend, and indemnify the physician for acts or injuries sustained by trainees in the course of such incidents; (2) hold the physician harmless, and (3) accept total financial responsibility for such acts or omissions, except in those cases where the physician has engaged in wanton and negligent acts that could endanger students. (*Amended Res 08-51, HOD 2008*)

P 240.008 DEFINING HOSPITALIST PHYSICIANS

The Florida Medical Association (FMA) adopts policy that a hospitalist be defined according to the Society for Hospital Medicine as one whose primary professional focus is the general medical care of hospitalized patients; and further the FMA supports physicians who are being unfairly excluded from taking care of hospital patients by hospitals or insurance companies that inappropriately classify non-hospitalists as hospitalists or force a hospitalist program upon a medical staff by providing appropriate legal assistance. (*Res 09-9, HOD 2009*)

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*)

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*)

P 245.000 HOSPITALS: MEDICAL STAFFS

P 245.001 NON-GEOGRAPHIC PHYSICIANS

The Florida Medical Association opposes the contracting practices by which institutions utilize physicians as clinical care givers who have not made arrangements for acute and hospital care for their patients. (*Res 95-9, HOD 1995*) (*Reaffirmed HOD 2005*)

P 245.002 N/A

P 245.003 N/A

P 245.004 SUPPORT LAWNWOOD REGIONAL MEDICAL CENTER (ARCHIVED)
(*Res 04-38, BOG November 2004*) (*Sunset HOD 2012*)

P 245.005 SUPPORT FOR MEDICAL STAFF AUTONOMY

The Florida Medical Association (FMA) shall continue its efforts to ensure that medical staffs maintain their autonomy from hospital administrations and, through its committee structure; and further is directed to develop an outreach program to hospital staffs designed to improve medical staff autonomy in the interests of patients and physicians; and further will encourage the use of independent attorneys by medical staffs when appropriate; and further shall seek legislation and administrative code changes to ensure medical staff autonomy at the discretion of the Board of Governors; and further will develop uniform model bylaws for members; and further that the medical staff using these model bylaws have access to FMA legal assistance to address any issues. (*Res 07-34, HOD 2007*)

P 245.006 CONFLICT OF INTEREST DISCLOSURE FOR HOSPITAL MEDICAL EXECUTIVE COMMITTEE MEMBERS

The Florida Medical Association shall develop a model conflict of interest disclosure form for use by Hospital Medical Executive Committees. (*Sub Res 07-46, HOD 2007*)

P 245.007 EMERGENCY ROOM CONTRACTS AND HOSPITAL PRIVILEGES

The Florida Medical Association (FMA) shall develop guidelines for contractual arrangements between physicians and hospitals regarding emergency room call and reaffirm the rights of physicians to not sign such contracts and not take call if they choose; and further monitor and oppose any legislation that mandates emergency room coverage as a requirement for medical staff privileges and state licensure; and further adopt as policy the position that the hospital medical staff bylaws not contain any provision that mandates emergency room call as a condition of medical staff privileges. (*Amended Res 08-24, HOD 2008*)

P 245.008 MEDICAL STAFF MEMBER BILL OF RIGHTS

The Florida Medical Association (FMA) supports and adopts the following medical staff member bill of rights in order to be able to carry out professional obligations and to clearly define the rights which we hold to be self-evident and inalienable: (1) the right to care for patients without compromise; (2) the right to freely advocate for patient safety; (3) the right to be compensated for providing care; (4) the right to be evaluated by unbiased peers who are actively practicing physicians in the community and specialty; (5) the right to care for our own well-being; (6) the right to full due process when privileges are challenged; (7) the right to privacy; and (8) the right of medical staffs to be self-governed and independently advised; and further that the FMA will encourage the formation of medical staff advocacy committees throughout Florida; and further that the FMA will support the medical staff advocacy committees' role with medical staff issues and communications between physicians and hospitals and any other appropriate agency. (*Sub Res 08-45, Supp. BOG Rep. D, HOD 2009*)

P 245.009 OUTPATIENT MEDICINE DEPARTMENT

The Florida Medical Association encourages hospital medical staffs to incorporate into their bylaws a membership category for physicians who refer, but not admit, to their hospital. (*Res 09-5, HOD 2009*)

P 245.010 MEDICAL STAFF SELF GOVERNANCE

The Florida Medical Association (FMA) adopt 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 by hospital

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

P 248.000 IMMUNITY

P 248.001 LIABILITY PROTECTION FOR PHYSICIANS CONDUCTING SCHOOL PHYSICALS

The Florida Medical Association supports greater liability protection to physicians who conduct preschool physical examinations free of charge, as well as those who perform participation (athletic) examinations; and further considers recommending to these physicians that they enter outside provider service contracts with the Department of Health in order to gain protection under the state's sovereign immunity. (*BOG January 1987*) (*Reaffirmed 2001*) (*Reaffirmed HOD 2009*)

P 248.002 VOLUNTEER PROTECTION

The Florida Medical Association supports legislation that provides immunity from civil liability for any person who volunteers to perform any service for a nonprofit organization when the person was acting in good faith. (*BOG January 1992*) (*Reaffirmed 2002*) (*Reaffirmed HOD 2010*)

P 248.003 IMMUNITY FOR EXPERT WITNESSES

The Florida Medical Association supports legislation for immunity for those providing expert opinions and testimony for a state agency or licensing board and that the appropriate state agency provide for all defense needs in the event a suit is filed. (*BOG June 1992*) (*Reaffirmed 2002*) (*Reaffirmed HOD 2010*)

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*)

P 249.000 IMMUNITY (SOVEREIGN)

P 249.001 MALPRACTICE COVERAGE FOR PHYSICIANS PROVIDING INDIGENT CARE

The Florida Medical Association supports extension of the State of Florida limited sovereign immunity to include physicians on contract with county health departments. (*Res 86-44, HOD 1986*) (*Reaffirmed HOD 1996*) (*Reaffirmed HOD 2006*)

P 249.002 EXTENSION OF SOVEREIGN IMMUNITY PROTECTION

The Florida Medical Association seeks legislation which will provide sovereign immunity protection to physicians who provide health care services to patients covered under Medicaid and other state compensation

programs benefiting the indigent and the uninsured. (*Res 92-23, HOD 1992*) (*Reaffirmed 2002*) (*Reaffirmed HOD 2011*)

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

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

P 249.004 IMPROVEMENTS TO SOVEREIGN IMMUNITY CONTRACTS

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

P 249.005 SOVEREIGN IMMUNITY FOR PHYSICIANS PROVIDING EMERGENCY MEDICAL CARE

The Florida Medical Association supports legislation that amends Section 768.28, Florida Statutes, to define healthcare professionals providing emergency services as mandated pursuant to Sections 395.1041 and 401.45, Florida Statutes, to be afforded sovereign immunity. (*Amended Res 08-33, HOD 2008*)

P 249.006 SOVEREIGN IMMUNITY FOR PHYSICIANS PROVIDING MANDATED TREATMENT IN EMERGENCY ROOMS

The Florida Medical Association supports legislation that would provide sovereign immunity to physicians who provide mandated treatment to patients in emergency rooms. (*BOG October 2009*)

P 249.007 SOVEREIGN IMMUNITY FOR PROVIDERS OF MANDATED EMERGENCY CARE

The Florida Medical Association supports sovereign immunity for providers of mandated emergency care as a legislative priority for the 2011 Florida Legislative Session. (*Res 10-306, HOD 2010*)

P249.008 INCREASE SOVEREIGN IMMUNITY LIMITS FOR VOLUNTEER HEALTHCARE PROVIDER PROGRAM

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

P 250.000 IMMUNIZATIONS

P 250.001 ADULT IMMUNIZATIONS

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

P 250.002 IMMUNIZATION EXEMPTIONS

The Florida Medical Association strongly opposes any legislation which allows for philosophical exemptions to immunizations and continues to oppose the current law allowing for religious exemptions. (*BOG January 1991*) (*Reaffirmed 2001*) (*Reaffirmed HOD 2009*)

P 250.003 ADULT IMMUNIZATION IN NURSING HOMES

The Florida Medical Association supports efforts to raise adult immunization rates among patients and health care workers in nursing homes. (*BOG March 2000*) (*Reaffirmed HOD 2009*)

P 250.004 HEPATITIS C – PREVENTION AND TREATMENT

The Florida Medical Association supports legislation to increase funding for the prevention of and treatment of those stricken with the disease of Hepatitis C. (*Res 06-15, HOD 2006*)

P 250.005 PARTICIPATION IN STATE IMMUNIZATION REGISTRY

The Florida Medical Association seeks legislation requiring all health care professionals who administer vaccines in the state of Florida to participate in the Florida SHOTS program for individual patients less than 18 years of age. (*Res 06-1, HOD 2006*)

P 255.000 INDIGENT CARE

P 255.001 FUNDING OF INDIGENT CARE

The Florida Medical Association supports a broad based funding approach for financing indigent health care, as well as a primary care and preventive medicine delivery system that emphasizes the coordination of public and private sector services to indigents. (*BOG October 1986*) (*Reaffirmed 1997*) (*Reaffirmed BOG October 2007*)

P 255.002 SUPPORT FROM THE HEALTH CARE INDUSTRY

The Florida Medical Association solicits the support of all appropriate participants of the health care industry, including Florida Hospital Association, Florida Nurses Association and other representative organizations, in rendering voluntary care to the indigent. (*BOG June 1991*) (*Reaffirmed 2001*) (*Reaffirmed HOD 2009*)

P 255.003 INDIGENT HEALTH TAX

The Florida Medical Association opposes any and all legislation that would tax physicians to provide health care to Florida's indigent. (*BOG June 1991*) (*Reaffirmed 2001*) (*Reaffirmed HOD 2009*)

P 255.004 EMPLOYED UNINSURED AND UNDERINSURED

The Florida Medical Association encourages employers, particularly small employers, to voluntarily purchase a basic benefit plan consistent with the AMA's basic benefit package either through direct purchase, a multiple employer trust, or a pool to be administered by an agency of state government or some private entity. (*BOG January 1991*) (*Reaffirmed 2001*) (*Reaffirmed HOD 2009*)

P 255.005 AVAILABILITY OF CONTRACEPTIVES FOR RECIPIENTS OF PUBLIC ASSISTANCE

The Florida Medical Association supports legislation that all persons should have access to appropriate forms of contraception regardless of financial means, and that persons receiving public assistance should have all appropriate forms of contraceptives available to them, and that public funds be available for this; and further supports that persons requesting financial assistance (including Aid for Dependent Children) should be counseled concerning the timing of a desired pregnancy and the use of contraceptives, and contraceptives should be made available to them with the clear understanding and reassurance that granting of requested aid will not be influenced by their acceptance or rejection of contraceptives. (*Res 93-67, A-1993*) (*Reaffirmed HOD 2005*)

P 255.006 WE CARE PROGRAM

The Florida Medical Association promotes the We Care Program and similar health care volunteer programs on a county-by-county basis; and further supports initiating a strong promotional campaign to the Florida

Legislature and Governor of the state of Florida to ensure that Florida's county medical societies are kept abreast of the number of volunteers involved, the number of patients receiving health care services, and the dollar value of these services that are currently being provided by the volunteer programs; and further seeks strong promotion from the Governor's Office for the We Care Program and similar volunteer health care provider programs as one solution to providing health care services for the uninsured citizens of Florida. (*Res 95-63, A-1995*) (*Reaffirmed HOD 2005*)

P 255.007 INCREASE EXCISE TAX TO HELP LOW INCOME CHILDREN

The Florida Medical Association supports the Health Florida Alliance in its efforts to increase the excise tax on cigarettes by \$1.00 to approximately \$1.34 per pack of cigarettes, and use this revenue to expand health care access for low income children and adults and increase reimbursement rates for physicians who provide Medicaid services. (*BOG July 2007*)

P 255.008 STANDARDIZED PROCEDURES FOR PROVISION OF DRUGS TO MEDICALLY INDIGENT

The Florida Medical Association encourages the American Medical Association to assist the pharmaceutical companies of America to agree upon a standardized set of eligibility requirements and application forms and procedures for the provision of drugs to the medically indigent. (*Res 00-24, HOD 2000*) (*Reaffirmed 2009*)

P 260.000 INSURANCE

P 260.001 ASSIGNMENT OF INSURANCE BENEFITS

The Florida Medical Association supports legislative efforts changing Florida Statute 627.736 (which currently allows insurers to honor signed assignments) to provide that insurers shall honor signed assignments, and that whenever previously signed assignments are changed, all affected parties be notified by the insurer. (*Res 85-05, A-1985*) (*Reaffirmed A-1995*) (*Reaffirmed HOD 2005*)

P 260.002 COVERAGE FOR CHILDREN

The Florida Medical Association supports legislation mandating insurance coverage of health maintenance examinations and activities for children. (*BOG February 1986*)(*Reaffirmed A-96*) (*Reaffirmed HOD 2006*)

P 260.003 HEALTH INSURANCE RATES

The Florida Medical Association will closely monitor the Department of Insurance as they review all health insurance rate filings. (*Res 90-32, A-1990*) (*Reaffirmed 2000*) (*Reaffirmed HOD 2009*)

P 260.004 PER DIEM RATES

The Florida Medical Association continues to oppose by all means any attempt by health insurance carriers to force hospitals (or other inpatient facilities) to include physician fees in their overall per diem rate, thereby making physicians hospital employees. (*BOG January 1991*) (*Reaffirmed HOD 2001*) (*Reaffirmed HOD 2009*)

P 260.005 INSURANCE CARRIER REIMBURSEMENT ITEMIZATION

The Florida Medical Association shall petition the State Insurance Commissioner to mandate health insurance carriers operating in Florida to precisely itemize and detail explanations of benefits for both patients and physicians. (*Res 91-48, A-1991*) (*Reaffirmed 2001*) (*Reaffirmed HOD 2009*)

P 260.006 INTEREST ON ERRONEOUSLY DENIED CLAIMS

The Florida Medical Association supports consideration of legislation which would enable the Insurance Commissioner to require insurance companies to pay interest on claims when payment has been delayed because of erroneous denial of the claim; and further that interest would accrue from the date that the original fully completed claim was received by the insurance company; and further the interest rate would be equal to

the interest rate charged by the state of Florida on late payment of taxes. (*Res 92-31, A-1992*) (*Reaffirmed HOD 2006*)

P 260.007 P.I.P INSURANCE/PHYSICIAN COMPENSATION

The Florida Medical Association, working with the Department of Financial Services, Office of Insurance Regulation, and the Florida Hospital Association, will seek ways for an equitable sharing with physicians of available insurance amounts in cases of motor vehicle accidents where the hospital has had a lien placed on the patient's automobile insurance. (*Res 94-28, HOD 1994*) (*Reaffirmed with editorial changes, HOD 2005*)

P 260.008 THIRD-PARTY CONTRACTS NEGATIVELY IMPACTING ON PATIENT CARE

The Florida Medical Association will seek legislation that third-party payers be liable for harm resulting from the results of any of their review decisions which are in conflict with those of the treating physicians. (*Res 95-22, A-1995*) (*Reaffirmed HOD 2005*)

P 260.009 VOIDING PHYSICIAN INDEMNIFICATION OF A CARRIER

The Florida Medical Association seeks legislation making insurers (carriers) liable for damages resulting from denial of care and/or other action of "practicing medicine" and that such legislation provide that a clause requiring the physician to indemnify a carrier against litigation resulting from medical services be made null and void in cases where the carrier significantly interfered with the practicing physician's care of the patient. (*Res 95-58, A-1995*) (*Reaffirmed HOD 2005*)

P 260.010 SILENT PPOS

The Florida Medical Association (FMA) adopts policy that surreptitious "silent PPOs" shall not be tolerated by the membership of the FMA; and further shall seek action by the Insurance Commissioner and legislation that such surreptitious "silent PPOs" shall be illegal. (*Res 96-52, A-1996*) (*Reaffirmed HOD 2006*)

P 260.011 WRITTEN CONFIRMATION OF DENIALS

The Florida Medical Association shall develop and seek legislation that requires all insurance carriers to automatically confirm all denials in writing to the physicians and patients within ten days of the denial. (*Res 96-23, A-1996*) (*Reaffirmed HOD 2006*)

P 260.012 INSURANCE COVERAGE OF MENTAL DISORDERS (ARCHIVED)

(*Res 96-72, A-1996*) (*Reaffirmed Res 03-3 HOD 2003*) (*Sunset HOD 2011, Policy superseded by a newer policy*)

P 260.013 GENETIC TESTING AND INSURANCE COVERAGE

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

P 260.014 ABOLISH "PRE-EXISTING CONDITION" RULES

The Florida Medical Association supports legislation that prohibits insurance companies from excluding for coverage, patients with pre-existing conditions or a genetic predisposition to disease. (*Res 98-22, HOD 1998*)

(Reaffirmed HOD 2008)

P 260.015 SPECIALTY CARE

The Florida Medical Association supports asking the state of Florida to only allow insurance denials that come from the same specialty physicians who are practicing medicine. *(Res 98-33, HOD 1998) (Reaffirmed HOD 2008)*

P 260.016 BARE BONES HEALTH INSURANCE VS MSAS

The Florida Medical Association opposes legislation allowing bare bones health insurance policies, but look toward insuring more patients and the use of Health Savings Accounts. *(BOG July 2002)*

P 260.017 EXPANDING PERSONAL FINANCING AND HEALTH INSURANCE COVERAGE FOR AMERICANS

The Florida Medical Association generally supports the broad approach outlined in the AMA Proposal for Health Insurance Reform as described in JAMA, 2005 (291:2237-2242). *(Res 05-6, HOD 2005)*

P 260.018 ACCEPTANCE OF AUTHORIZATION

The Florida Medical Association supports developing legislation requiring insurance companies to stand behind their initial letters of authorization and not be allowed to subsequently deny payment based on ineligibility. *(Res 05-49, Reaffirmed HOD 2005)*

P 260.019 INSURANCE REPORT CARD

The Florida Medical Association shall develop a health insurance company report card to review various insurance plans. *(BOG September 2005)*

P 260.020 REPEAL OF CERTAIN PROVISIONS OF THE UPPL

The Florida Medical Association supports and endorses legislation intended to repeal the Uniform Individual Accident and Sickness Policy Provision Law, thereby allowing for insurance payments for the treatment of injuries sustained when the insured person is intoxicated or under the influence of narcotics. *(Res 07-12, HOD 2007)*

P 260.021 “STRIP MINING” OF OLD CLAIMS BY THIRD-PARTY PAYERS

The Florida Medical Association supports investigating legal or legislative action prohibiting the collection of insurance “overpayments” for a period of time equal to the amount of time allowed to a physician to bill for contracted services. *(Res 07-27, HOD 2007)*

P 260.022 PREVENT FUTURE SPECIAL ASSESSMENTS ON MEDICAL MALPRACTICE PREMIUMS

The Florida Medical Association seeks legislation to remove any existing special levies on malpractice insurance premiums and oppose any new special levies. *(Res 07-48, HOD 2007)*

P 260.023 COVER FLORIDA HEALTH ACCESS PROGRAM

The Florida Medical Association endorses the Cover Florida Health Access Program, which seeks to expand the availability of health care options for uninsured residents by developing an affordable health care product that emphasizes coverage for basic and preventive health care services; provides inpatient hospital, urgent and emergency care services; and is offered statewide by approved health insurers, health maintenance organizations, health-care-provider-sponsored organizations or health care districts. *(BOG April 2008)*

P 260.024 TRUTH IN HEALTH INSURANCE MARKETING

The Florida Medical Association seeks legislation to protect the consumer and the physician by requiring that insurers must update and promulgate their current provider directories on line databases each 30 days and

their paper directories quarterly; and further that all third party health insurers and managed care organizations failing to comply with this law be assessed a \$5,000 fee for each physician identification error identified by complaint to the Department of Insurance. (*Amended Res 08-18, HOD 2008*)

P 260.025 CONFIRMATION OF INSURANCE COVERAGE

The Florida Medical Association shall encourage and work with major health insurers to educate physicians and their staff of the resources available for real-time patient insurance eligibility verification and claims adjudication so as to avoid potential non-payment for services rendered. (*Res 08-23, HOD 2008*)

P 260.026 STUDY OF THE EFFECTS OF THE MASSACHUSETTS INDIVIDUAL HEALTH INSURANCE MANDATES ON INDIVIDUALS, TAXPAYERS AND PHYSICIANS

The Florida Medical Association requests that the American Medical Association conduct a study of the effects of the Massachusetts individual health insurance mandate on individuals, taxpayers and physicians; and further that the report should include details on the number of uninsured remaining, public financing required, effect on private health insurance, primary care physician availability, physician reimbursement, and physician public reporting and compliance requirements. (*BOG August 2008*)

P 260.027 PREAUTHORIZATION FOR MEDICAL TESTING

The Florida Medical Association supports legislation making it unlawful for an insurance company or other third party payer to interfere with a licensed MD/DO physician's valid order for a medical test or procedure. (*Res 09-26, HOD 2009*)

P 260.028 CONTRACT PROVISIONS ON HEALTH CARE PROVIDERS

The Florida Medical Association supports legislation which prohibits insurance companies from forcing contract provisions on health care providers for services not covered by the plan. (*BOG October 2009*)

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*)

P 260.030 LEGISLATION AGAINST INSURANCE AUTHORIZATIONS

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

P 260.031 RADIOLOGY BENEFITS MANAGEMENT INTRUSION AND TRANSPARENCY ACT

The Florida Medical Association seeks legislation that would require any physician making health insurance coverage recommendations regarding approval or disapproval of diagnostic imaging procedures, or any other patient care decisions, be licensed in the state of Florida, and disclose upon request the guidelines used to make a negative recommendation. (*Sub Res 11-308, HOD 2011*)

P 260.032 UNIFORM INSURANCE ENROLLMENT FORM AND PROCESS

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

P 260.033 A "LEVEL PLAYING FIELD" IN NEGOTIATIONS BETWEEN HEALTH INSURANCE COMPANIES AND PHYSICIANS

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

P 260.034 PRIOR AUTHORIZATION

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

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*)

P 260.036 RADIOLOGY BENEFITS MANAGERS

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

P 260.037 IMPROVING MEDICINE APPROVAL FOR PATIENTS WITH RESTRICTIVE INSURANCE COMPANY FORMULARIES (IE. MEDICAID)

The Florida Medical Association encourages insurance companies to identify what equivalent class medicine is on their formulary when they reject or deny a medicine. (*12-411, HOD 2012*)

P 265.000 INTERNATIONAL MEDICAL VOLUNTEERS

P 265.001 INTERNATIONAL MEDICAL VOLUNTEERS

The Florida Medical Association supports endeavors such as International Medical Volunteers; and further encourages the American Medical Association to participate in their development by partnering with International Medical Volunteers and similar organizations. (*Res 02-53, HOD 2002*)

P 270.000 JURY

P 270.001 JURY SELECTION

The Florida Medical Association supports the position that the selection of jurors be taken from registered electors instead of from persons possessing a driver's license or ID card. (*BOG February 2002*)

P 275.000 LABORATORIES

P 275.001 CLIA '88

The Florida Medical Association supports allowing certain basic laboratory tests (including but not limited to micro urines, gram stains, and KOH stains) be added to the CLIA '88 waived office lab list; and further will pursue an aggressive U.S. Congressional campaign to publicize the deleterious effects that CLIA '88 will have on the quality and cost of health care and provide for physicians' offices information with which to

educate their patients as to how this rule will adversely affect the physician/patient relationship. (*Res 92-58, A-1992*) (*Reaffirmed HOD 2005*)

P 275.002 ADDING GRAM STAIN TO PHYSICIAN-PERFORMED CLIA-WAIVED LAB TESTS (ARCHIVED)

(*Res 93-65, A-1993*) (*Reaffirmed HOD 2003*) (*Sunset HOD 2011, Policy is obsolete and no longer relevant*)

P 275.003 RELIEF FROM CLIA

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

P 275.004 NON-PRACTITIONER-ORDERED LABORATORY TESTING

The Florida Medical Association seeks appropriate enforcement of Section 493, Florida Statutes, and 10D-41, Florida Administrative Code, regulating laboratory testing of the public including multiphasic testing. (*Res 94-43, A-1994*) (*Reaffirmed HOD 2005*)

P 275.005 GUIDELINES FOR REVIEW OF PAP SMEARS IN THE CONTEXT OF POTENTIAL LITIGATION

The Florida Medical Association supports the College of American Pathologists' guidelines for the review of Pap Smears. (*Res 98-9, HOD 1998*) (*Reaffirmed HOD 2008*)

P 275.006 STANDARDIZED LAB REPORTING FORMS

The Florida Medical Association shall work with laboratories in our state to standardize reporting forms to make them easier to interpret; request the American Medical Association (AMA) to work with laboratories in the United States to standardize reporting forms to make the results easier to interpret; and ask the AMA to seek national legislation to require standardization of laboratory reporting forms. (*Res 05-2, HOD 2005*)

P 280.000 LEGISLATION

P 280.001 PATIENTS' RIGHT TO KNOW ACT

The Florida Medical Association reaffirms its opposition to the "Patients' Right to Know" legislation (Senate Bill 408) as introduced in the 1996 legislative session; and further referred to the Ad Hoc Committee on Physician Profiling a preliminary position paper on "Patients' Right to Know" bill by Dennis S. Agliano, M.D. (*BOG October 1996*) (*Reaffirmed HOD 2006*)

P 280.002 NERVE CONDUCTION STUDIES

The Florida Medical Association supports legislation requiring that all providers of nerve conduction studies and electromyography studies be licensed, trained M.D.s or D.O.s licensed pursuant to Chapters 458 and 459, Florida Statutes. (*Res 97-78, HOD 1997*) (*Reaffirmed BOG 2007*)

P 280.003 POLITICIAN PROFILES

The Florida Medical Association shall develop a “Politician Health Care Profile” which will reflect all state legislators’ votes on health care issues critical to organized medicine and an evaluation of the legislator’s overall performance, the form to be determined by the Council on Legislation. The “Politician Health Care Profile” shall be published on the Internet, and other appropriate forums, for the use of physicians and their patients, and made available on a timely basis at the end of each legislative session. The Florida Delegation to the American Medical Association shall be instructed to develop and present a similar resolution to the AMA House of Delegates to be used for the same purpose for national legislators. (*Res 97-72, HOD 1997*) (*Reaffirmed BOG 2007*)

P 280.004 FINANCIAL RESPONSIBILITY LAW

The Florida Medical Association supports legislation allowing physicians who self insure to notify the public by either placing a sign in their office or having the patient sign a form to be placed in the medical record. (*BOG February 1998*) (*Reaffirmed HOD 2008*)

P 280.005 LEGISLATION PROHIBITING RETALIATORY ACTION

The Florida Medical Association supports legislation prohibiting retaliatory action against a provider. (*BOG July 2002*) (*Reaffirmed HOD 2010*)

P 280.006 TRUTH IN MEDICAL EDUCATION (ARCHIVED)

(*BOG January 2003*)(*Sunset HOD 2011*)

P 280.007 STATEWIDE LIEN LAW

The Florida Medical Association supports the Florida Orthopedic Society in seeking a statewide lien law. (*BOG July 2004*) (*Reaffirmed HOD 2012*)

P 280.008 CRISIS IN MEDICAL CARE IN FLORIDA

The Florida Medical Association requests that the Florida Legislature fund an accurate, comprehensive, and ongoing study on actively practicing physician supply, physician demographics, and physician scopes of practice to determine needs for physicians by specialty in the state of Florida; and further requests that this comprehensive study regarding actively practicing physician supply, physician demographics, and physician scope of practice also examine and biannually report trends in physicians practicing, entering and leaving the state. (*Res 05-30, HOD 2005*)

P 280.009 LICENSE PLATE FOR DIABETES RESEARCH AND EDUCATIONAL AWARENESS

The Florida Medical Association supports the American Diabetes Association in seeking legislation creating a diabetes awareness specialty license plate for diabetes research and education. (*Res 06-19, HOD 2006*)

P 280.010 PERFORMANCE OF ELECTRODIAGNOSTIC STUDIES

The Florida Medical Association seeks legislation that would limit the performance of nerve conduction studies and needle EMGs in outpatient facilities to situations where the licensed allopathic or osteopathic physician who is interpreting the study is onsite at the time the study is performed. (*Amended Sub Res07-1, HOD 2008*)

P 283.000 LIABILITY / PROFESSIONAL LIABILITY

P 283.001 PROFESSIONAL LIABILITY MANDATORY INSURANCE

The Florida Medical Association disapproves the requirement of professional liability insurance as a condition of licensure and seeks such action as a legislative objective. (*BOG October 1985*)(*Reaffirmed HOD 1996*) (*Reaffirmed HOD 2006*)

P 283.002 NOT-FOR-PROFIT LIABILITY

The Florida Medical Association supports legislation to provide exemptions from liability for not-for-profit professional associations and their directors and officers. (*BOG January 1987*) (*Reaffirmed HOD 2001*) (*Reaffirmed HOD 2009*)

P 283.003 MANDATORY INSURANCE FOR LICENSURE

The Florida Medical Association reaffirms its policy that mandatory insurance coverage to obtain license is contrary to the health of the citizens of Florida, and that every effort will be utilized to combat legislation that would seek this end. (*Res 87-38, HOD 1987*) (*Reaffirmed 2001*) (*Reaffirmed HOD 2009*)

P 283.004 JUDICIAL RECOGNITION OF CONTRACTUAL WAIVERS OF LIABILITY

The Florida Medical Association supports legislation requiring judicial recognition of contractual waivers of liability actions for unintentional injuries incurred in medical treatment. (*Res 88-18, HOD 1988*) (*Reaffirmed HOD 1998*) (*Reaffirmed HOD 2008*)

P 283.005 PPO, HMOS

The Florida Medical Association supports legislation that would prohibit hospitals from requiring professional liability insurance of physicians participating in these plans or hospitals greater than the current financial responsibility law, as set out in section 458.320, Florida Statutes. (*BOG January 1990*) (*Reaffirmed HOD 2000*) (*Reaffirmed HOD 2009*)

P 283.006 MEDICAL PROFESSIONAL LIABILITY

The Florida Medical Association supports the use of the term "medical professional liability" instead of "medical malpractice." (*BOG October 1990*) (*Reaffirmed 2000*) (*Reaffirmed HOD 2009*)

P 283.007 NATIONAL DATA BANK REPORTING

The Florida Medical Association, through its delegation to the American Medical Association, shall pursue federal legislative and administrative solutions to avoid reporting medical malpractice settlements of less than \$10,000 to the National Data Bank as these amounts are generally considered nuisance settlements. (*Res. HOD 1994*) (*Reaffirmed HOD 2005*)

P 283.008 PHYSICIAN INVOLVEMENT IN PRODUCT LIABILITY CASES

The Florida Medical Association endorses legislation to exempt physicians from product liability cases in which the product in question is a recognized and approved item not harmful to the health and well-being of the patient; and further seeks legislation to overturn existing statutes that cause physicians to be responsible for the safety, quality and performance of qualified products used in the practice of medicine. (*Res 94-63, HOD 1994*) (*Reaffirmed HOD 2005*)

P 283.009 MEDICAL DEVICES AND PHYSICIAN RESPONSIBILITY

The Florida Medical Association supports the premise that medical device manufacturers are ultimately responsible for conducting the necessary testing, research, and clinical investigation, and scientifically proving the safety and efficacy of medical devices approved by the Food and Drug Administration. (*Res 96-27, HOD 1996*) (*Reaffirmed HOD 2006*)

P 283.010 MINIMUM MALPRACTICE COVERAGE

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

P 283.011 FINANCIAL RESPONSIBILITY FOR MALPRACTICE AWARDS

The Florida Medical Association supports the right of physicians to practice without the purchase of professional liability insurance when it is otherwise unaffordable; assist physicians who wish to practice medicine without liability insurance by providing logistical support and available information that addresses this issue; and further calls for a significant easing of financial restrictions for those physicians practicing medicine without liability insurance as delineated in current Florida Statutes. (*Res 02-7, HOD 2002*) (*Reaffirmed HOD 2010*)

P 283.012 REQUIREMENT TO CARRY LIABILITY INSURANCE TO PRACTICE IN HOSPITAL (ARCHIVED)

(*BOG November 2002*) (*Reaffirmed Res 03-13, HOD 2003*) (*Sunset HOD 2011, Policy superseded by a newer policy*)

P 283.013 2004 LEGISLATION PRIORITY (ARCHIVED)

(*BOG July 2003*) (*Sunset HOD 2011*)

P 283.014 ELIMINATE MANDATORY MALPRACTICE INSURANCE REQUIREMENTS BY THIRD PARTY PAYERS

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

P 283.015 SELF-INSURED PHYSICIANS

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

P 283.016 PROFESSIONAL LIABILITY INSURANCE LEGISLATION (ARCHIVED)

(*Ex Comm August 2003*) (*Sunset HOD 2011*)

P 283.017 THREE STRIKES AND OUT AMENDMENT

The Florida Medical Association supports physicians in the defense against the application of the “three strikes and you are out” constitutional amendment via the filing of amicus briefs and public statements on behalf of physicians. (*BOG July 2004*) (*Reaffirmed HOD 2012*)

P 283.018 DECLARATION OF LIABILITY PROTECTION FOR VOLUNTEER PHYSICIANS

The Florida Medical Association supports legislation to reform the current system to facilitate the provision of free care to the uninsured including protection from liability for physicians volunteering to provide uncompensated care to low income individuals (equal to or less than 250% Federal Poverty Level). (*Res 05-27, HOD 2005*)

P 283.019 FABRE CHANGES

The Florida Medical Association opposes any legislation changing current law relating to the Fabre doctrine. (*BOG Rpt C-1, HOD 2006*)

P 283.020 USE OF FMA FORM FOR WAIVER OF PATIENT’S RIGHTS TO SUE

In order to use the FMA form for the waiver of a patient’s right to sue a physician for non-economic damages greater than \$250,000, a physician must be a member of the FMA and his or her county medical society; and further all members of a group practice must be members of the FMA and their county medical society in order for any member of the group practice or the group to use the FMA waiver form with the

exception that if all members of a group practice are not members of the FMA, a group practice may use the FMA waiver form only if the group practice pays the FMA a licensing fee per non-FMA member in an amount to be determined by the FMA. (*BOG October 2006*)

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*)

P 285.000 LICENSURE

P 285.001 MEDICAL LICENSURE BY ENDORSEMENT

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

P 285.002 INFORMATION ON PAID CLAIMS

The Florida Medical Association endorses the concept of requiring information on paid claims to be sent from the Department of Financial Services, Office of Insurance Regulation to the Department of Business and Professional Regulation (DBPR): "The Department shall screen the reports annually and send to the Department of Business and Professional Regulation and the appropriate regulatory board, copies of the reports for all health care providers having paid claims." And, endorsement of the DBPR recommendations as follows: (1) The penalty for knowingly giving false information when obtaining a license as a health care practitioner (licensed under chapters 458-465, 47, and 490, F.S.) will be a third degree felony. This amends Chapter 455 F.S. (2) Obtaining a license to practice medicine by fraudulent misrepresentation or fraudulently misrepresenting education, training or experience in obtaining a position as a medical practitioner or medical resident will result in a third degree felony penalty. This change is proposed for Chapter 458 and 459, F.S. (3) The number of times an individual may take the FLEX for state licensure will be limited to three. After failing three times, the applicant will be required to take one year of postgraduate training and a program approved by the American Medical Association prior to attempting the examination for a fourth and final time. The postgraduate training is the responsibility of the individual. (*BG Rpt D, HOD 1985*) (*Reaffirmed A-1995*) (*Reaffirmed with editorial changes, HOD 2005*)

P 285.003 LICENSING OF PHYSICIANS - PREFERENTIAL TREATMENT

The Florida Medical Association opposes any legislation that would allow, in special cases, physicians to bypass state licensing boards to practice medicine in Florida. (*Res 85-24, A-1985*) (*Reaffirmed A-1995*) (*Reaffirmed HOD 2005*)

P 285.004 LICENSURE EXAMINATION

The Florida Medical Association supports the coordination with the Department of Health in developing legislative support for a proposal to ensure that all individuals applying for and taking the medical licensure examination in Florida have met the same educational standards and training requirements necessary to practice medicine in the state. (*BOG October 1985*) (*Reaffirmed A-1996*) (*Reaffirmed HOD 2006*)

P 285.005 MEDICAL LICENSURE – EXCEPTIONS

The Florida Medical Association actively opposes any proposed legislation providing exception under the Medical Practice Act, and further supports informing all parties seeking exception of its position on this issue, and requests those parties to cease their attempts to seek these exceptions. (*Res 85-24, A-1985*) (*Reaffirmed A-1995*) (*Reaffirmed HOD 2005*)

P 285.006 EDUCATIONAL REQUIREMENTS

The Florida Medical Association supports the efforts of the State Board of Medicine in upholding the standards of licensure; and further encourages the Florida Legislature to provide that requirements for licensure include adequate premedical education, a medical school curriculum deemed adequate in duration, and in course content, and include at least one year of appropriate postgraduate training. (*Res 86-26, A-1986*) (*Reaffirmed A-1996*) (*Reaffirmed HOD 2006*)

P 285.007 UPHOLDING STANDARDS OF LICENSURE

The Florida Medical Association supports the efforts of the State Board of Medical Examiners in upholding standards of licensure and encourages the legislature to provide that requirements for licensure include adequate premedical education, a medical school curriculum deemed adequate in duration and in course content, and include at least one year of appropriate postgraduate training. (*BOG October 1986*) (*Reaffirmed HOD 2000*) (*Reaffirmed HOD 2009*)

P 285.008 PRESCRIBED PROCEDURES

The Florida Medical Association opposes any legislative proposal similar to the Cleveland Clinic plan to be located in Broward County that would allow physicians to become licensed in Florida without having to follow the same prescribed procedures and examination as other physicians who practice in the state as required by Florida law. (*BOG May 1987*) (*Reaffirmed HOD 2000*) (*Reaffirmed HOD 2009*)

P 285.009 STATE MEDICAL LICENSURE REQUIREMENT

The Florida Medical Association believes that licensure to practice medicine in the state of Florida should be based on training and competence and not on socioeconomic principles. (*BOG February 1987*) (*Reaffirmed 2000*) (*Reaffirmed HOD 2009*)

P 285.010 MANDATED ACCEPTANCE OF THIRD-PARTY PAYERS

The Florida Medical Association opposes mandated acceptance of a third-party payer assignment as a condition for licensure. (*BOG January 1987*) (*Reaffirmed 2000*) (*Reaffirmed HOD 2009*)

P 285.011 OPPOSE TAX, LICENSURE FEES OR ASSESSMENT ENACTED BY THE FLORIDA LEGISLATURE

The Florida Medical Association adopts as fundamental public policy its opposition to any tax, license or user fee, or other assessment proposed or enacted by the Florida legislature or any other body which by nature, intent, or structure contrives to place a unique or disproportionate burden for the cost of any area of medical care upon individual health care providers rather than upon the general population of the state of Florida which benefits by access to such care. (*Res 89-04, A-1989*) (*Reaffirmed 2000*) (*Reaffirmed HOD 2009*)

P 285.012 MANDATORY ASSIGNMENT AND LICENSURE

The Florida Medical Association vigorously opposes any attempt to tie medical licensure to the obligation to see any patient or group of patients, including Medicare beneficiaries and requests the American Medical Association to work at a national level to oppose any such attempts. (*Res 91-78, A-1991*) (*Reaffirmed 2001*) (*Reaffirmed HOD 2009*)

P 285.013 FLORIDA LICENSURE FOR DIRECTORS OF PUBLIC HEALTH

The Florida Medical Association seeks legislation requiring that not only the state health officer but also directors of county public health departments be physicians or certified, licensed providers licensed under Chapter 458, F.S., or Chapter 459, F.S. (*Res 96-22, A-1996*) (*Reaffirmed HOD 2006*)

P 285.014 FLORIDA LICENSURE FOR MEDICAL DIRECTORS AND CONSULTANTS

The Florida Medical Association seeks legislation to provide that all managed care medical directors involved in clinical patient care decision in Florida be physicians licensed under Chapters 458, F.S., and 459, F.S. (*Res 96-21, A-1996*) (*Reaffirmed HOD 2006*)

P 285.015 MEDICAL DIRECTORS IN POST-ACUTE CARE FACILITIES

The Florida Medical Association believes that that medical directors of post-acute care facilities, including but not limited to adult living facilities, nursing homes, rehabilitation facilities, skilled nursing units, and subacute care units, should be physicians licensed under Florida Statutes 458 and 459; and further opposes any attempts to abolish mandates that only physicians licensed under F.S. 458 and F.S. 459 be medical directors at post-acute care facilities. (*Res 96-13, A-1996*) (*Reaffirmed HOD 2006*)

P 285.016 LICENSURE FEES

The Florida Medical Association advocates and supports an amendment to Rule 64B8-3.002(5), Florida Administrative Code, to prorate, on a semiannual basis, medical licensure fees for residents who apply for licensure after the 6th, 12th, and 18th months of each licensure biennium. (*BOG November 1997*) (*Reaffirmed BOG 2007*)

P 285.017 LICENSURE RESIDENCY REQUIREMENTS

The Florida Medical Association supports equal residency licensure requirements for U.S. and International Medical Graduates. (*Res 98-67, HOD 1998*) (*Reaffirmed HOD 2008*)

P 285.018 LICENSURE OF HOSPITAL ADMINISTRATORS

The Florida Medical Association does not support the licensure of hospital administrators. (*BOG July 2002*) (*Reaffirmed HOD 2010*)

P 285.019 ANESTHESIOLOGIST ASSISTANTS

The Florida Medical Association continues to support legislation creating a licensure category entitled “anesthesiology assistants” who would assist in the administration of anesthesiology under the supervision of a medical doctor or osteopathic medical doctor licensed under Chapter 458 or 459, Florida Statutes. (*BOG July 2003*)

P 285.020 FOREIGN PHYSICIAN LICENSURE

The Florida Medical Association opposes legislation that allows a physician to practice in Florida without meeting the same requirements as all other applicants. (*BOG Rpt. C-1, HOD 2006*)

P 285.021 LICENSURE OF INTERNATIONAL MEDICAL GRADUATES

The Florida Medical Association supports equal licensure requirements for all International Medical Graduates and United States Medical Graduates; and further supports educating legislators about the importance and relevance of an ACGME-approved training program designed to achieve the highest patient quality and safety standards. (*Res 06-32, HOD 2006*)

P 285.022 RESTRICTED LICENSURE FOR CERTAIN FOREIGN-LICENSED PHYSICIANS

The Florida Medical Association opposes any waivers of postgraduate training requirements for medical licensure. (*Res 06-33, HOD 2006*)

P 285.023 BOARD CERTIFICATION NOT REQUIRED FOR MAINTENANCE OF LICENSURE

The Florida Medical Association opposes any action(s) by the Florida Board of Medicine to implement board certification as a condition of licensure or re-licensure; and further opposes any such legislation and/or language to be placed; and further opposes any and all action to limit licensure or re-licensure of a physician based on certification. (*Res 08-15, HOD 2008*)

P 285.024 STREAMLINE PROCEDURE FOR LIMITED LICENSE

The Florida Medical Association shall continue to collaborate with the Florida Board of Medicine to support legislation that will streamline the process for obtaining a limited practice license. (*Res 09-22, HOD 2009*)

P 285.025 LIMITED LICENSURE FOR RETIRED MILITARY PHYSICIANS

The Florida Medical Association does not support legislation providing limited licensure for retired military physicians. (*BOG October 2009*)

P 285.026 PROTECTING FLORIDA'S PHYSICIANS FROM MANDATORY HEALTH NETWORK PARTICIPATION

The Florida Medical Association (FMA) is directed to work with any appropriate physician advocacy organization to continue to oppose any legislation that would tie the license to practice medicine in the state of Florida to mandated participation in any health care network, insurance plan or public health care system; forced public service initiatives, mandated emergency room coverage, or affiliation with any public or private third party payer organization; and further, work with any appropriate physician advocacy organization to actively oppose any federal legislation that would tie the allocation of federal funds to state-based requirements of mandated physician participation in any health care network, insurance plan or public health care system, forced public service initiatives, mandated emergency room coverage, or affiliation with any public or private third party payer organization as a condition of licensure; and further, should the federal government make these types of demands on the state of Florida, seek an injunction against such demands in Federal court and will encourage the state of Florida to do the same; and further, work with the Florida Legislature to introduce legislation that prevents the linkage of licensure to the acceptance of any government or private insurance, public health care system, forced public service initiatives or mandatory ER coverage. (*Amended Sub Res 10-309, HOD 2010*)

P 290.000 LONG-TERM CARE

P 290.001 DNR NURSING HOME PATIENTS

The Florida Medical Association supports educational programs for all long-term care facilities to promote the identification of patients' DNR-O status. (*Res 97-47, HOD 2002*) (*Reaffirmed BOG 2007*)

P 290.002 MARRIED COUPLES TO REMAIN IN SAME LIVING FACILITY

The Florida Medical Association supports efforts to create living situations using current state programs such as Medicaid or the Medicaid diversion program that will allow couples with varying levels of personal care and medical needs to remain together in a single facility. (*Res 07-41, HOD 2007*)

P 295.000 MANAGED CARE

P 295.001 HMO FINANCIAL RESPONSIBILITY FOR EMERGENCY CARE

The Florida Medical Association supports passage of legislation (and/or modification of legislation currently being considered) to require HMOs to meet their financial responsibility to patients, physicians, and hospitals when a patient is given emergency care in a hospital as deemed necessary by the physician or physicians delivering such care, and the HMO does not arrange timely provisions of services, and the physician or hospital is unable to obtain timely authorization for such care. Legislation should be immediately sought to

require HMO reimbursement of nonparticipating physicians within a reasonable time period (i.e., within thirty days after delivery of care). (*Res 85-25, A-1985*) (*Reaffirmed A-1995*) (*Reaffirmed HOD 2005*)

P 295.002 MANAGED CARE

The Florida Medical Association supports the position that managed care organizations (HMOs, PPOs, IPAs, etc.) should not compromise nor affect the quality of access to appropriate health care. (*BOG February 1986*) (*Reaffirmed HOD 1996*) (*Reaffirmed HOD 2006*)

P 295.003 FAIR COMPENSATION

The Florida Medical Association supports whatever action is appropriate to ensure that all physicians participating in managed care programs are compensated fairly and to prevent managed care organizations from pressuring physicians based on exploitive contracts. The Florida Medical Association will also establish or designate a standing committee to address managed care contracts with physicians and other managed care issues including provisions that patients retain their ability to see a physician of their choice. (*Res 92-13, HOD 1992*) (*Reaffirmed HOD 2005*)

P 295.004 ANY WILLING PROVIDER LEGISLATION

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

P 295.005 PRESERVATION OF PATIENTS' FREEDOM OF CHOICE IN MANAGED CARE PLANS

The Florida Medical Association (FMA) shall undertake efforts through legislation to ensure patients will have the freedom to choose an M.D. or D.O. of their choice without undue economic restraints; and further undertake efforts through the Legislature to make necessary changes in the Florida Statutes to ensure that M.D./D.O.s will be able to participate in any managed care plan as long as he/she is properly credentialed to practice the specialty of medicine and is willing to accept the established fee schedule; and further the managed care criteria for M.D./D.O.'s qualification for inclusion should be available for circulation to the physician community and the public. (*Res 94-6, HOD 1994*) (*Reaffirmed HOD 2005*)

P 295.006 STANDARD CONTRACT RE: HEALTH CARE ORGANIZATIONS

The Florida Medical Association shall pursue the feasibility and implementation, to the extent appropriate, of creating a standardized contract pursuant to non-economic matters for members to use as a template in negotiating with health care delivery organizations such as PPOs, HMOs, PHOs and others. (*Res 95-54, HOD 1995*) (*Reaffirmed HOD 2005*)

P 295.007 NEGATIVE INCENTIVES IN MANAGED CARE CONTRACTS

The Florida Medical Association shall encourage, promote and foment the passage of legislation in the Florida State Legislature and in the U.S. Congress to make illegal, null and void any provision of a managed care contract which: (a) requires physicians to pay from their capitation for patient laboratory or imaging services or for consultations, or (b) provides for other negative incentives, either direct or indirect, to discourage physicians from utilizing necessary laboratory or imaging services or consultations. (*Res 95-44, HOD 1995*) (*Reaffirmed HOD 2005*)

P 295.008 MANAGED CARE NEGOTIATIONS

The Florida Medical Association (FMA) shall initiate discussions with appropriate managed care companies in the state, the purpose of which will be to develop principles on an agreement between the FMA and managed care companies for voluntary, non-legislative solutions to problems of concern to the FMA and managed care companies relating to issues such as, but not limited to, patient choice, physician selection/deselection, utilization review and quality assurance. (*Res 95-31, HOD 1995*) (*Reaffirmed HOD 2005*)

P 295.009 PATIENTS' RIGHT TO KNOW

The Florida Medical Association shall seek legislation that would obligate medical plans and medical facilities to make full disclosure of the nature of any disincentives to optimal and prompt diagnosis and treatment of patients. (*Res 95-17, HOD 1995*) (*Reaffirmed HOD 2005*)

P 295.010 N/A

P 295.011 REIMBURSEMENT BY HMOS OF NON-CONTRACTED PHYSICIANS

The Florida Medical Association shall take all appropriate actions, legal or legislative, to ensure that anesthesiologists and other physicians with whom HMOs have failed to contract are paid their usual customary and reasonable fees by such HMOs when services are provided to the HMO's subscribers. (*Res 94-85, BOG Rpt C, HOD 1995*) (*Reaffirmed HOD 2005*)

P 295.012 MANAGED CARE REPORT CARD

The Florida Medical Association (FMA) shall establish a mechanism by which FMA members are asked annually to evaluate by means of a survey, managed care plans in the state; and further the results of such an evaluation (survey) shall be made widely available, in the form of a report card on managed care plans, to the citizens of Florida using all appropriate means of communication including, but not limited to, the print, radio and television media; and further the FMA shall have its delegation to the American Medical Association (AMA) present a similar plan for the AMA's consideration and approval. (*Res 95-33, BOG Rpt D, HOD 1996*) (*Reaffirmed HOD 2005*)

P 295.013 DECISIONS REGARDING REFERRALS TO SPECIALISTS

The Florida Medical Association supports as a legislative priority that initial patient assessments and treatment decisions on referrals to any specialty or sub-specialty "carve out" programs in managed care plans be made by a licensed physician of the appropriate specialty. (*Res 96-26, BOG Rpt D-2, HOD 1996*) (*Reaffirmed HOD 2006*)

P 295.014 INAPPROPRIATE USE OF DEA NUMBER BY HMOS

The Florida Medical Association will work with the Agency for Health Care Administration and the Pharmaceutical Branch of the Department of Health to immediately abolish the practice by third parties of requesting a physician's DEA for other than scheduled drugs. (*Res 96-36, HOD 1996*) (*Reaffirmed HOD 2006*)

P 295.015 HMO ASSIGNMENT OF FINANCIAL RISK TO PHYSICIANS

The Florida Medical Association encourages state legislation to prohibit an insurer, managed care organization or managed care entity from allowing an individual health care provider to indemnify or assume financial liability for patient care. (*Res 96-10, HOD 1996*) (*Reaffirmed HOD 2006*)

P 295.016 DIRECT ACCESS FOR OBSTETRICAL CARE

The Florida Medical Association supports direct access to obstetrical and gynecological care for managed care patients. (*BOG October 1998*) (*Reaffirmed HOD 2008*)

P 295.017 UNIFORM HOSPITAL REIMBURSEMENT FOR HOSPITALIZED PATIENTS

The Florida Medical Association seeks legislation that would require managed care organizations to pay equal hospital care remuneration to all appropriately credentialed contracted physicians providing similar hospital care services. (*Res 02-41, HOD 2002*) (*Reaffirmed HOD 2010*)

P 295.018 HOSPITAL AND MANAGED CARE LIABILITY INSURANCE REQUIREMENTS

The Florida Medical Association includes in the 2003 legislative agenda a measure that will establish that hospitals and managed care companies cannot require physicians to declare financial responsibility or carry professional liability insurance in excess of the current state requirements contained in Chapter 458.320, Florida Statutes. (*Res 02-29, HOD 2002*)

P 295.019 DEVELOP MANAGED CARE GUIDELINES

The Florida Medical Association approves the development of guidelines for legislative language concerning “assignment,” “cause of action,” “usual and customary,” including balance billing issues for the 2006 legislative session; and further the Committee on Managed Care will finalize the proposed language by the October 2005 Council and Board meeting. (*BOG July 2005*)

P 295.020 MANAGED CARE FIVE-YEAR PLAN

The Florida Medical Association approves the concept of a Five-Year Managed Care Plan to include fair negotiation in managed care contracts, both in language and reimbursement issues; the plan to develop approaches to reach established goals; and further will continue to work to update and carry out the provisions of the plan over the next five years. (*BOG July 2005*)

P 295.021 ENFORCEMENT OF PROMPT PAY PROVISIONS

The Florida Medical Association agrees, in concept, and will determine the best way to support legislative efforts of the Florida Society of Pathologists to ensure that all health care providers have access to the courts to sue for enforcement of the prompt pay provision of the HMO Act. (*BOG April 2006*)

P 295.022 INSURANCE REIMBURSEMENTS

The Florida Medical Association seeks legislation requiring managed care companies to request a refund from physicians in the same time period they give physicians to file a claim in the contract; seek legislation that managed care companies in no case be allowed more than 180 days to request a refund from a physician; and that the Florida AMA Delegation introduce a similar resolution regarding Medicare at the national level. (*Res 06-20, HOD 2006*)

P 295.023 EXPANSION AND ENFORCEMENT OF FLORIDA PROMPT PAY LAW

The Florida Medical Association seeks legislation to expand and enforce the Florida Prompt Pay law; and further that the Florida Prompt Pay law be amended to require in addition to the current interest on an overdue payment of a claim, a late fee per each overdue payment of a claim with timeframes that begin from receipt of a claim as defined by Florida Statutes. (*Res 06-29, HOD 2006*)

P 295.024 ELIMINATION OF FINES IMPOSED BY MCOS AGAINST PHYSICIANS

The Florida Medical Association officially condemns the practice of health plans charging physicians for sending patients to a non-contracted laboratory, or similar such practices, and further pursues legislation to prohibit said actions. (*Res 07-26, HOD 2007*)

P 295.025 ELIMINATE RETROACTIVE DENIALS FOR SERVICE

The Florida Medical Association seeks legislation eliminating a health insurers’ ability to retroactively deny a health care provider payment or otherwise making payment reductions to the Health Care Provider for future monies owed if the Health Care Provider has: i) acted in good faith; ii) complied with the conditions imposed by the Health Insurer regarding confirmation of the patients eligibility and, if required received

authorization to render the health care services; iii) relied in good faith upon the Health Insurers representations regarding the insured's eligibility to receive requested health care services. (*Res 07-9, HOD 2007*)

P 295.026 DETERMINATION OF MEDICAL BENEFITS

The Florida Medical Association supports legislation that requires managed care organizations to provide "real time" eligibility for their subscribers and reimburse physicians for any patient services rendered whereby subscriber eligibility has been confirmed prior to the delivery of care. (*Res 09-27, HOD 2009*)

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*)

P 295.028 FIVE YEAR PLAN

The Florida Medical Associations adopts the Committee on Managed Care's five year plan as presented to the Board of Governors in May, 2010. (*BOG May 2010, Refer to Appendix P295.028*)

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*)

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*)

P 300.000 MEDICAID

P 300.001 MEDICAID DRUG UTILIZATION REVIEW

The Florida Medical Association, through county and state level review processes, seeks to become officially involved in the Medicaid drug utilization review of physicians in the most appropriate role. (*BOG June 1987*) (*Reaffirmed 1997*) (*Reaffirmed BOG 2007*)

P 300.002 MEDICAID PATIENT QUALITY OF CARE

The Florida Medical supports quality health care services for the indigent and opposes provisions of the Florida Medicaid Law which require that provider agreements specify that physicians must provide services of the same "scope and quality as provides to the general public;" and opposes provisions of the same legislation which elevate departmental audit reports such that they constitute "prima facie" evidence of an overpayment. (*BOG March 1991*) (*Reaffirmed 2001*) (*Reaffirmed HOD 2009*)

P 300.003 SELECTION OF PLANS

The Florida Medical Association encourages and supports the education of Medicaid recipients about managed care plans to promote the voluntary and informed selection of a plan; and that for those recipients that choose not to select a plan, the methodology for assignment should be unbiased and recipients should be equally assigned to MediPass, HMOs and PHPs. *(BOG July 1996) (Reaffirmed HOD 2006)*

P 300.004 MEDICAID AUDIT

The Florida Medical Association adopts as a legislative priority that the Florida Medicaid program have any/all audits conducted by a physician from the same specialty and similar locality as the physician being audited. *(Res 96-65, HOD 1996) (Reaffirmed HOD 2006)*

P 300.005 DURABLE MEDICAL EQUIPMENT PRESCRIPTIONS

The Florida Medical Association supports working with the Agency for Health Care Administration to change the Medicaid Program's rules and procedures governing the provision of durable medical equipment prescriptions to ensure that the process is more efficient. *(Res 97-18, HOD 1997) (Reaffirmed BOG 2007)*

P 300.006 MEDICAID ENROLLMENT DISINCENTIVES

The Florida Medical Association seeks legislation to eliminate requirements of fingerprinting, criminal checks, surety bonds, and application fees and other disincentives so that physicians wanting to treat Medicaid patients will not be discouraged from enrolling. *(Res 97-34, HOD 1997) (Reaffirmed BOG 2007)*

P 300.007 MEDICAID FRAUD AND ABUSE AUDITS

The Florida Medical Association supports legislation to improve the Medicaid Fraud and Abuse audit process. *(BOG October 1998) (Reaffirmed HOD 2008)*

P 300.008 THE AGENCY FOR HEALTH CARE ADMINISTRATION MEDICAID INTEGRITY UNIT ACTIVITY RELATING TO EPSDT BILLING

The Florida Medical Association supports authorizing the FMA General Counsel and the FMA Office of Health Policy and Regulation to review the Agency for Health Care Administration's Medicaid integrity unit activity relating to early periodic screening and diagnostic screening (EPSDT) billing by physicians, and that the FMA in conjunction with the impacted specialty societies develop an action plan including potential administrative and/or legislative remedy. *(BOG July 1998) (Reaffirmed HOD 2008)*

P 300.009 INCREASE IN MEDICAID REIMBURSEMENT RATES

The Florida Medical Association supports an increase in Medicaid reimbursement rates to meet at least the Medicare reimbursement levels for all physicians; and further will work with state government to make Medicaid a viable program and to pay physicians in a timely fashion. *(BOG July 2000) (Reaffirmed HOD 2009)*

P 300.010 PEDIATRIC MEDICAID PRESCRIBING

The Florida Medical Association supports exploring the Florida Pediatric Society's legislative proposal to restructure the Florida Medicaid Pharmaceutical and Therapeutics Committee so that pediatric Medicaid prescribing issues can be addressed in an appropriate manner. *(BOG October 2005)*

P 300.011 MEDIPASS BEST DELIVERY SYSTEM FOR MEDICAID RECIPIENTS

The Florida Medical Association reaffirms its support of MediPass, continue to monitor MediPass legislation and pilot projects resulting from Medicaid reform, and work to assure that MediPass remains an option in Medicaid reform programs. *(Res 05-73; Reaffirmed current policy HOD 2005)*

P 300.012 OPPOSE DELETION OF PRENATAL GENETIC CARRIER TESTING BY FLORIDA MEDICAID

The Florida Medical Association seeks immediate action by the Agency for Health Care Administration (AHCA) to abandon the proposed deletion of prenatal deletion of prenatal genetic carrier testing coverage as seriously harmful to the public health and harmful to affected families and their access to reproductive choices which prevent needless pain and suffering with increased cost to the public associated with those diseases that can be prevented or ameliorated when funded by Medicaid throughout a lifetime; and will emphasize to AHCA the current status of genetic carrier testing as a well accepted standard of care in reproductive medicine in counseling and assisting families to make reproductive health decisions in diseases such as but not limited to cystic fibrosis, hemoglobinopathies, and metabolic diseases. (*Res 06-46, HOD 2006*)

P 300.013 MODIFY FLORIDA MEDICAID PREAUTHORIZATION PRESCRIBING PROGRAM

The Florida Medical Association shall continue to participate in legal activity by Florida Legal Services in regard to Florida Medicaid's prior authorization program; and further work on having appropriate appointments made to the Medicaid Pharmaceutical and Therapeutics Committee; and further work with the Medicaid Pharmacy Division at the Agency for Health Care Administration to make the prior authorization process more physician-friendly. (*Sub Res 05-71, BOG Rpt D-2, HOD 2006*)

P 300.014 PHARMACY BENEFIT MANAGEMENT PROGRAMS

The Florida Medical Association shall enter into negotiations with insurance companies and health care providers to streamline the appeals process through the Pharmacy Benefit Management Programs and draft legislation to improve this process for filing in the 2008 legislative session if significant progress is not made before that time. (*BOG April 2007*)

P 300.015 MEDICAID PHYSICIAN PAYMENT RATES

The Florida Medical Association supports increasing the Florida Medicaid Physician Payment Rates (M.D. and D.O.) at the same rate as the Medical Economic Index for Medicare. (*BOG May 2009*)

P 300.016 MEDICAID PROVIDER PAYMENT ADVOCACY

The Florida Medical Association (FMA) expresses concern and dissatisfaction with the failure by the Secretary of the Agency for Health Care Administration to act decisively within Florida Statutes to make prompt payment for clean claims submitted to the fiscal agent within the statutory time frame; and the seeks remedial action for the state of Florida to immediately advance payment to physician providers with claims exceeding 90 days from submission at Medicare reimbursement rate without further delay as a part of Florida's economic recovery and seek through judicial means recovery of all excess cost and such damages from the contracted vendor as a penalty for non-performance to contract. (*Res 09-31, HOD 2009*)

P 300.017 MEDICAL HOME CONCEPT

The Florida Medical Association supports legislation that would establish a pilot project on the patient-centered medical home concept in the Medicaid program. (*BOG October 2009*)

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*)

P 300.019 MEDICAID HMO REQUIRED NOTIFICATION WHEN TERMINATING COUNTY COVERAGE

The Florida Medical Association supports legislation requiring that a Medicaid HMO must give at least six (6) months written notice to all of their patients and contracted physicians and hospitals, or face a significant monetary fine, prior to the Medicaid HMO terminating coverage in a county. (*Res 10-404, HOD 2010*)

P 300.020 OPPAGA STUDIES ON COMPLIANCE OF NEWBORN INSURANCE ACT

The Florida Medical Association (FMA) requests that the Office of Program Policy Analysis and Government Accountability (OPPAGA) conduct a study to investigate how well the Office of Insurance Regulation (OIR) has assured compliance regarding the intent of the Newborn Insurance Act (F.S. 627.641(1) (4)) by determining the average age newborns have their commercial insurance “activated” and the percentage of commercial hospital newborn claims that are denied payment and the percentage involving cost-share; and further request a study by OPPAGA on the average age newborns have their Medicaid insurance activated by the Department of Children and Family Services (DCF) and the percentage of claims denied payment by the Agency for Health Care Administration (AHCA) on hospital newborn exams for newborns covered by Medicaid/Medipass compared with percentage of claims denied payment by AHCA for newborns covered by a Medicaid HMO; and further request that OPPAGA report the results of the studies to the Florida Legislature by the end of the 2011 legislative session and notify the FMA, the Florida Osteopathic Medical Association, the Department of Health and the Florida Legislature when the studies are completed. (*Res 10-405, HOD 2010*)

P 300.021 MEDICAL HOME

The Florida Medical Association (FMA) supports, as a priority in the 2011 Florida Legislative Session, the establishment of the Medical Home Model of health care statewide as passed the Florida House Health Policy Council in the 2010 legislative session and supported by the FMA and FHA; and further actively advocates that equitable payment to physicians must be not less than 2009 Medicare reimbursement per CPT Code. (*Res 10-407, HOD 2010*)

P 300.022 FMA POSITION ON MEDICAID REFORM

The Florida Medical Association adopted position statements on Medicaid reform as presented by the Council on Legislation in its report dated October 29, 2010. (*BOG October 2010 – Refer to Appendix P 300.022*)

P 300.023 MEDICAL HOME

The Florida Medical Association (FMA) endorses the concept of the Medical Home and supports adequate funding required for implementation. (*BOG October 2010*)

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*)

P 305.000 MEDICAL ECONOMICS

P 305.001 CAPITATION FEES

Within the confines of existing antitrust laws, the Florida Medical Association shall collect from whatever sources available actuarial data to assist its members in evaluating capitation. (*Res 94-76, HOD 1994*) (*Reaffirmed HOD 2005*)

P 305.002 PHYSICIAN HOSPITAL DISCOUNTS

The Florida Medical Association, through its delegation to the American Medical Association (AMA), shall introduce a resolution to the AMA House of Delegates asking Congress to repeal a provision of legislation known as Stark II that makes dollar discounts from hospitals for medical services to physicians and their family's taxable income to the physician. (*Res 95-52, HOD 1995*) (*Reaffirmed HOD 2005*)

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*)

P 305.004 TAX EQUITY AND FISCAL RESPONSIBILITY ACT (ARCHIVED)

(*BOG January 1983*) (*Reaffirmed 1993*) (*Reaffirmed HOD 2003*) (*Sunset HOD 2011, Policy is obsolete and no longer relevant*)

P 305.005 COLLECTION OF HEALTH CARE DATA

The Florida Medical Association supports the collection of physician-specific health care data to the extent that the data would be disseminated only to the physicians in question. (*BOG June 1991*) (*Reaffirmed 2001*) (*Reaffirmed as amended HOD 2009*)

P 305.006 BANKRUPTCY LEGISLATION

The Florida Medical Association strongly opposes changes in Florida law that would eliminate current exemptions from creditors claims to include pension plans, garnishment of wages, and annuities. (*BOG January 1992*) (*Reaffirmed 2002*) (*Reaffirmed HOD 2010*)

P 305.007 SIMPLIFYING PHYSICIAN PORTION OF CLAIMS FORMS

The Florida Medical Association will call upon the AMA CPT editorial panel to review the CPT coding system with the intent of simplifying the reporting of services by physicians. Legislation will be actively sought which would enable the Department of Financial Services, Office of Insurance Regulation to require insurance companies to pay interest on claims when payment has been delayed 30 days or more through no fault of the physician. Interest would accrue from 30 days after the date the original fully completed claim was mailed to the insurance company. The interest rate would be equal to that charged by the state of Florida on late payment of taxes. (*Res 92-32, HOD 1992*) (*Reaffirmed HOD 2005*)

P 305.008 PHYSICIANS' RIGHT TO FREE ENTERPRISE

The Florida Medical Association supports protection of the right of individual physicians to the free enterprise system. (*Res 92-12, HOD 1992*) (*Reaffirmed HOD 2005*)

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) policy currently supporting the implementation of UCDS to a policy which protects the patient's right to privacy. (*Res 92-ER, HOD-1992*) (*Reaffirmed 2002*) (*Reaffirmed HOD 2003*) (*Reaffirmed HOD 2011*)

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*)

P 305.011 INSURANCE PROVIDER DISCLOSURE

The Florida Medical Association shall propose a bill or amendment to the Florida Health Care Act to require insurance companies to disclose to their insured the contractual agreement with providers in capitated policies to include:

1. a definition of capitation;
2. the fee paid to the provider, per-patient-per-month;
3. the number of patients the provider has contracted to capitate; and
4. the incentives the provider has to minimize care.

(*Emergency Res HOD 1994*) (*Reaffirmed HOD 2005*)

P 305.012 CREDIT TOWARD "HEALTH PROVIDER ASSESSMENT FOR INDIGENT CARE"

The Florida Medical Association seeks legislation allowing health care facilities taxed under Florida Statute 395.7015 to take a credit against the assessment equal to the value of uncompensated care provided to indigent patients, that value to be calculated at the fee schedule amount in effect for nonparticipating physicians as determined by the Secretary of the Florida Department of Health. (*Res 94-73, HOD 1994*) (*Reaffirmed HOD 2005*)

P 305.013 MISUSE OF PHYSICIAN-SPECIFIC DATA

The Florida Medical Association (FMA) shall make available its resources to review specific member grievances regarding decisions made by hospitals or managed care plans based on physician-specific health care data; and further, as part of this grievance process, shall review the specific sampling and data manipulation methodologies for correctness, completeness, and statistical significance in each health care data used to limit the physician's ability to practice; and further, if, after the physician has fully utilized the health plan's or hospital's grievance process without success, there remains reason to believe the physician has been legitimately damaged by the indiscriminate use of health care data, the FMA shall make available its resources as appropriate to assist such FMA members. (*Res 95-35, HOD 1995*) (*Reaffirmed HOD 2005*)

P 305.014 AMA MODEL FOR PROVIDER SPONSORED ORGANIZATIONS

The Florida Medical Association approves the adoption of the AMA's model legislation on provider sponsored organizations as a starting point for Florida legislation, leaving open the option of modifying this legislation as the issue is reviewed. (*BOG November 1997*) (*Reaffirmed BOG 2007*)

P 305.015 PROVIDER SPONSORED ORGANIZATIONS

The Florida Medical Association supports as a priority for legislation the creation and regulation of provider service organizations and provider sponsored networks. (*BOG November 1997*) (*Reaffirmed BOG 2007*)

P 305.016 REPEAL OF TAX ON FREE STANDING FACILITIES

The Florida Medical Association supports the repeal of the 1.5% tax on free standing facilities to the extent that physicians' office practices be excluded from the tax, and further supports the Council on Legislation and Government Relations and staff coordinate legislative action with the affected specialty societies. (*BOG March 1997*) (*Reaffirmed BOG 2007*)

P 305.017 EDUCATE MEMBERS ON ECONOMICS OF HEALTH CARE DELIVERY

The Florida Medical Association supports educational efforts designed to inform members about changing opportunities in the economics of health care delivery and methods to improve their position in the field; what opportunities exist for the physician, how to access these opportunities; and further that such efforts involve the use of the Internet, speakers and consultants. (*BOG July 1997*) (*Reaffirmed BOG 2007*)

P 305.018 PHYSICIAN INCOME DATA REPORTING

The Florida Medical Association petitions the American Medical Association to never voluntarily offer physician income data/statistics to the media, public, or elsewhere unless as a direct response or retort to a misleading, incorrect, or arbitrary story. (*Res 98-63, HOD 1998*) (*Reaffirmed HOD 2008*)

P 305.019 REDUCING LIABILITY RISK

The Florida Medical Association recognizes the right of individual physicians to restrict their practices. (*Res 05-47, HOD 2005*)

P 305.020 UNFAIR ECONOMIC PROFILING

The Florida Medical Association supports action in courts aimed at ending unfair economic profiling in our state and provide all assistance necessary to ensure that it occurs as quickly as possible; and further that at the appropriate time, the FMA file an amicus brief in the case in support of the position of the plaintiffs. (*BOG April 2007*)

P 305.021 INCREASE REIMBURSEMENT FOR MEDICAL RECORDS REPRODUCTION

The Florida Medical Association shall take the necessary steps to ensure that the Florida Statutes, codes and/or regulations be amended to allow physicians to charge \$1.00 per page regardless of the number of pages being reproduced. (*Res 07-7, HOD 2007*)

P 305.022 PRE-IMAGING AUTHORIZATION PROCEDURES

The Florida Medical Association shall facilitate the development of methods and venues to meet with major third party payers through the Committee on Managed Care or the Council on Medical Economics to explore the magnitude, fiscal consequences upon the patient, and the administrative burden upon the practitioner and the profession, and propose innovative methods to relieve the physician of such burdensome duties as are being imposed or currently required for preauthorization for the referral and use of medical imaging modalities. (*Res 07-39, HOD 2007*)

P 305.023 PUBLIC REPORTING OF PHYSICIAN DATA

The Florida Medical Association asks that representatives to the Agency for Health Care Administration (AHCA) work closely with the FMA Committee on Patient Safety and Quality Improvement and the Specialty Society Section to ensure appropriate development of public reporting programs on physician data and physician level hospital data by AHCA. (*BOG July 2007*)

P 305.024 PUBLIC REPORTING BY AHCA

The Florida Medical Association (FMA) requests that the Agency for Health Care Administration (AHCA) suspend its program on physician procedure volume public reporting until it can be thoroughly reviewed by applicable specialty societies, the FMA, AMA and that the AHCA work in close consultation with these

groups for development of similar public reporting programs on physician data and physician level hospital data in the future. (*BOG July 2007*)

P 305.025 ABUSIVE ECONOMIC PROFILING PROGRAMS

The Florida Medical Association shall meet with the Florida Insurance Commissioner to discuss the matter of abusive economic profiling programs by health insurance companies and requests that the Commissioner's Office scrutinize these programs; and further gives the FMA Executive Committee the authority to evaluate alternatives for the FMA to pursue. (*BOG October 2007*)

P 305.026 REPORTING OF PAYER MEASURES

The Florida Medical Association requests that the Agency for Health Care Administration develop and report payer measures allowed in FS 408.061 on the FloridaCompareCare website by the middle of 2008 to improve transparency of third-party payer payment practices in Florida. (*BOG October 2007*)

P 305.027 DATA COLLECTION ON PHYSICIAN SHORTAGES

The Florida Medical Association shall continue to work with the Department of Health to compile and publish a compendium on the imminent statewide physician shortage and make that information available to its membership and the public when completed. (*Sub Res 08-19, HOD 2008*)

P 305.028 CONSOLIDATION OF PHYSICIANS OFFICES

The Florida Medical Association (FMA), in close collaboration with county medical societies, will organize regional conferences to educate physicians on ways to consolidate physician offices, and that these regional conferences charge registration fees so that they would be budget neutral for the FMA. (*Res 08-39, HOD 2008*)

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*)

P 307.000 MEDICAL MARIJUANA

P 307.001 MEDICAL MARIJUANA USE NOT SUPPORTED OR SUBSTANTIATED

The Florida Medical Association (FMA) opposes consideration of any initiative or policy supporting the use of medical marijuana in Florida; and further the FMA supports and adopts the following policy statements from the American Society of Addiction Medicine (ASAM): 1) That cannabis, cannabis-based products, and cannabis delivery devices should be subject to the same standards that are applicable to other prescription medications and medical devices and that these products should not be distributed or otherwise provided to patients unless and until such products or devices have received marketing approval from the Food and Drug Administration; 2) Reject smoking as a means of drug delivery since it is not safe; 3) Rejects a process whereby State and local ballot initiatives approve medicines because these initiatives are being decided by individuals not qualified to make such decisions (based upon a careful science-based review of safety and efficacy, standardization and formulation for dosing, or provide a means for a regulated, closed system of distribution for marijuana which is a CNS drug with abuse potential); and 4) Recommends its members and other physician organizations and their members reject responsibility for providing access to cannabis and cannabis-based products until such time that these materials receive marketing approval from the Food and Drug Administration. (*Amended Sub Res 11-110, BOG May 2012*)

P 310.000 MEDICAL RECORDS

P 310.001 CONFIDENTIALITY OF PATIENT RECORDS

The Florida Medical Association opposes any legislation or requests that allow for the release of the confidential portion of the patient medical record. (*BOG Rpt A, HOD 1985*) (*Reaffirmed HOD 1995*) (*Reaffirmed HOD 2005*)

P 310.002 OPEN RECORDS LAW

The Florida Medical Association actively opposes removal of the exemption for records and proceedings of medical staff committees from the open records law. (*BG Rpt E, HOD 1985*) (*Reaffirmed HOD 1995*) (*Reaffirmed HOD 2005*)

P 310.003 MEDICAL RECORDS: REVIEW BY GOVERNMENT/INSURANCE AGENCIES

In accordance with actions taken by the American Medical Association (AMA) at its June 1987 Annual Meeting, the Florida Medical Association (FMA) supports the concept that when a third party (insurance or governmental) seeks access to a patient's office medical file, that any access granted be limited to the specific illness or incident being questioned; and that any access to a patient's medical file should be granted only with the patient's specific consent; and further the FMA, in accordance with actions taken by the AMA, encourages physicians to help their patients understand the serious confidential issues involved in third party access to medical records, including patient rights under the law. (*Res 87-22, HOD 1987*) (*Reaffirmed 2000*) (*Reaffirmed HOD 2009*)

P 310.004 MEDICAL RECORDS

Florida Medical Association's policy is that physicians not release confidential patient information over the telephone to insurance companies unless they have been provided with a permission form signed by the patient. (*BOG October 1987*) (*Reaffirmed 2000*) (*Reaffirmed HOD 2009*)

P 310.005 MEDICAL RECORDS – SUMMARY

The Florida Medical Association supports legislation to allow physicians to provide a summary of the medical record in lieu of complete records, except where a party is involved in litigation; or when a patient presents in writing an individual request for their complete medical records to the physician. (*Res 88-22, HOD 1988*) (*Reaffirmed 1998*) (*Reaffirmed HOD 2008*)

P 315.000 MEDICAL SCHOOLS

P 315.001 FLORIDA MEDICAL ASSOCIATION REPRESENTATIVE AT MEETINGS

The Florida Medical Association (FMA) supports the inclusion of a representative from the FMA at the meetings of the Council of Medical School Deans. (*BOG March 1997*)(*Reaffirmed BOG 2007*)

P 315.002 DEVELOPING A DIVERSE HEALTH CARE WORKFORCE

The Florida Medical Association (FMA) calls upon medical schools to revitalize their efforts to improve the matriculation and graduation of minority students; and further promotes the maintenance, expansion, and reinstatement of programs that encourage minority enrollment in medical schools; and further supports calling upon medical schools to increase efforts to recruit and retain minority faculty; and further promotes the career advancement of minorities in health care leadership; and further seeks additional funding for programs that provide health care in minority and/or underserved communities; and further the FMA in conjunction with other health care associations explore the initiation and expansion of mentoring programs of minority students at the primary and secondary education levels. (*Res 03-19, HOD 2003*)

P 315.003 MEDICAL SCHOOLS AND GME TRAINING POSITIONS IN FLORIDA

The Florida Medical Association supports private-public partnerships to finance new postgraduate training positions; and also supports the establishment of new medical schools only if a new medical school provides

evidence that the medical school graduates could find postgraduate training positions in the state of Florida. (*Res 05-3, HOD 2005*)

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*)

P 320.002 MEDICAL STUDENTS OBTAINING ACCESS TO HEALTH CARE FACILITIES

The Florida Medical Association requests the American Medical Association continue working with AAMC and other national organizations to expedite, wherever possible, the standardization of requirements in regards to training on HIPPA, drug screening, and health requirements for medical students who are being taught in hospitals and other health care settings. (*Sub Res 07-4, HOD 2007*)

P 320.003 STUDENT HEALTH INSURANCE

The Florida Medical Association supports legislation that would require health insurance for each student in a state University in Florida. (*Amended Supp Report C-4, HOD 2008*) (*BOG October 2009*)

P 325.000 MEDICARE

P 325.001 VOLUNTARY PARTICIPATION

The Florida Medical Association opposes legislation mandating the acceptance and treatment of eligible recipients of Medicaid and Medicare but encourages voluntary participation and efforts to improve reimbursement and access to medical care for elderly citizens of Florida. (*BOG October 1987*) (*Reaffirmed HOD 2000*) (*Reaffirmed HOD 2009*)

P 325.002 CMS DENIAL OF PAYMENT FOR "SUBSTANDARD QUALITY CARE

The Florida Medical Association (FMA) opposes implementation of the Centers for Medicare and Medicaid Service's (CMS's) proposed denial of Medicare payment for "substantiated quality care" as well as accompanying letters which are to be sent to beneficiaries mentioning "substandard care" and especially that these letters not go out without due process and reconsideration; and further that all Florida congressmen and senators shall be forwarded a copy of the FMA's response to CMS regarding this issue with an appropriate personalized cover letter. (*BOG June 1989*) (*Reaffirmed HOD 2000*) (*Reaffirmed HOD 2009*)

P 325.003 VOLUNTARY ACCEPTANCE OF ASSIGNMENT

The Florida Medical Association encourages voluntary acceptance of assignment for Medicare recipients based on need. (*BOG January 1989*) (*Reaffirmed HOD 2000*) (*Reaffirmed HOD 2009*)

P 325.004 EXPLANATION OF BENEFITS

The Florida Medical Association supports changes in the wording of explanation of Medicare benefits to better explain to beneficiaries and physicians the basis of payment for medical services. (*BOG October 1989*) (*Reaffirmed HOD 2000*) (*Reaffirmed HOD 2009*)

P 325.005 MEDICARE CLAIM SUBMISSION FEE

The Florida Medical Association vehemently opposes any such provision that would result in charging physicians, hospitals or patients any fee for the submission of any claim, either Part A or Part B. (*Res 90-41, A-1990*) (*Reaffirmed HOD 2000*) (*Reaffirmed as amended HOD 2009*)

P 325.006 CLAIMS PROCESSING ACCURACY

The Florida Medical Association reaffirms policy supporting national legislation that penalizes Medicare carriers for inaccurate claims processing. (*Res 91-72, HOD 1991*) (*Reaffirmed 2001*) (*Reaffirmed HOD 2009*)

P 325.007 DEVELOPMENT AND REVISION OF PROCEDURE CODES

The Florida Medical Association (FMA) supports the American Medical Association (AMA) in maintaining responsibility for development and revision of procedure codes for evaluation and management services provided to Medicare patients; and further opposes efforts by the Physician Payment Review Commission to usurp the recommendations of the CPT editorial panel in development and revision of evaluation and management procedure codes; and further urges the CPT editorial panel to be responsive to changes in the current medical practice. (*BOG June 1991*) (*Reaffirmed 2001*) (*Reaffirmed HOD 2009*)

P 325.008 CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) NEW E & M DOCUMENTATION GUIDELINES

The Florida Medical Association supports the American Medical Association's strategy to correct the Evaluation & Management (E & M) documentation guidelines. The strategy consists of the following objectives:

1. Advocacy to ensure that physicians are protected from unwarranted fraud and abuse penalties when inadvertent coding or documentation errors occur, as well as ensuring the proper use of documentation guidelines and audit criteria by Medicare and other payers;
2. Ensuring the refinements to the guidelines are comprehensive and result from a process through which national medical specialty societies, state medical associations and other health care professional organizations continue to provide the American Medical Association, the CPT editorial panel and CMS with detailed recommendations for clarifying and improving the documentation guidelines;
3. A coordinated effort between the American Medical Association and other members of organized medicine to conduct an extensive educational effort to assist physicians during implementation of the final revised guidelines and associated payer audit criteria; and furthermore that the Florida Medical Association submit a resolution to the American Medical Association's House of Delegates to emphasize educational activities and the development of tools to assist physicians in understanding and using the guidelines. (*BOG February 1998*) (*Reaffirmed HOD 2008*)

P 325.009 MEDICARE E&M DOCUMENTATION GUIDELINES

The Florida Medical Association (FMA) opposes the implementation of the 1998 Medicare Documentation Guidelines for Evaluation and Management Services because they are detrimental to the quality of patient care, decrease access, and further threaten the confidentiality of patient records; and be it further resolved that the FMA work with other physician organizations to define and confirm what constitutes appropriate documentation in patient records; and be it further resolved that the FMA vigorously work to ensure that the burden of proof for fraud and abuse with regard to Medicare E&M Documentation Guidelines lie with the

prosecution; and be it further resolved that the FMA vigorously work to ensure appropriate safeguards for physicians, so that documentation or inadvertent errors in the patient record that do not meet evaluation and management coding guidelines, in and of themselves, do not constitute fraud and abuse; and be it further resolved that the FMA submit a resolution to the 1998 American Medical Association House of Delegates to carry out the intent of this resolution with regard to Medicare E&M Documentation Guidelines; and be it further resolved that the enforcement of any penalties regarding the new E&M Documentation Guidelines not be implemented for a minimum period of five years until data is available to determine the effect on quality of patient care, cost effectiveness, and efficiency of delivery. (*Res 98-21, HOD 1998*) (*Reaffirmed HOD 2008*)

P 325.010 EXPEDITE PROCESS FOR MEDICARE PROVIDER NUMBERS

The Florida Medical Association, in conjunction with the American Medical Association, shall take appropriate action with the Centers for Medicare and Medicaid Services (CMS) and others as necessary to expedite the process by which Medicare group and individual provider numbers are assigned to physicians. (*BOG November 2000*) (*Reaffirmed HOD 2009*)

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*)

P 325.012 MEDICARE PRACTICE EXPENSES

The Florida Medical Association requests that the American Medical Association (AMA) object to the implementation of the Centers for Medicare and Medicaid Services (CMS) proposed practice expense formula change in 2006 in the AMA's comments to CMS; and further that the AMA request that CMS delay implementing the proposed practice expense formula change for at least one year, to allow organized medicine the necessary time to appropriately evaluate the formula and its impact on the different medical specialties. (*Res 05-78, HOD 2005*)

P 325.013 OPTING OUT OF MEDICARE

The Florida Medical Association requests review of the penalties and provisions associated with the Medicare opt-out program. (*Res 05-53, HOD 2005*)

P 325.014 POLICY ON SUSTAINABLE GROWTH RATE

The Florida Medical Association (FMA) approves following the policy of the American Medical Association (AMA) on the Sustainable Growth Rate (SGR) issue and immediately send letters from the FMA to Florida's two U.S. Senators and selected members of the U.S. House of Representatives asking them to co-sponsor proposed legislation which will correct the Medicare fee schedule imbalance. (*BOG July 2005*)

P 325.015 EDUCATE THE PUBLIC ON POTENTIAL LACK OF ACCESS TO HEALTHCARE FOR MEDICARE RECIPIENTS

The Florida Medical Association requests the American Medical Association (AMA) organize a week of awareness to educate the public about the impending crisis in access to care for Medicare patients; and further that this week of awareness be observed in all states nationwide in order that physicians could attend educational programs in their states related to management of this crisis; and further that all physicians be encouraged to attend these educational programs about the Medicare crisis while arranging for emergency

coverage for their patients during this week of awareness; and further that at the same time as the nationwide week of awareness about the Medicare crisis, a special week-long program be held by the AMA in Washington, D.C. to bring additional attention to the Congressional delegations about the impending crisis in access to care for Medicare patients; and further that in the event the planning and coordination efforts indicate that the nationwide program about the Medicare crisis is not feasible then the week-long program about the impending crisis in access to care for Medicare patients still be held by the AMA in Washington, D.C. and physicians from the entire nation be invited and encouraged to attend and that the Washington, D.C. meeting be held by the AMA about the Medicare crisis serve as a means for the AMA to bring public awareness and media attention to the potential loss of access to care if appropriate increase in Medicare reimbursement is not provided by prompt Congressional action. (*Res 06-28, HOD 2006*)

P 325.016 REPEAL OF SUSTAINABLE GROWTH RATE IN MEDICARE PAYMENT TO PHYSICIANS

The Florida Medical Association, through the Florida AMA Delegation, continuously seeks to achieve the repeal of the unjust Sustainable Growth Rate (SGR) purportedly proposed to achieve budget neutrality which is imposed upon physicians without compromising AMA Principles of Pay for Performance. (*Res 06-40; HOD 2006*)

P 325.017 GEOGRAPHIC PRACTICE COST INDEXES (GPCI)

The Florida Medical Association, through its delegation to the American Medical Association (AMA), petitions the AMA to include review and revision of the Geographic Practice Cost Indexes (GPCI) as a component of overall Medicare reform. (*Res 06-5, BOG October 2006*)

P 325.018 MEDICARE REPLACEMENT POLICIES

The Florida Medical Association (FMA) pursue state legislation and the FMA Delegation to the AMA request that the AMA pursue legislation to accomplish the following: that any Medicare replacement policy sold to a Medicare patient must include a seven-day fully cancelable without penalty waiting period; that this legislation also require that the Medicare replacement policies carry a separate distinct page requiring the patient's signature stating, in English and Spanish, "*This coverage is not traditional Medicare. You have chosen to cancel your traditional Medicare coverage; not all physicians, hospitals and laboratories accept this new Medicare replacement policy.*" and include the time period before they can resume their traditional Medicare coverage; and that the FMA petition the Commissioner of Insurance (or the person/department of appropriate authority) and the Florida AMA Delegation request the AMA petition the Centers for Medicare and Medicaid Services to implement the patient's signature page in a Medicare replacement policy. (*Res 07-18, HOD 2007*)

P 325.019 MEDICARE BALANCE BILLING

The Florida Medical Association requests that the AMA devote substantial political and financial resources to unconditionally ensure that patients access to care is not negatively impacted by the budget neutral restrictions of the current Medicare Physician Payment structure and that physicians unconditionally resume the right to balance bill patients for Medicare services beginning by January 2009. (*Sub Res 07-17, HOD 2007*)

P 325.020 AMA INVOLVEMENT IN CONGRESSIONAL MEDICARE REFORM

The Florida Medical Association requests that the American Medical Association (AMA) create a campaign to educate Americans about the limitations of the Medicare program and the benefits of ending Medicare price fixing that may result in increased choice, increased access to physician care and the ability to preserve Medicare for future generations; and further that the campaign message be presented to the AMA House of Delegates in A-09. (*Sub Res 08-30, HOD 2008*)

P 325.021 MEDICARE PARTICIPATION LETTERS

The Florida Medical Association (FMA) encourages all physicians who are dropping Medicare assignment because of reductions and uncertainties with respect to payment, to notify the Florida members of the United States House and Senate, the FMA, and the Centers for Medicare and Medicaid Services, of their intent to discontinue participating in the Medicare program. (*Amended Referred Res 09-50, Rpt.D-2, HOD 2010*)

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*)

P 330.000 MENTAL HEALTH

P 330.001 TRANSFER TO DEPARTMENT OF HEALTH

The Florida Medical Association supports the transfer of the state's mental health and substance abuse program from the Department of Children and Families to the Department of Health. (*BOG July 1997*) (*Reaffirmed BOG 2007*)

P 330.002 MENTAL HEALTH PARITY

The Florida Medical Association supports legislative action for mental health parity. (*Res 09-34, HOD 2009*)

P 335.000 NEUROLOGICAL INJURY COMPENSATION ACT (NICA)

P 335.001 BIRTH WEIGHT

The Florida Medical Association adopts a position of support for legislation to lower the qualifying birth weight for infants to be covered by the Neurological Injury Compensation Act (NICA) program, unless the reduction would make the program actuarially unsound. (*BOG November 1997*) (*Reaffirmed BOG 2007*)

P 335.002 EXPANSION OR DISSOLUTION OF NICA

The Florida Medical Association (FMA) requests that any future expansion of the Neurological Injury Compensation Act (NICA) include input and/or approval from the FMA and supports seeking legislation requiring the return of all monies to the contributing physicians should the NICA fund be discontinued. (*Res 97-35, HOD 1997*) (*Reaffirmed BOG 2007*)

P 335.003 AUDIT OF NICA

The Florida Medical Association requests from NICA, or, if necessary that legislation be sought to obtain, the following items: the dollar reserve in the fund at present; the amount utilized for patients during each of the past five years as well as the amount in reserve during each of those years; the amount spent on administrative costs during each of the past five years; a detailed list of overhead and other expenses; the number of physicians enrolled in NICA; and future plans for NICA (including, but not limited to, a cost/benefits analysis and any rate changes anticipated). (*Res 97-35, HOD 1997*) (*Reaffirmed BOG 2007*)

P 335.004 NICA EXPANSION FOR BRACHIAL PLEXUS INJURED CHILDREN

The Florida Medical Association (FMA) supports passage of legislation which calls for the expansion of the existing Neurological Injury Compensation Action (NICA) program to include brachial plexus injury; and further supports legislation expanding the existing NICA program, that the legislation not create additional financial burden to nonparticipating Florida physicians above the current \$250 annual assessment level. (*Sub Res 08-31, HOD 2008*)

P 340.000 NURSES AND NURSING

P 340.001 PHYSICIAN-NURSE PROFESSIONAL RELATIONSHIP

The Florida Medical Association strongly supports the professional relationship of nurses and physicians; specifically to allow the Board of Medicine to create appropriate regulations governing physician and nurse activities, assuring safety for the citizens of Florida. (*BOG November 2004*) (*Reaffirmed HOD 2012*)

P 340.002 DOCTOR DEGREE FOR NURSES

The Florida Medical Association vigorously opposes any proposal or legislation that offers a “Doctor” degree for nurses. (*Res 05-33, HOD 2005*) (*Reaffirmed HOD 2012*)

P 340.003 NURSING MEASURES

The Florida Medical Association (FMA) shall work with the Florida Nurses Association to evaluate and make recommendations for the use of nursing measures to be publicly reported to include, but not necessarily limited to, the following five areas; and that these recommendations be evaluated by the appropriate FMA council or committee and report back at the 2008 meeting of the House of Delegates: (1) nursing ratios per care unit; (2) qualifications of nurses per care unit; (3) years of experience of nurses; (4) licensing and qualifications of nurses; (5) availability and use of clerical help on nursing units. (*Res 06-27, BOG Rpt D, HOD 2007*)

P 340.004 FLORIDA BOARD OF NURSING’S PROPOSED RULE ON SEDATION

The Florida Medical Association actively opposes the Florida Board of Nursing’s proposed rule on conscious sedation. (*BOG May 2010*)

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*)

P 345.000 OCCUPATIONAL HEALTH

P 345.001 INSTITUTION OF STATE-LEVEL OCCUPATIONAL HEALTH PROGRAM

The Florida Medical Association supports the institution of an occupational health program at the state level within the Department of Health to assess the magnitude of occupational disease in Florida. (*BOG Rpt B, HOD 1985*) (*Reaffirmed HOD 1995*) (*Reaffirmed with editorial change HOD 2005*)

P 345.002 DESIGNATION OF COMMUNICABLE DISEASES

The Florida Medical Association supports a legislative concept to designate certain occupational diseases, including lead, mercury and arsenic poisonings as notifiable occupational diseases. (*BOG February 1986*) (*Reaffirmed A-1996*) (*Reaffirmed HOD 2006*)

P 350.000 ORGAN DONATION & TRANSPLANTATION

P 350.001 CORNEAL TRANSPLANTS

The Florida Medical Association supports the Florida Society of Ophthalmology in opposing an effort to require written authorization from the next of kin of a decedent in corneal transplant cases. (*BOG March 1984*)(*Reaffirmed A-1994*) (*Reaffirmed HOD 2005*)

P 350.002 ORGAN HARVESTING

The Florida Medical Association, through its membership, endorses organ donation as an appropriate and meaningful experience for the recipients and the grieving families; and further ask its members to encourage hospital involvement in the maintenance of the potential organ donor as the ultimate life-saving opportunity for those who suffer from end-stage organ failure; and further encourages its members to assist the transplant programs in their efforts to procure donated organs for transplantation and thus become integral members of the "transplant team" in its life-saving efforts; and further will evaluate the need for and, if appropriate, pursue proper legislation to implement this program. (*Res 85-11, A-1985*) (*Reaffirmed A-1995*) (*Reaffirmed HOD 2005*)

P 350.003 SUPPORT OF ORGAN AND CORNEA DONATION

The Florida Medical Association officially states its support of organ, tissue and cornea donation and shall contact district medical examiners and other appropriate officials asking for their support of such donations; and further shall use its good offices to support such legislation as may come before the Florida Legislature which may promote organ donation. (*Res 95-6, A-1995*) (*Reaffirmed with title change, HOD 2005*)

P 350.004 PROPOSED RULE TO ALLOCATE ORGANS FOR TRANSPLANTS ON A NATIONAL BASIS

The Florida Medical Association objects to the Department of Health and Human Services' proposed rule to allocate organs for transplants on a national basis; and further believes that the allocation of organs should be based on sound medical judgment and apolitical. (*BG MIN 1998-07*) (*Reaffirmed HOD 2008*).

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*)

P 355.000 PATIENT RESPONSIBILITY

P 355.001 SHARED RESPONSIBILITY

The Florida Medical Association is directed to draft a policy statement, for public distribution, use in media efforts, and for distribution to Florida's Congressional Delegation and the Centers for Medicare and Medicaid Services, that defines patient responsibility with regards to management of illness and injury, communication with physicians and other health care providers and utilization of emergency and routine medical resources; and further partner with other medical organizations to advocate for enhanced patient responsibility. (*Amended Res 10-406, HOD 2010*)

P 360.000 PATIENT SAFETY

P 360.001 QUALITY MEDICAL CARE THROUGH PATIENT SAFETY INITIATIVES

The Florida Medical Association (FMA) continues to devote adequate staff and other resources necessary to evaluate and influence patient safety and medical quality initiatives consistent with FMA policy and assign the task as a regular agenda item to appropriate FMA councils and the FMA Board of Governors; the FMA calls for the testing of patient safety initiatives, and the use of pilot programs prior to a full implementation of a program whenever possible, to maximize the chance for any new program to be successful and not just create new work or additional problems; the FMA calls for new patient safety initiatives to be recommended only after consideration of how the new initiatives will interrelate to all existing patient safety initiatives; the

FMA calls for all patient safety initiatives to be structured to avoid the creation of any unnecessary financial, manpower, or regulatory burdens on hospitals, physicians or patients. (*Res 05-8, HOD 2005*)

P 360.002 PATIENT SAFETY AND CONTINUITY OF CARE IN ELECTRONIC RECORDS

The Florida Medical Association supports a common communication language for all electronic health records; and supports that patient data for care purposes and safety be transferable from one company's program to another in compliance with HIPAA guidelines. (*Res 05-15, HOD 2005*)

P 360.003 INFORMATION TECHNOLOGY

The Florida Medical Association continues to take a leadership role among the medical associations in the state regarding the issues of patient safety and information technology. (*Res 05-45, HOD 2005*)

P 360.004 PHYSICIAN ERRORS

The Florida Medical Association seeks from the American Medical Association the real number of patient deaths caused by physician errors to be broken down so that appropriate responsibility can be identified; and further that physicians are willing to work for a solution but are not willing to accept the blame. (*BOG October 2005*)

P 365.000 PAY-FOR-PERFORMANCE

P 365.001 PAY-FOR-PERFORMANCE

The Florida Medical Association adopts as policy the American Medical Association's Principles and Guidelines for Pay-for-Performance programs and opposes policies or programs of any public or private entity relating to the medical quality, patient safety and reporting of medical process and outcome data if they are not compliant with the AMA Principles and Guidelines for Pay-for-Performance. (*Res 05-7, HOD 2005*)

P 365.002 PAY-FOR-PERFORMANCE PROGRAMS IN FLORIDA

The Florida Medical Association seeks legislation to require that any insurance payer that engages in pay-for-performance or any similar rating system by which contracted physicians are identified on "quality measures" must clearly, plainly and fully disclose to its providers and patients the basis on which those measures are made, and whether or not those criteria are in accordance with the American Medical Association's Principles and Guidelines for Pay-for-Performance. (*Res 05-58, HOD 2005*)

P 365.003 PAYER MEASURES FOR PRIVATE AND PUBLIC HEALTH INSURANCE

The Florida Medical Association (FMA) shall work with employer coalitions and physician billing services to evaluate on an annual basis and recommend standards for "payer measures" for the insurance industry and government payers to be publicly reported for consumers that would include but not necessarily be limited to: 1. Number of patients enrolled; 2. Total Company and individual plan revenue/expense and profit; 3. Procedures covered and not covered by policy; 4. Number of primary and specialist physicians; 5. Number of Denied Claims (and %); a. # denied based on "pre-existing condition;" b. # denied and later allowed; c. # denied for no reason; 6. Waiting time for authorization of common procedures; 7. Waiting time for authorization of advanced procedures; 8. Waiting time for payment; 9. Morbidity and mortality due to denied or delayed care; 10. Number of appeals by customers or physicians; 11. Number of successful appeals by customers or physicians; 12. Number of consumer complaints; 13. Number of government fines/sanctions; 14. Use of economic profiling of physicians to limit physicians on panel; 15. Use of quality measures approved by qualified specialty societies; and further, through its delegation to the American Medical Association, present this resolution at the AMA Interim Meeting in 2006 relating to standards for "payer measures" for the insurance industry to be publicly reported for consumers. (*Res 06-11, HOD 2006*)

P 365.004 TRANSPARENCY OF PHYSICIAN RATING PROGRAMS

The Florida Medical Association (FMA) supports legislation on transparency of physician rating programs only if it is substantially compliant with FMA policy on physician rating, pay for performance, public reporting and payer measures (including but not limited to Resolutions 05-5, 05-7, 05-58, 06-1, 06-11, and 07-15) giving significant leeway to the FMA legislative team to achieve our FMA mission. (*BOG October 2008*)

P 370.000 PEER REVIEW /PEER REVIEW ORGANIZATIONS

P 370.001 PRO REVIEWERS

The Florida Medical Association seeks to require that the first review of an appeal of decisions by the PRO be made by physicians in the same specialty as the physician making the appeal. (*BOG January 1989*) (*Reaffirmed 2000*) (*Reaffirmed HOD 2009*)

P 370.002 PRO QUALITY DENIALS

The Florida Medical Association supports the institution of an appeal mechanism related to PRO quality denials subsequent to failed generic quality screens. (*BOG January 1989*) (*Reaffirmed HOD 2000*) (*Reaffirmed HOD 2009*)

P 370.003 REVIEW PROCESS CHANGES

The Florida Medical Association urges that in instances where review process changes in any way might increase admission denials, changes in criteria, administration or policy, physicians would be properly notified in advance in writing via the PRO Bulletin or other appropriate mechanisms. (*BOG June 1989*) (*Reaffirmed HOD 2000*) (*Reaffirmed HOD 2009*)

P 370.004 VOLUNTARY PEER REVIEW

The Florida Medical Association recommends that all recognized specialty groups form voluntary peer review committees to review an individual physician's standard of care upon request of that physician. (*BOG March 1990*) (*Reaffirmed 2000*) (*Reaffirmed HOD 2009*)

P 370.005 EXTENSION OF PRO ACTIVITIES TO PHYSICIANS' OFFICES

The Florida Medical Association vigorously opposes any expansion of peer review organization (PRO) activities in reviewing charts of Medicare patients in physicians' offices, hospitals, or any other place of service until such a time when it can be clearly demonstrated and documented that such review is cost-effective, genuinely educational to the practicing physicians involved, not disruptive to physician-patient relationships, and productive of improved quality of care for patients. (*Res 90-26, HOD 1990*) (*Reaffirmed 2000*) (*Reaffirmed HOD 2009*)

P 370.006 SUBMITTAL OF PRACTICE PARAMETERS TO PRO

The Florida Medical Association encourages state specialty societies to obtain practice parameters as developed by their parent national societies and use these parameters to evaluate current peer review organizations (PRO) generic screens; and further societies are encouraged to approach the Professional Foundation for Health Care and recommend appropriate modifications to their generic screens. (*BOG January 1991*) (*Reaffirmed HOD 2001*) (*Reaffirmed HOD 2009*)

P 370.007 CHANGES TO THE PRO

The Florida Medical Association supports fundamental changes to the current peer review system utilized by CMS and will work to develop a true peer review system which has as its primary basis quality and education rather than financial considerations. (*Res 91-23, HOD 1991*) (*Reaffirmed 2001*) (*Reaffirmed HOD 2009*)

P 370.008 BACKGROUND OF REVIEWERS

The credentials and background of PRO reviewers should be made known to the Florida Medical Association and those physicians being examined before the peer review is performed. (*Res 91-55, HOD 1991*) (*Reaffirmed HOD 2001*) (*Reaffirmed HOD 2009*)

P 370.009 PEER REVIEW BY ACTIVELY PRACTICING PHYSICIANS

The Florida Medical Association encourages the American Medical Association to lobby Congress and Centers for Medicare/Medicaid Services (CMS), to change the peer review process so that only actively practicing physicians, in the same specialty or subspecialty, be allowed to perform retrospective reviews for the fiscal intermediary for Medicare. (*Res 91-66, HOD 1991*) (*Reaffirmed 2001*) (*Reaffirmed HOD 2009*)

P 370.010 PRO REVIEWERS

The Florida Medical Association recognizes the importance of peer review organizations (PRO) physician reviewers and encourages member physicians to become reviewers with the Florida Professional Review Organization, Inc. (*BOG January 1992*) (*Reaffirmed HOD 2005*)

P 370.011 DOUBLE STANDARDS IN PRO REVIEW

The Florida Medical Association requests from the Centers for Medicare/Medicaid Services (CMS), as regards to quality care issues, that all chart reviews be performed by the Florida PROs with identical standards of care for non-HMO and HMO patients; and further that chart reviews should be done without regard to provider affiliation; and further that HMO charts should not be exclusively reviewed by HMO physicians; and further through its delegation to the American Medical Association (AMA), submit a similar resolution to the AMA House of Delegates. (*Res 94-01, HOD 1994*) (*Reaffirmed HOD 2005*)

P 370.012 CONFIDENTIALITY OF PEER REVIEW PRODUCT

The Florida Medical Association seeks to ensure that there is, and will continue to be, adequate judicial guidance and instruction to state agencies in place in Florida to prevent the loss of confidentiality of peer review products. (*Res 99-39, HOD 1999*) (*Reaffirmed HOD 2009*)

P 370.013 ON-SITE REVIEWS

The Florida Medical Association supports policy preventing peer review organizations from entering a physician's office at their convenience to conduct on-site reviews of a physician's office. (*BOG March 2000*) (*Reaffirmed HOD 2009*)

P 370.014 PEER REVIEW INVESTIGATIONS

The Florida Medical Association supports federal legislation that would make peer review investigations confidential in civil or administrative proceedings. (*BOG November 2004*) (*Reaffirmed HOD 2012*)

P 370.015 DEFINITION OF SHAM PEER REVIEW

The Florida Medical Association (FMA) adopts the following definition of sham peer review as a corruption of the peer review process taken in bad faith that sanctions a penalty, or some coercive measure intended to ensure compliance of a physician for purposes unrelated to assuring quality care; and further the FMA adopted the following six actions: (1) educate members on the topic of sham peer review and the options to manage it; (2) work to enact legislation to prevent sham peer review; (3) work with medical staffs and individual members to ensure appropriate peer review designed to improve quality and not used for other purposes; (4) build a legal defense fund to assist its members affected by sham peer review; (5) work with the Association of American Physicians and other organizations to meet these goals; (6) facilitate a support group to help impacted physicians. *(BOG May 2009)*

(Historical Note: Res 08-2, adopted by the 2008 House of Delegates, directed the FMA to create a task force to examine the issue of sham peer review and to offer standards for high quality, effective and fair peer review processes. This policy is a result of the findings of the task force.)

P 370.016 PEER REVIEW ORGANIZATIONS UPDATE

The Florida Medical Association approves updates to its peer review section that peer review organizations (PROs) were created by Medicare to interpret quality of medical care delivered to Medicare patients; and further that policies referring to PROs remain applicable to other similar policies on peer review activities by third party payers, for instance as of 2009, the PRO is now designated a Quality Improvement Organization (QIO) and the Florida Medical Quality Assurance Inc. is a Florida QIO as of 2009. *(BOG May 2009)*

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)*

P 375.000 PHYSICIAN FEES

P 375.001 TRANSPARENCY IN HEALTH INSURANCE CPT REIMBURSEMENT SCHEDULES

The Florida Medical Association (FMA) seeks enforcement by the Insurance Commissioner or supports legislation requiring all health insurance companies providing coverage in Florida to give all physicians access, on the insurance company's website, to the participating physician's current complete fee schedule(s) which must be updated not less than quarterly; and further that such schedules must provide payment rates for all current CPT codes for all of that vendor's contracted health insurance plans and products; and further the FMA will seek enforcement by the Insurance Commissioner or support legislation requiring all health insurance companies providing coverage in Florida to give all physicians access on the insurance company's website, to the proposed contract's payment rates for all current CPT codes for all of the vendor's contracted health insurance plans and products included in the proposed contract, before or at the time the insurance company furnishes the physician with the proposed contract; and further require that said enforcement by the Insurance Commissioner or legislation include financial penalties for failure of insurance company compliance. *(Res 09-14, HOD 2009)*

P 378.000 PHYSICIAN PATIENT RELATIONSHIP

P 378.001 ENSURING PATIENT RIGHT TO CHOOSE PHYSICIAN DURING HOSPITALIZATION

The Florida Medical Association seeks and supports legislation that would require patients to be informed of their policy terms regarding hospitalists; and further seeks and supports legislation allowing the patient to choose which physician will admit and provide primary care for the patient during hospitalization. *(Res 98-8, HOD 1998) (Reaffirmed HOD 2008)*

P 378.002 PROTECTING PATIENT RIGHTS

The Florida Medical Association (FMA) insists that in all medical decisions, the best interests of the patients are the top priority in the doctor-patient relationship and physicians shall not be coerced, forced or required by any means to comply with clinical practice guidelines not felt by the physician and the patient to be in the individual patient's best interests; and further seeks and supports legislation and administrative code implementing mandatory reporting or implementation of process measures or guidelines only when the process measure or guideline has been clearly linked to an improvement of outcomes based on class I evidence and consensus position statements of specialty and other medical societies who are qualified to review the measures; and further seeks and supports legislation and administrative code protecting a patient's rights to access medical care that is not subject to third party decision-making outside of the doctor-patient relationship and supporting a physician's right to advise patients based on the patient's best interests; and further, through its delegation to the American Medical Association (AMA) and will ask the AMA do the same. (*Res 05-5, HOD 2005*)

P 378.003 PREVENT INTRUSION IN PHYSICIAN-PATIENT SELF DETERMINATION AND AUTONOMY IN DECISION MAKING

The Florida Medical Association opposes any legislation that infringes on physician practice autonomy and the doctor/patient relationship. (*Res 09-33, HOD 2009*)

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*)

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*)

P 380.000 PHYSICIAN PAYMENT & REIMBURSEMENT

P 380.001 OUTPATIENT REIMBURSEMENT

The Florida Medical Association believes that health insurers should be required to reimburse physicians for all procedures that the attending physician determines can be safely and appropriately performed on an outpatient basis but are currently being reimbursed only on an inpatient basis. (*BOG October 1983*)(*Reaffirmed HOD-1994*) (*Reaffirmed HOD 2005*)

P 380.002 SUPERVISION OF MEDICAL SERVICES; PHYSICIAN RESPONSIBILITY AND REIMBURSEMENT

The Florida Medical Association (FMA) firmly supports the position that direct and indirect physician supervision of professional medical services be recognized as an important and compensable activity of physicians; and further that such activities represent a compensable service for which direct reimbursement to physicians remains appropriate; and further the FMA petitions the AMA CPT Editorial Panel for the creation of CPT codes to address this subject. (*Res 94-3, HOD 1994*) (*Reaffirmed HOD 2005*)

P 380.003 PHYSICIAN REIMBURSEMENT FROM THIRD-PARTY PAYERS

The Florida Medical Association shall contact third-party payers and advise them of the need to correct the present problem of patients receiving insurance payments and not paying their bills. (*Res 94-23, HOD 1994*) (*Reaffirmed HOD 2005*)

P 380.004 REIMBURSEMENT OF FIRST ASSISTANT FEES

The Florida Medical Association seeks legislation which would require third-party payers to compensate physician first assistants in those cases identified by the American College of Surgeons as justifiably requiring an assistant. (*Res 95-39, HOD 1995*) (*Reaffirmed HOD 2005*)

P 380.005 REIMBURSEMENT OF POST-MASTECTOMY BREAST RECONSTRUCTIONS

The Florida Medical Association shall help develop model legislation requiring all insurance plans that cover mastectomy to offer individuals surgery on the operated breast and the contralateral breast to achieve symmetry of shape and size. (*Res 96-28, HOD 1996*) (*Reaffirmed HOD 2006*)

P 380.006 LATE PAYMENTS TO PHYSICIANS

The Florida Medical Association supports legislation to ensure interest penalties on late payments made to physicians and/or patient reimbursements beyond 14 days for electronic claims and 30 days for paper claims by managed care organizations, physician networks and other third party payers, following submission, by the physician, of a clean claim form to conform with Florida Statute 627.663, and organizations that use utilization data to calculate payments have 14 days after the close of the period of time used for collection of this data. (*Res 97-29, HOD 1997*) (*Reaffirmed BOG October 2007*)

P 380.007 INAPPROPRIATE BUNDLING OF CPT CODES AND WORK

The Florida Medical Association opposes the inappropriate bundling of CPT codes and will work with the appropriate specialty societies using all actions necessary to eliminate this practice by insurers. (*BOG July 1998*) (*Reaffirmed HOD 2008*)

P 380.008 AUTHORIZATION NUMBER VALIDITY

The Florida Medical Association supports seeking legislation to require managed care organizations to honor authorization numbers and reimburse physicians according to their contractual agreements. (*Res 98-35, HOD 1998*) (*Reaffirmed HOD 2008*)

P 380.009 MENTAL HEALTH CARE IN THE PRIMARY CARE SETTING

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

P 380.010 REIMBURSEMENT OF EMERGENCY ROOM SERVICES

The Florida Medical Association supports legislation prohibiting denials by insurance companies for emergency room services if drug and alcohol intoxication is discovered in the patient's records, and further supports providing reimbursement for all emergency care delivered to patients as is the intent of Chapter 641, Florida Statutes. (*Res 00-46, HOD 2000*) (*Reaffirmed HOD 2009*)

P 380.011 REIMBURSEMENT DENIAL BASED SOLELY ON SPECIALTY

The Florida Medical Association opposes any effort by insurance companies or third party payers to restrict professional fee reimbursement based solely on specialty; and further legislation banning insurers from denying reimbursement based solely on specialty; and further through its delegation to the American Medical Association (AMA), calls for the AMA to oppose insurance companies from restricting professional fee

reimbursement based on specialties and pursue, through federal legislation, banning insurers from denying reimbursement solely on specialty. (*Res 03-10, HOD 2003*) (*Reaffirmed HOD 2011*)

P 380.012 PHYSICIAN COMPENSATION FOR EMERGENCY DEPARTMENT CALL ROTATION

The Florida Medical Association supports the concept of financial compensation for physicians required to participate in “on-call” rotation for the purpose of maintaining hospital staff privileges; and further will develop and disseminate a white paper on methods to provide financial compensation to physicians on-call. (*Res 06-30, HOD 2006*)

P 380.013 EMERGENCY ROOM COVERAGE

The Florida Medical Association (FMA) endorses the FMA’s Specialty Society Section’s white paper on gaining appropriate compensation for emergency room coverage. (*BOG October 2007, Refer to Appendix P380.013*)

P 380.014 PROHIBITION OF NON-PAYMENT OF CLAIMS DUE TO INSURER’S DELAY

The Florida Medical Association actively seeks legislation that requires a health insurer to update its coverage files and patient eligibility data within 30 calendar days of any change; and actively seek legislation that requires that all services provided during the 30-day period be exempt from pre-certification requirements; and actively seeks legislation that requires that once a patient service has been pre-certified with an insurer, the insurer be obligated to pay that claim even if the pre-certification was in error due to insurers delay in updating coverage information; and actively seek legislation that imposes a monetary penalty for any insurer that denies payment to a physician, or imposes any penalty on a physician, due to insurance company delays in the patient member’s update process. (*Res 08-14, HOD 2008*)

P 380.015 EMERGENCY ROOM COVERAGE

The Florida Medical Association seeks legislation to eliminate the present fixed price for emergency room and emergency inpatient hospital services, establishing either free market prices or a more appropriate fixed price of 250 percent of Medicare allowable; and further requests the American Medical Association seek legislation that would increase emergency room reimbursement for non-network providers to free market rates or a fixed price of 250 percent of Medicare. (*Res 08-40, HOD 2008*)

P 380.016 REIMBURSEMENT FOR PROFESSIONAL SERVICES

The Florida Medical Association, requests the AMA to pursue legislation requiring physician reimbursement for time spent providing professional services through the use of such modalities as telephone, email and other electronic communication methods regardless of the treating physician’s physical proximity to the patient at the time those services are rendered. (*Res 09-15, HOD 2009*)

P 380.017 PHYSICIAN COMPENSATION FOR CASE MANAGEMENT SERVICES

The Florida Medical Association supports development of a plan to allow compensation for time spent educating case managers and similar hospital personnel as to specific patient treatment plans. (*Res 09-19, HOD 2009*)

P 380.018 APPROPRIATE PAYMENT FOR VACCINES AND VACCINE ADMINISTRATION

The Florida Medical Association seeks legislation to ensure commercial insurance payment for all vaccines be no less than 25% above the vaccine cost on the CDC Vaccine Price List, and further seeks legislation to ensure that payment for each billed age-specific and non-age specific vaccine administration CPT code be not less than Medicare rates. (*Amend Res 10-106, HOD 2010*)

P 380.019 APPROPRIATE PAYMENT BY AHCA FOR VACCINES AND THEIR ADMINISTRATION

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

P 380.020 TIMELY AND APPROPRIATE PAYMENTS FOR NEW CPT CODES

The Florida Medical Association supports legislation to ensure that, beginning January 1st of each year, health insurance companies recognize and pay physicians for all current-year CPT codes billed. (*Res 11-314, HOD 2011*)

P 380.021 APPROPRIATE PAYMENTS FOR VACCINE PRICE INCREASES

The Florida Medical Association seeks or supports legislation requiring health insurance companies increase vaccine payments by an amount at least equal to the manufacturer vaccine price increase(s) beginning on the day the price increase(s) goes into effect. (*Res 11-315, HOD 2011*)

P 385.000 PHYSICIAN PAYMENT & REIMBURSEMENT – MEDICARE-MEDICAID

P 385.001 MEDICARE REIMBURSEMENT; OVERHEAD EXPENSES

The Florida Medical Association requests the American Medical Association petition the Centers for Medicare and Medicaid Services (CMS) to incorporate legitimate overhead expenses into reimbursement for performing ancillary services and office testing. (*Res 90-56, HOD 1990*) (*Reaffirmed HOD 2000*) (*Reaffirmed HOD 2009*)

P 385.002 MEDICARE PHYSICIAN PAYMENT SCHEDULE/RBRVS

The Florida Medical Association opposes the immediate use of RBRVS by the private insurance industry until the major inequities of RBRVS and its implementation by CMS are resolved; and further opposes any legislative plan to mandate Medicare payment levels by private insurers. (*Res 92-63, HOD 1992*) (*Reaffirmed HOD 2002*) (*Reaffirmed HOD 2010*)

P 385.003 PARITY IN REIMBURSEMENTS

The Florida Medical Association requests the American Medical Association pursue legislation that would require the Centers for Medicare and Medicaid Services to establish parity in reimbursement and coverage policy for preventive services, regardless of the beneficiary's enrollment status. (*BOG March 1997*) (*Reaffirmed BOG October 2007*)

P 385.004 RBRVS LAWSUIT

The Florida Medical Association requests that the American Medical Association seek correction of the inadequate malpractice elements in the RBRVS formula. (*Res 03-22, HOD 2003*)(*Reaffirmed HOD 2011*)

P 385.005 MEDICARE REIMBURSEMENT

The Florida Medical Association seeks legislation establishing a minimum of 150% of the Medicare fee schedule for reimbursement of non-surgical codes in workers' compensation cases, 200% of the Medicare fee schedule for reimbursement of surgical code, and 300% of the Medicare fee schedule for reimbursement of anesthesia codes. (*BOG March 2003*)(*Reaffirmed as amended, HOD 2011*)

P 385.006 MEDICARE REIMBURSEMENT PAYMENTS

The Florida Medical Association supports exploring avenues to inform Medicare patients of the cuts in physician Medicare reimbursement payments and how this will affect their access to health care. (*BOG October 2005*)

P 385.007 MEDICARE REIMBURSEMENT

The Florida Medical Association petitions the American Medical Association to include review and revision of the Geographic Practice Cost Indices (GPCI) as a component of overall Medicare reform. (*Res 06-5, BOR Rpt. D, HOD 2007*)

P 385.008 EMERGENCY ROOM COVERAGE

The Florida Medical Association seeks legislation to eliminate the present fixed price for emergency room and emergency inpatient hospital services, establishing either free market prices or a more appropriate fixed price of 250 percent of Medicare allowable; and further requests the American Medical Association seek legislation that would increase emergency room reimbursement for non-network providers to free market rates or a fixed price of 250 percent of Medicare. (*Res 08-40, HOD 2008*)

P 385.009 RESPONSIVENESS OF THE MEDICARE ADMINISTRATIVE CONTRACTOR

The Florida Medical Association expresses profound concern regarding the responsiveness of the Medicare administrative contractor selected by the Centers for Medicare and Medicaid Services (CMS) to prevent delays in Medicare payment to physicians in Florida; and further expects that identified deficiencies be corrected as quickly and promptly as possible avoiding unnecessary financial burden to the physicians' practice and the potential for financial distress. (*BOG May 2009*)

P 385.010 PAYMENT FOR PREVENTIVE SERVICES

The Florida Medical Association supports legislation so that comprehensive preventive medicine CPT codes (99381-99387, 99391-99397) are paid at least at "Medicare" rates, as calculated by using RVU's obtained from the Centers of Medicare and Medicaid Services (CMS); and further supports legislation so that vision screening, hearing screening, VEP (visual evoked potential), and recommended age-appropriate laboratory procedures and tests are required to be paid independently when performed along with a comprehensive preventive medicine CPT code (99381-99387, 99391-99397). (*Res 11-311, HOD 2011*)

P 385.011 ACCESS TO SPECIALTY CARE

The Florida Medical Association supports setting Medicaid reimbursement at 100% of the Medicare fee schedule; and further is directed to work with the Agency for Health Care Administration (AHCA) and the managed care industry to assure Medicaid beneficiary access to robust networks of all physicians, as well as multicultural services to address health care disparities; and further assure that specialty care providers for Medicaid beneficiaries be reimbursed at 100% of the Medicare fee schedule. (*Amended Res 11-403, HOD 2011*)

P 390.000 PHYSICIAN PROFILING AND RATING

P 390.001 AHCA CREDENTIALING DATA COLLECTION

The Florida Medical Association shall study the problem of AHCA's collection of inaccurate and inappropriate physician-specific data related to hospital practice and outcomes; and further utilize its lobbyists, legislative council, and committees to bring about appropriate changes to AHCA's collection of physician-specific data. (*Res 98-7, HOD 1998*) (*Reaffirmed HOD 2008*)

P 390.002 ONLINE PHYSICIAN RATING

The Florida Medical Association shall investigate the legal and legislative options to prevent the use of non-validated rating of physicians; and further create model state legislation that would prevent the use of non-validated rating of physicians as a vehicle for defamation. (*BOG May 2011*)

P 395.000 PHYSICIANS

P 395.001 DEFINITION OF A PHYSICIAN

The Florida Medical Association (FMA) urges all physicians to insist on being identified as a physician and to sign only professional or medical documents identifying them as physicians; and further the FMA shall review and revise its own publications as necessary to refrain from any definition of physicians as "Health Care Providers"; and further will work with state and local governmental agencies to change all references to professional status, or any other professional identifier on approved forms, to specifically state that the signer is a physician (M.D. or D.O.), with clear differentiation from signers with other professional designations. This request is specifically directed to changing "catch-all" words such as "provider" or "vendor." (*Res 91-59, HOD 1991*) (*Reaffirmed HOD 2001*) (*Reaffirmed HOD 2009*)

P 395.002 PHYSICIAN IDENTIFICATION

The Florida Medical Association urgently seeks to draft changes in our state health care laws, in particular The Florida Health Care Security Act of 1994, whereas references made to MD/DOs as "health care providers" or "health care givers" or "vendors" be replaced by "MD/DO" and when necessary "MD/DOs and other health care providers." (*Res 94-21, HOD 1994*) (*Reaffirmed HOD 2005*)

P 395.003 USE OF TERM "PHYSICIAN"

The Florida Medical Association supports legislation prohibiting the use of the term "physician" as a descriptor other than in the context of a medical doctor or doctor of osteopathy, with the exception of "physician's assistant." (*Res 97-58, HOD 1997*) (*Reaffirmed BOG 2007*) (*Reaffirmed HOD 2012*)

P 395.004 UNLISTED PHYSICIANS' HOME TELEPHONE NUMBERS – STOP THE EXPOSURE:

The Florida Medical Association adopts the belief that its members should stand united and speak with one voice and demand that all Florida telephone companies honor the intent of the contractual agreement to keep physicians' telephone numbers private and unlisted, and abstain from electronic or any other type of publication of such number; and further will continue the one voice campaign until the desired results are permanently achieved, including confirmation by the Public Service Commission; and further believe that the technology afforded to police officers by the telephone companies keeping unlisted phone numbers anonymous should be provided to physicians. (*Res 01-54, HOD 2001*) (*Reaffirmed HOD 2009*)

P 395.005 FLORIDA MEDICAL PROFESSION LOAN REPAYMENT PROGRAM

The Florida Medical Association and FOMA leadership shall explore the feasibility of the establishment of a physician loan repayment program funded through a voluntary contribution of \$20 included with the notice of medical or osteopathic physician licensure or renewal. These funds would be used for stipends that would be designated as FMA or FOMA Health Profession Stipends which would provide specific (not to exceed \$10,000 per year and not more than four years) dedicated to loan repayment for graduates of Florida medical schools or Florida ACGME or AOA approved training programs who work in Florida's health professions shortage areas and that organized medicine work with the Florida Legislature and the Department of Health to develop a matching program for the voluntary program described in this resolution. (*Res 02-26, HOD 2002*) (*Reaffirmed HOD 2010*)

P 395.006 PROTECTION OF PHYSICIANS' HOME TELEPHONE NUMBERS

The Florida Medical Association supports taking appropriate actions to protect its member physicians, which may include administrative or if necessary, legislative action, as well as petitioning the Public Service Commission for a hearing and a rule change that would lead to the implementation of measures to prevent the exposure of physicians unlisted home telephone numbers. (*Res 03-40, HOD 2003*) (*Reaffirmed HOD 2011*)

P 395.007 PHYSICIAN EXTENDER SUPERVISION

The Florida Medical Association pursues legislation which would grant the Board of Medicine authority to establish by rule standards of practice and standards of care for physicians who supervise licensed health care practitioners who are not under direct, onsite supervision of the supervising physician, the standards established in rules may vary depending on the specialty of the physician, the type of licensed health care practitioner under supervision, and the practice setting; and further that the rules may include, but need not be limited to, the percentage of time the physician spends supervising, the distance from an indirectly supervised provider, and the types of surgical procedures performed. (*Res 06-22, BOG Rpt C, HOD 2007*)

P 395.008 CHANGE USE OF HEALTH CARE PROVIDER

The Florida Medical Association petitions the American Medical Association to promote the professionalism of the medical profession; eliminate the use of words such as health care provider and practitioner when describing doctors; monitor and counter any media advertising that seeks to minimize the medical profession; refer to people who have completed medical school and residency as physician, osteopathic physician, medical doctor, doctor of osteopathic medicine or doctor, and not as "provider;" work with specialty groups to refer to physicians as such, or as doctors, osteopathic physicians, doctors of osteopathic medicine or medical doctors; and seek legislation to prohibit the use of the term "physician" by any person other than an M.D. or D.O. (*Res 09-7, HOD 2009*)

P 395.009 DEFINITION OF EMPLOYED PHYSICIAN

The Florida Medical Association adopts the following definition of an employed physician: An employed physician is a physician whose majority of compensation is derived from a source other than his or her own independently owned practice and a practice in which he or she does not have a significant ownership interest or is not a significant shareholder. (*BOG February 2011*)

P 400.000 PRACTICE OF MEDICINE

P 400.001 OUTPATIENT ENDOSCOPY

The Florida Medical Association, through whatever mechanism it deems most appropriate, supports that the state of Florida mandate rules that are enforced regarding outpatient endoscopy in endoscopy certified outpatient and hospital centers be extended to include all gastrointestinal endoscopy requiring conscious sedation and that rules regarding monitoring, record keeping, quality assurance, peer review and faculty certification in the performance of gastrointestinal endoscopy when using conscious sedation be uniform regardless of the insurance status of the patient. (*BOG June 1992*) (*Reaffirmed HOD 2005*)

P 400.002 NEW DEFINITION OF PRIMARY CARE BY THE INSTITUTE OF MEDICINE

The Florida Medical Association rejects the definition of primary care as stated in the March 1996 report of the Institute of Medicine and adopt the following definition of primary care based on that of the American Medical Association: "Primary care consists of the provision of a broad range of personal medical care (preventive, diagnostic, curative, counseling, and rehabilitative) in a manner that is accessible, comprehensive, and coordinated by a licensed M.D./D.O. physician over time. Care may be provided to an age-specific or gender-specific group of patients, as long as the care of the individual patients meets the above criteria." (*Res 96-35, HOD 1996*) (*Reaffirmed HOD 2006*)

P 400.003 LICENSED PHYSICIANS

The Florida Medical Association supports seeking legislation that prohibits the practice of medicine by non-licensed physicians and employees of insurance companies rendering therapeutic decisions. (*Res 98-27, HOD 1998*) (*Reaffirmed HOD 2008*)

P 400.004 PRACTICE OF MEDICINE BY NON-PHYSICIANS

The Florida Medical Association, for patient protection, supports seeking legislation unequivocally authorizing the Boards of Medicine and Osteopathy to take action against all persons, including those professionals licensed under Chapters other than 458 or 459, who inappropriately practice and/or advertise medical or surgery services. (*Res 98-57, HOD 1998*) (*Reaffirmed HOD 2008*)

P 400.005 PHYSICIAN PRACTICE ECONOMIC VIABILITY AS TOP PRIORITY FOR THE FMA

The Florida Medical Association establishes that “Physician Practice Viability Affecting Access to Care” is a top priority for all organizational activities including legislation, Association initiatives, member services, relationships with private and public payers, and public relations; and that the FMA’s most substantial efforts and resources be directed at addressing the economic and regulatory burdens affecting physician practices that damage access to care for our patients until otherwise directed by the FMA House of Delegates. (*Substitute Res 06-9, HOD 2006*)

P 400.006 OUTPATIENT FACILITY OWNERSHIP OPPORTUNITIES

The Florida Medical Association supports the efforts of physicians and specialty societies that explore new ownership options for physicians for the diagnosis and treatment of patients in outpatient settings. (*Res 06-14, HOD 2006*)

P 400.007 MEDICAL PRACTITIONER AUTONOMY

The Florida Medical Association pursues legislation clarifying the definition of “unlicensed practice of medicine” (Florida Statutes 458.305(3)) as follows: “Practice of Medicine” means the diagnosis, treatment, operation, or prescription for any human disease, pain, injury, deformity, or other physical or mental condition. “Practice of medicine” also means the rating and evaluation of other physicians, provision of expert testimony and opinion in medical liability cases, and review or approval of medical testing, procedures or treatment. (*Sub Res 07-25, HOD 2008*)

P 400.008 PRACTICING PHYSICIAN APPOINTMENTS

The Florida Medical Association advocates that an adequate number of practicing physicians (M.D. and D.O.) be appointed to serve as voting members of any government created panel, supervisory board, or entity that evaluates, supervises, or implements policy that directly or indirectly affects the practice of medicine or compensation for medical practice by physicians. (*BOG May 2009*)

P 400.009 IDENTIFY INTERVENTIONAL PAIN MEDICINE AS THE PRACTICE OF MEDICINE

The Florida Medical Association recognizes that the practice of interventional pain medicine is the practice of medicine; and recognizes that only physicians licensed under chapter 458 and 459 may perform interventional pain medicine techniques; and supports legislation identifying interventional pain medicine as the practice of medicine by medical and osteopathic physicians, but opposes any attempt to limit interventional pain medicine to specific specialties or to be subject to excessive regulations. (*Amended Res 11-306, BOG October 2011*)

P 405.000 PRACTICE PARAMETERS

P 405.001 PRACTICE PARAMETERS

The Florida Medical Association supports the use of practice parameters developed by practicing physicians for educational and affirmative defense purposes only in accordance with existing Florida Law; and further actively opposes any attempts to enact legislation to allow a provider's failure to comply with a state-endorsed practice parameter to be admitted as evidence that the provider did not meet the prevailing standard of care. (*Res 94-31, HOD 1994*) (*Reaffirmed HOD 2005*)

P 415.000 PROFESSIONALS RESOURCE NETWORK

P 415.001 MEDICAL STUDENT ACCESS TO PRN (ARCHIVED)

(*Res 03-38, HOD 2003*) (*Sunset HOD 2011, Policy is obsolete and no longer relevant*)

P 415.002 ACCESS TO PRN FOR ALL STUDENTS OF HEALTH CARE PROFESSIONS

The Florida Medical Association seeks legislation to extend the services of the Professionals Resource Network through concerted advocacy on behalf of those enrolled in allopathic and osteopathic medical schools and such other students of the health professions as may be feasible. (*Res 07-21, HOD 2007*)

P 415.003 AGREEMENT WITH PRN AND MEDICAL SCHOOLS

The Florida Medical Association approves in concept the Professionals Resource Network (PRN) working with the medical schools to codify an agreement between the medical schools and PRN on the waiver of the access fee and student fees for medical schools with 100% FMA faculty membership; and that medical schools without 100% FMA faculty membership would not be granted the waiver of the PRN access fee or student fees. (*EC/BOG January 2009*)

P 415.004 PRN FINANCIAL SUPPORT

The Florida Medical Association approved a joint letter with the Florida Hospital Association seeking financial support of the PRN and its many efforts to assist impaired practitioners. (*EC/BOG January 2009*)

P 420.000 PUBLIC HEALTH

P 420.001 FLUORIDATION OF PUBLIC WATER SUPPLIES

The Florida Medical Association supports fluoridation of public water supplies in Florida. (*BOG Rpt B, HOD 1985*) (*Reaffirmed HOD 1995*) (*Reaffirmed HOD 2005*)

P 420.002 POTENTIAL RADIATION RISKS

The Florida Medical Association supports legislation that would require that prospective home buyers/owners be notified of any potential radiation risks. (*BOG February 1986*) (*Reaffirmed HOD 1996*) (*Reaffirmed HOD 2006*)

P 420.003 PUBLIC HEALTH LEADERSHIP

The Florida Medical Association strongly supports the appointment of strong public health-trained medical leaders in all public health positions, especially that of the State Health Officer and State Surgeon General. (*BOG January 1991*) (*Reaffirmed 2001*) (*Reaffirmed as amended HOD 2009*)

P 420.004 HEALTHY START PROGRAM

The Florida Medical Association supports the "Healthy Start" program and urges the legislature to provide adequate funding for ongoing implementation. (*BOG January 1992*) (*Reaffirmed 2002*) (*Reaffirmed HOD 2010*)

P 420.005 STATE TUBERCULOSIS HOSPITAL

The Florida Medical Association supports keeping A.G. Holley State Hospital open in order to continue to treat tuberculosis and to provide a full range of services and to promote education and prevention of tuberculosis. (*Res 92-15, HOD 1992*) (*Reaffirmed 2002*) (*Reaffirmed HOD 2010*)

P 420.006 PREVENTION AND CHOLESTEROL SCREENING

The Florida Medical Association (FMA) endorses its policy of preventive medicine and information, such as cholesterol screening guidelines, shall be widely disseminated to the membership through the FMA communications and publications; and further the shall also support policy for reimbursement of preventive services. (*Res 96-33, HOD 1996*) (*Reaffirmed HOD 2006*)

P 420.007 COUNTY PUBLIC HEALTH FUNDING FOR PRIMARY CARE SERVICES

The Florida Medical Association continues to actively support as a top legislative priority of the Association the adequate funding of primary care services through County Health Departments (CHDs). (*Res 96-11, HOD 1996*) (*Reaffirmed HOD 2006*)

P 420.008 PUBLIC HEALTH NEEDS

The Florida Medical Association advocates for state and federal resources to meet current and future public health needs for all Floridians. (*BOG February 2002*) (*Reaffirmed HOD 2010*)

P 420.009 CULTURAL DIVERSITY

The Florida Medical Association endorses educational cultural diversity and development of tolerance. (*BOG February 2002*) (*Reaffirmed HOD 2010*)

P 420.010 MUNICIPAL MOSQUITO MANAGEMENT PROGRAM (ARCHIVED)

(*Res 03-25, HOD 2003*)(*Sunset HOD 2011, Objective accomplished*)

P 420.011 ANTIBIOTICS IN ANIMAL AGRICULTURE

The Florida Medical Association supports the Union of Concerned Scientists in their federal legislative effort to preserve the effectiveness of medically important antibiotics used in the treatment of human and animal diseases by reviewing the safety of certain antibiotics for non-therapeutic purposes in food-producing animals. (*BOG November 2003*) (*Reaffirmed as amended HOD 2010*)

P 420.012 HEALTH RISKS OF LEAD TOXICITY

The Florida Medical Association adopts as policy that lead is an ongoing and significant environmental health hazard to Floridians, especially to young children and supports the following measures to decrease lead hazard: 1. Identification of populations at high risk for lead contamination; 2. Voluntary and free testing of high-risk populations; 3. Funding for treatment of lead toxic individuals; 4. Identification of dwellings at high risk for lead contamination; 5. Testing of high-risk dwellings; 6. Reporting to inhabitants and purchasers of lead contaminated dwellings; 7. Penalties for failure to report contamination to inhabitants or purchasers of lead contaminated dwellings; 8. Financial incentives to homeowners and landlords to remove, seal or otherwise mitigate exposure to lead-based paint; 9. Efforts to educate Floridians about the risks and prevention of lead toxicity; and 10. Inclusion of lead toxicity in the curriculum of medical schools in Florida. (*BOG November 2004*) (*Reaffirmed HOD 2012*)

P 420.013 DIAGNOSIS AND TREATMENT OF LYME DISEASE

The Florida Medical Association encourages, through the Florida Department of Health, the dissemination of information to physicians and to the public regarding the diagnosis and treatment of Lyme disease; and that dissemination of this information be sent to all county public health departments and made available to other physicians, especially infectious disease physicians. (*BOG April 2005*)

P 420.014 AWARENESS OF PANDEMIC FLU EPIDEMIC

The Florida Medical Association shall work with the Florida Department of Health and the Centers for Disease Control in getting information to physicians and the public through press releases and fact sheets regarding the possibility of a pandemic flu epidemic. *(BOG October 2005)*

P 420.015 IMPROVING THE HEALTH OF FLORIDIANS

The Florida Medical Association supports the Florida Department of Health as it seeks to emphasize prevention as a primary means to improve the health of Floridians. *(BOG October 2006)*

P 420.016 HEALTH AND WELLNESS CAMPAIGN

The Florida Medical Association supports the concept of the Health and Wellness Campaign for employees of state government and private industry. *(BOG April 2007)*

P 420.017 FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Florida Medical Association calls upon the U.S. Department of Education to rescind its current interpretation of the Family Educational Rights and Privacy Act (FERPA) which interferes with the reporting of student health information of public health significance to state and local public health authorities; and further recommends that the Florida Congressional Delegation work with U.S. Congress to amend FERPA to introduce explicit provisions to enable the sharing of student health information with public authorities; and further, through its delegation to the American Medical Association, urges the AMA to adopt this as policy and work expeditiously to implement remedies to the current unacceptable FERPA situation. *(BOG April 2007)*

P 420.018 BRIGHT AUTOMOBILE HEADLIGHT WARNING

The Florida Medical Association shall contact appropriate state agencies to recommend that this public health and safety issue of dangerous headlights be studied so that controls may be placed on the use of high-intensity headlights on vehicles, and to contact state agencies to determine current laws in effect and what action can be taken to correct this issue. *(Res 06-43, BOG Rpt A, HOD 2007)*

P 420.019 HEALTH NUTRITIVE FOOD AND BEVERAGES

The Florida Medical Association supports health nutritive food and beverage choices be made available in all school vending machines, school stores, snack bars, and any area in schools where food is sold; and further that foods of minimal nutritional value should not be available in the educational setting during the school day; i.e., not more than 35% fat calories with no more than 10% from saturated fats and no trans fats, and sugar content limited to 35% by weight with certain exceptions. *(BOG October 2007)*

P 420.020 INSPECTION AND PERMITTING

The Florida Medical Association supports legislation sought by the Florida Association of Blood Banks, along with the Florida Professional Tattoo Artists Guild, that would provide the Department of Health's inspection and permitting of tattoo studios to ensure the health and safety of these facilities for their customers and that of the general public. *(BOG October 2008)*

P 420.021 INCREASE AND IMPROVE ACCESS TO HEALTH FOR MEDICALLY ILLITERATE

The Florida Medical Association shall explore the feasibility of working with "We Care" programs in Florida to enhance the support of low literacy populations. *(Sub Res 08-10, HOD 2008)*

P 420.022 HEALTH RISKS OF TANNING BEDS

The Florida Medical Association urges the Department of Health to require prominent signage in tanning facilities warning patrons that ultraviolet light causes skin cancer and could lead to death. *(Sub Res 08-36, HOD 2008)*

P 420.023 RESTAURANT CALORIE DISCLOSURES

The Florida Medical Association supports legislation requiring food service establishments with more than 15 establishments, including mobile food vending units, to post calorie information prominently on menu boards and menus. (*Res 08-44, HOD 2008*)

P 420.024 INJURIES RELATING TO MISUSE OF CONSUMER FIREWORKS

The Florida Medical Association (FMA) encourages the use of ICD9 code E923.0 for firework-related injuries, when disclosed by patients or EMS workers, so that the Department of Health can accurately track and report these types of injuries for the purpose of making further recommendations regarding the use of consumer fireworks; and further the FMA will work with the Florida Pediatric Society, the Florida College of Emergency Physicians and the Florida Trauma Centers to write a letter to the Florida Surgeon General urging the Department of Health to study the data collected regarding firework-related injuries and make appropriate recommendations. (*Sub Res 08-49, HOD 2008*)

P 420.025 FOOD IRRADIATION PROCESS

The Florida Medical Association supports food irradiation as a safe and effective process that increases the safety of food when accomplished according to governing regulations and considers the value of food irradiation to be diminished unless it is incorporated into comprehensive food safety program based on good manufacturing practices and proper food handling, processing, storage and preparation techniques. (*BOG May 2009*)

P 420.026 POST NUTRITIONAL INFORMATION IN CHAIN RESTAURANTS

The Florida Medical Association urges state and local health agencies, health organizations, physicians, and other health professionals to educate people how to use the nutrition information provided in restaurants to make healthier food choices for themselves and their families; supports state and local policies to require fast food and other chain restaurants with 10 or more units (smaller, neighborhood restaurants could be exempt) to provide consumers with nutrition information on menus and menu boards; recommends that nutrition information in fast food and other chain restaurants include calorie, fat, saturated fat, trans fat, and sodium labeling on printed menus, and at a minimum, calories on menu boards, since they have limited space, and that all nutrition information be conspicuous and easily legible; and urge restaurants to improve quality of their menu offerings – for example, by reducing caloric content; offering smaller portions; offering more fruits, vegetables, and whole grain; using less sodium; using cooking fats lower in saturates and trans fats; and using less added sugars/sweeteners. (*Res 09-20, HOD 2009*)

P 420.027 TANNING BEDS

The Florida Medical Association supports legislation that would prohibit minors from using tanning beds. (*BOG October 2010*)

P 420.028 INFORMING FLORIDIANS OF THE HEALTH BENEFITS OF FISH CONSUMPTION AND DANGERS OF MERCURY TOXICITY

The Florida Medical Association adopts policy stating that seafood is a healthy food that should be a significant part of the diet of people of all ages; and further that special concerns exist for women of pregnancy age, infants, and small children due to the risk of toxicity from some fish species that contain high levels of mercury and low levels of selenium, or high levels of dioxin; and further urges the state of Florida and the federal government to revise their current seafood consumption guidelines and advisories to emphasize the human health benefits of fish consumption for all age groups while also informing consumers of the risks to women of pregnancy age, infants, and small children of eating fish that contain high levels of mercury and low levels of selenium, or high levels of dioxin; and further will work within its current budget to share this information with fellow physicians, patients, academicians, food retailers, and government officials. (*BOG February 2011*)

P 420.029 MAINTAINING PUBLIC HEALTH PROGRAMMATIC INTEGRITY

The Florida Medical Association adopts policy stating that the Governor and Legislature should maintain core public health services as intact programs within state government and should also maintain the intergovernmental partnerships with local boards of county commissioners in order that unique local challenges and opportunities can be appropriately addressed. (*BOG February 2011*)

P 420.030 COLLABORATION BETWEEN HUMAN MEDICINE, VETERINARY MEDICINE, AND THE ENVIRONMENTAL SCIENCES (ONE HEALTH)

The Florida Medical Association supports the “One Health” initiative designed to promote collaboration among the health professions by improving the lives of all species through the integration of human medicine, veterinary medicine, and the environmental sciences; and further is directed to engage in a dialogue with the Florida Veterinary Medical Association and the Florida Public Health Association to determine and implement strategies for enhancing collaboration among the human medical, veterinary medical, and environmental sciences professions in medical education, clinical care, public health, and biomedical research. (*Amended Res 11-105, 2011 HOD*)

P420.031 FLORIDA PUBLIC HEALTH INSTITUTE

The Florida Medical Association recognizes the efforts of the Florida Public Health Institute. (*BOG May 2011*)

P420.032 INFORMING FLORIDIANS ABOUT THE RISKS TO MUNICIPAL WATER SUPPLIES AND THE LIMITATIONS OF BOTTLED WATER

The Florida Medical Association supports 1) research in the area of drinking water safety and potential toxin contaminants; 2) Education of Floridians about water quality, the limitations of bottled water, and the option of filtering tap water. (*Sub Res 11-108, BOG February 2012*)

P420.033 HAZING RISK REDUCTION BY EDUCATIONAL INSTITUTIONS

The Florida Medical Association supports hazing risk reduction by encouraging university, college, and high school administrations to send letters to all new students and parents outlining the school’s anti-hazing policy; the negative psychological consequences on the recipient, perpetrator, and bystander to hazing; the duty to report hazing; and the potential educational, civil, and criminal consequences of hazing behavior. (*Res 12-107, HOD 2012*)

P 420.034 LEGALIZING SYRINGE EXCHANGE PROGRAMS IN THE STATE OF FLORIDA

The Florida Medical Association seeks legislation amending Chapter 893 of the Florida Statutes to legalize Syringe Exchange Programs in the state of Florida. (*Res 12-311, HOD 2012*)

P 425.000 QUALITY OF CARE

P 430.000 REGULATION AND DISCIPLINE

P 430.001 MEDICAL PRACTICE ACT

The Florida Medical Association supports the creation of a new subsection to 458.331, Florida Statutes, that would add as a condition for discipline giving false or substandard or unprofessional expert witness testimony, either by affidavit, deposition or court room testimony. (*BOG October 1985*) (*Reaffirmed HOD 1996*) (*Reaffirmed HOD 2006*)

P 430.002 SUNSET OF MEDICAL PRACTICE ACT

The Florida Medical Association supports the position that the Sunset Review of the Medical Practice Act should take place prior to the other health-related professions' sunset review. (*BOG October 1990*)(*Reaffirmed 2000*) (*Reaffirmed HOD 2009*)

P 430.003 RISK MANAGEMENT

The Florida Medical Association seeks ways to disseminate information to the membership regarding ongoing changes in rules and regulations in the Medical Practice Act, as they relate to the practice of medicine in the state of Florida. (*Res 91-60, HOD 1991*) (*Reaffirmed 2001*) (*Reaffirmed HOD 2009*)

P 430.004 DISCIPLINARY RECORDS

The Florida Medical Association supports the study of introducing legislation to expunge the records for physicians with minor violations of the Medical Practice Act after no additional violations have occurred within two years. (*BOG January 1992*) (*Reaffirmed 2002*) (*Reaffirmed HOD 2010*)

P 430.005 SUPER BOARD

The Florida Medical Association is opposed to the creation of a "Super Board" to regulate the various licensed professionals, including physicians. (*BOG July and November 1997*) (*Reaffirmed BOG 2007*)

P 430.006 DISCIPLINE IN SEXUAL MISCONDUCT CASES

The Florida Medical Association supports current policy of allowing the Board of Medicine to determine the appropriate punishment, including revocation of license, in cases of sexual misconduct, and opposes mandatory punishment in such cases. (*BOG November 1997*) (*Reaffirmed BOG 2007*)

P 430.007 CONFIDENTIALITY OF COMPLAINTS

The Florida Medical Association supports ensuring that complaints against physicians remain confidential, until ten days after a determination of probable cause, or until the subject waives right of confidentiality. (*BOG Rpt C, HOD 1997*) (*Reaffirmed BOG 2007*)

P 430.008 PRIORITIZATION OF INVESTIGATIONS

The Florida Medical Association supports prioritizing the investigation process in physician discipline cases to address the most severe cases first; and further that investigations should reach the Probable Cause Panel, if possible, within six months of the complaint. (*BOG Rpt C, HOD 1997*) (*Reaffirmed BOG 2007*)

P 430.009 DETECTION BY BOARD OF PATTERNS OF BEHAVIOR

The Florida Medical Association supports directing the Board of Medicine to establish a mechanism for reviewing notices of intent to sue, judgments and settlements in order to detect patterns of behavior suggesting the need for Board investigation. (*BOG Rpt C, HOD 1997*) (*Reaffirmed BOG 2007*)

P 430.010 STATUTE OF LIMITATIONS ON DISCIPLINARY CASES

The Florida Medical Association seeks legislation that a two-year statute of limitation on medical negligence actions be imposed on the filing of a complaint to the Agency for Health Care Administration (AHCA) after said incident or discovery of said incident; and further the FMA seeks legislation that requires the investigation of AHCA or other appropriate agencies be completed, and recommendation of the Board of Medicine be adjudicated, within one year of the date of the filing of the complaint. The time for completion of adjudication by the Board of Medicine may be extended at the mutual agreement of the physicians and the Board of Medicine until such time as the underlying suit is settled or adjudicated. (*Res 97-48, 1997*) (*Reaffirmed BOG 2007*)

P 430.011 REPORTING CODE 15S

The Florida Medical Association supports the Florida Hospital Association in encouraging hospitals to develop a process that utilizes medical staff leadership to efficiently investigate case reports in a timely fashion to assist risk managers in the appropriate disposition of cases. (*BOG February 1998*) (*Reaffirmed HOD 2008*)

P 430.012 EDUCATING PHYSICIANS ON CODE 15S

The Florida Medical Association encourages physicians to utilize the Florida Hospital Association Code 15 packet that can be used by hospitals in their physician education of Code 15s that includes law, and suggested hospital protocol and process for review of Code 15s. (*BOG February 1998*) (*Reaffirmed HOD 2008*)

P 430.013 FOREIGN BODY STANDARD OF CARE PRESUMPTION

The Florida Medical Association (FMA) supports issuing a position statement that leaving a foreign body in a patient is not presumptively below the standard of care and should be left to the clinical judgment of the physician; and further the FMA will write a letter to the Florida Board of Medicine requesting that it adopt a similar position statement that leaving a foreign body in a patient is not presumptively below the standard of care; and further seeks legislation to repeal or amend Florida Statute 456.072(1)(bb). (*Res 03-57, HOD 2003*)(*Reaffirmed HOD 2011*)

P 430.014 THREE STRIKE CASES AGAINST FMA MEMBERS

The Florida Medical Association Board of Governors shall evaluate and then appropriately respond to any three strikes cases brought against an FMA member. (*BOG July 2006*)

P 430.015 REVISION OF FS 456.0635 (SB 1986, 2009)

The Florida Medical Association supports the following new language to amend Florida Statute 456.0635 (Medicaid fraud; disqualification for license, certificate, or registration) to correct unintended consequences of weakened treatment and rehabilitation efforts for professionals who have experienced substance abuse impairment: The disqualification set forth in this paragraph shall not apply to any person who is determined to have been the subject of an addiction or impairment at the time of the conduct underlying the actions set forth in (a)-(c) and who subsequently enrolled in and either continues to successfully participate in or has subsequently successfully completed an impaired practitioner program as set forth in s. 456.076(1) or the equivalent of such program in another jurisdiction. Nothing herein shall prohibit or require action against the license, certificate, or registration of such person pursuant to the disciplinary provisions of this chapter or the appropriate practice act. (*Res 10-308, HOD 2010*)

P 430.016 MANDATORY REPORT FOR MEDICAL PROFESSIONALS WITH MULTIPLE DRIVING UNDER THE INFLUENCE (DUI) ARRESTS

The Florida Medical Association supports action requiring that any medical professional who is arrested for driving under the influence on two occasions should self report to his or her appropriate advocacy agency, the Professionals Resource Network or the Intervention Project for Nurses, and submit to assessment for alcoholism and chemical dependence. (*Amended Res 11-206, HOD 2011*)

P 435.000 RESEARCH

P 435.001 USE OF ANIMALS IN MEDICAL RESEARCH

The Florida Medical Association endorses national and international initiatives in the humane use of animals in medical research; and further supports a policy which would endorse the colleges of medicine within the state of Florida to continue to make humane use of animals in research and to have access to pound animals in support of this important and necessary research; and further encourages the citizens of the state to maintain an enlightened attitude toward science and research; and further if legislation introduced in the

Florida legislature is not in compliance with these principles, such legislation will be opposed. (*BOG October 1986*) (*Reaffirmed HOD 1997*) (*Reaffirmed BOG October 2007*)

P 435.002 HEALTH POLICY AGENDA/FUNDING FOR BIOMEDICAL RESEARCH

The Florida Medical Association supports increased federal funding for basic and applied biomedical research. (*BOG June 1987*) (*Reaffirmed HOD 1997*) (*Reaffirmed BOG October 2007*)

P 435.003 PHYSICIANS IN SUPPORT OF ANIMAL RESEARCH

The Florida Medical Association encourages legislation which supports the responsible use of animals in research, testing, and education; oppose attacks on life or property, hostile campaigns, the use of misleading and inaccurate information, and all unnecessary restrictions on the humane use of animals for research; and supports legislation that would provide access to unwanted animals for the purposes of research and education. (*Res 92-37, HOD 1992*) (*Reaffirmed 2002*) (*Reaffirmed HOD 2011*)

P 435.004 RESEARCH LIBRARIES

The Florida Medical Association endorses the concept of maintaining health science and medical research libraries to ensure adequate learning resources for the present and future. (*BOG July 1996*) (*Reaffirmed HOD 2006*)

P 435.005 DEVELOPING GENETIC RESEARCH & BIOMEDICAL VILLAGES IN THE STATE OF FLORIDA

The Florida Medical Association supports and endorses bringing biomedical enterprises, defined as public/private companies which promote developing medical devices, therapies or products to provide focus health care treatments and therapies, into our state in the form of a biomedical villages, defined as regional areas/research parks comprised of biomedical companies, schools of allied health, medical schools and tertiary health care facilities, and promote developing relationships with Florida medical schools, universities and biomedical companies. (*Res 10-112, HOD 2010*)

P 440.000 RESIDENCIES AND INTERNSHIPS

P 440.001 RESIDENCY PROGRAMS AND HEALTH SYSTEM REFORM

The Florida Medical Association (FMA) shall work with the Florida Legislature, the Florida Congressional Delegation, the American Medical Association (AMA), and the Accreditation Council on Graduate Medical Education (ACGME) to ensure that the allocation of residency slots continues to be made by the private sector on the basis of quality rather than political, geographical, or local demographic considerations; and further the FMA will work with the AMA and the ACGME to improve the emphasis on primary care residency programs and address the public policy concerns related to the need for improved access to primary care; and further the FMA shall work with the Florida Legislature to ensure that any legislative proposal to implement a state-level consortium should address the issue of residency programs. (*Res 94-72, A-1994*) (*Reaffirmed HOD 2006*)

P 440.002 RESIDENT PHYSICIAN MEDICAL EDUCATION SUPPORT

The Florida Medical Association reaffirms, through active legislative advocacy, its continuing strong support for increased funding by the establishment of additional funded positions for resident physician medical education through multiple vehicles both federal, state and private as outlined in the 2009/2010 legislative sessions. (*Res 09-36, HOD 2009*)

P 445.000 SCHOOL HEALTH

P 445.001 ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL (ARCHIVED)
(BOG March 1983) (Reaffirmed HOD 1993) (Reaffirmed HOD 2003)(Sunset HOD 2011, Objective Accomplished)

P 445.002 PRE-SCHOOL PHYSICAL EXAMINATIONS

The Florida Medical Association opposes the performance of preschool health examinations by chiropractors and other limited care practitioners as being contrary to the best interests of the school children of Florida; and further believes that the preschool examination is of such importance to the health and well-being of children that only an examination and certification performed and signed by a qualified doctor of medicine or doctor of osteopathy should be accepted by local boards of education; and further will work with its county medical societies and recognized specialty groups, the Florida Osteopathic Medical Association, state government agencies and local school boards to develop programs that will make a preschool examination by a qualified practitioner available to every school child; and further adopts as part of its legislative program further amendment to section 232.0315(1), Florida statutes, to specify that local school boards may accept health certifications signed only by physicians licensed or as defined in chapters 458 and 459, Florida statutes. *(Res 85-23, HOD 1985) (Reaffirmed A-1995) (Reaffirmed HOD 2005)*

P 445.003 SUBSTANCE AND CHEMICAL ABUSE EDUCATION K-12

The Florida Medical Association adopts as policy regarding substance and chemical abuse education in Florida schools up to grade 12 as follows: (1) Urge the legislature to place more emphasis on the teaching of health education including substance abuse in the elementary, middle and high schools; (2) Recommend to the legislature that teacher certification requirements include an in-depth course in health education and substance abuse. The main focus of the curriculum should be on prevention, but should also include identification of the signs and symptoms of substance abuse and the procedures for intervention with students and their families; (3) Commend the legislature for passage of the required one semester life management skills course to be taken in the 9th or 10th grade. The legislature should be alerted to the fact that this is the last time students will be involved in health education and substance abuse courses. It would be of value to students if an additional course at the 11th and 12th grade level would be required since the quality of life depends upon an individual's health; and (4) Recommend to the legislature continued categorical funding for comprehensive health education. *(BOG Rpt B, HOD 1985) (Reaffirmed A-1995) (Reaffirmed as amended HOD 2005)*

P 445.004 SCOLIOSIS SCREENING

The Florida Medical Association supports continued state funding for school-based scoliosis screening conducted by persons properly trained and with appropriate instrumentation under supervision of a qualified M.D. or D.O.; and further that screening should be accomplished for the appropriate populations at risk, at appropriate age intervals, using methods with acceptable levels of high sensitivity and high specificity; and further supports working closely with the Florida Orthopedic Society, Florida Academy of Family Physicians, and Florida Pediatric Society for guidance in the continued evaluation of this policy. *(BOG October 1991) (Reaffirmed HOD 2001) (Reaffirmed 2009)*

P 445.005 SCHOOL HEALTH PROGRAMS

The Florida Medical Association encourages county medical societies to involve physicians as advisors and liaisons to every school board in their respective counties and such physician advisors should begin to identify school populations most in need of health education. *(BOG March 1992) (Reaffirmed as amended HOD 2002) (Reaffirmed HOD 2010)*

P 445.006 COMPREHENSIVE SCHOOL HEALTH EXAMS

The Florida Medical Association believes comprehensive school health exams should be performed only by qualified, licensed M.D.s or D.O.s or their appropriately licensed and supervised designees. (*BOG Rpt A, HOD 1993*) (*Reaffirmed HOD 2005*)

P 445.007 SEX EDUCATION PROGRAM IN SCHOOLS

The Florida Medical Association supports a comprehensive sex education program in all Florida schools that stresses education as well as preventive measures including abstinence and other alternatives, including barrier methodologies; and further that any sex education program should at least include information on preventing unwanted pregnancies, preventing sexually transmitted infections and a discussion of the emotional impact of a sexual relationship. (*Original Policy, Rpt A, A-1993 Obsolete*) (*New policy adopted HOD 2005*)

P 445.008 ADVANCE LIFE SUPPORT/AMBULANCE COVERAGE AT VARSITY HIGH SCHOOL FOOTBALL GAMES

The Florida Medical Association shall assist county medical societies in working with their local Board of Education and County Commission to assure that advance life support/ambulances and cell phones are onsite at each high school football game, and in developing a program where local physician volunteers, whenever possible, become team physicians for each high school football team. (*Res 99-65, HOD 1999*) (*Reaffirmed 2009*)

P 445.009 REMOVE SOFT DRINKS IN SCHOOL VENDING MACHINES

The Florida Medical Association and county medical societies shall work with local school boards to remove high sugar content soft drinks and low nutrition drinks in school vending machines; as well as oppose the advertising in schools that encourages children to drink high sugar soft drinks. (*Res 05-16, HOD 2005*)

P 445.010 FREEDOM FOR DIABETIC CHILDREN TO MONITOR BLOOD GLUCOSE

The Florida Medical Association with the American Diabetes Association, through advocacy seeks appropriate regulatory and/or legislative action, including but not limited to amendments to Chapters 381.0056 and 1006.062, Florida Statutes, requiring all schools in Florida, both public and private, to grant diabetic students the authorization, pursuant to parental consent, to check their own blood glucose levels when deemed medically appropriate when and where they wish, upon their own judgment, in accordance with the principles of evidence based medicine, and in accordance with assumption of personal responsibility for their own health care. (*Res 06-38, HOD 2006*)

P 445.011 HEALTHY PEOPLE 2010 AND SCHOOL NURSE RATIOS

The Florida Medical Association supports Healthy People 2010's goal of having a school health nurse to student ratio of 1:750 children in elementary through high school and encourages the Florida Department of Health and the Florida Department of Education to adopt this federal goal. (*BOG October 2006*)

P 445.012 MANDATORY PHYSICAL EDUCATION FOR SECONDARY SCHOOL STUDENTS

The Florida Medical Association seeks legislation to mandate physical education classes for all secondary students for a minimum of one credit per year. (*Res 07-50, HOD 2007*)

P 445.013 EXPANDING SCHOOL HEALTH EXAMINATIONS

The Florida Medical Association strongly recommends expansion of the current statutory requirement for health examinations on “admittance to kindergarten” or “any other initial entrance into a public or private school in this state” to also include entry into middle school and high school; and further strongly recommends and supports legislation mandating the use of the medical home for all school-entry health examinations to be done by licensed allopathic and osteopathic physicians and/or their extenders in the state of Florida. (*Res 07-32, HOD 2008*)

P 445.014 MANDATORY PHYSICAL EDUCATION FOR GRADES K-12

The Florida Medical Association supports enforcement of rules and regulations and seeks legislation, if necessary, to require Florida schools to include at least 150 minutes of physical education or sports-related activities weekly, during the entire school year, from kindergarten through twelfth grade, except in cases of medical exemption. (*Res 09-13, HOD 2009*)

P 445.015 LICENSED ATHLETIC TRAINERS FOR HIGH SCHOOLS

The Florida Medical Association supports legislation to mandate and fund each public secondary school in Florida, with an athletics program, to employ or contract with a licensed athletic trainer responsible for working with the associated athletic departments and local medical personnel to assure the safety of student athletes. (*Res 09-24, HOD 2009*)

P 445.016 RETURN TO PLAY AFTER SUSPECTED CONCUSSION

The Florida Medical Association supports the adoption of requirements that student athletes under age 18, who are suspected by a coach, trainer, administrator, or other individual responsible for the health and well-being of athletes of having sustained a concussion, are prohibited from returning to play or practice without prior written approval from an M.D or D.O.; and further supports an educational program for young athletes, parents, and coaches regarding concussions so that they can recognize the symptoms of a concussion and know when to seek medical attention. (*Reaffirmed 11-307 as existing policy, HOD 2011*)

P 445.017 RECOGNIZE AND TREAT ANAPHYLAXIS (GENERAL ALLERGIC EMERGENCY)

The Florida Medical Association seeks legislation to require that school personnel, including but not limited to teachers and nurses, be instructed to recognize and treat an individual experiencing an anaphylactic emergency and in particular the administration of an epinephrine auto-injector and further require all schools to have a non-student specific epinephrine auto-injector on hand to treat anaphylaxis. (*Res 12-205, HOD 2012*)

P 445.018 SCHOOL START TIMES

The Florida Medical Association supports legislation and endorses public schools (elementary to high school) start classes at 8:00 am or later. (*Amended Res 12-110, HOD 2012*)

P 450.000 SCOPE OF PRACTICE

P 450.001 OPTOMETRISTS' USE OF DRUGS

The Florida Medical Association provides strong support and assistance to the Florida Society of Ophthalmology in opposing legislation which allows use of drugs by optometrists. (*BOG January 1983*) (*Reaffirmed HOD 1993*) (*Reaffirmed HOD 2003*) (*Reaffirmed HOD 2011*) (*Reaffirmed HOD 2012*)

P 450.002 NATUROPATHIC PRACTICE

The Florida Medical Association supports legislative activities prohibiting any further licensing of naturopathic practitioners. (*BOG Rpt A, HOD 1985*) (*Reaffirmed HOD 1995*) (*Reaffirmed HOD 2005*)

P 450.003 MASSAGE THERAPISTS

The Florida Medical Association opposes proposed legislation pertaining to the Massage Practice Act that would allow licensed massage therapists to perform colonic irrigation. *(BOG Rpt A, HOD 1985) (Reaffirmed HOD 1995) (Reaffirmed HOD 2005)*

P 450.004 HOSPITAL STAFF PRIVILEGES FOR OPTOMETRISTS

The Florida Medical Association opposes legislation that would mandate hospital staff privileges for optometrists. *(BOG February 1986) (Reaffirmed A-1996) (Reaffirmed HOD 2006)*

P 450.005 DENTAL ANESTHESIA

The Florida Medical Association opposes legislation granting privileges authorizing dentists to administer non-dental anesthesia. *(BOG February 1986) (Reaffirmed HOD 1996) (Reaffirmed HOD 2006)*

P 450.006 PHYSICIAN ASSISTANTS

The Florida Medical Association opposes any expansion of the scope of activities of physician assistants beyond the current law. *(BOG February 1986) (Reaffirmed A-1996) (Reaffirmed HOD 2009)*

P 450.007 POSTOPERATIVE MEDICAL EYE CARE

The Florida Medical Association joins the Florida Society of Ophthalmology in opposition to postoperative medical eye care by independent optometrists and advocates the position that the management of postoperative medical eye care is the responsibility of a licensed physician, and that an ophthalmologist can delegate to an optometrist postoperative medical eye care only under certain restrictions as follows: (1) the optometrist must be employed by the ophthalmologist; (2) the optometrist can only perform nondiscretionary activities that do not require the exercise of independent professional judgment; (3) the optometrist can only perform activities under the direct supervision (that is, in the same room) as the surgeon; and (4) the surgeon must authorize and request each activity and remain responsible. *(BOG January 1988) (Reaffirmed HOD 1998) (Reaffirmed HOD 2008)*

P 450.008 STAFF PRIVILEGES FOR NON-PHYSICIANS

The Florida Medical Association opposes legislation mandating hospital staff privileges for non-physicians. *(BOG November 1988) (Reaffirmed HOD 1998) (Reaffirmed HOD 2008)*

P 450.009 ENCROACHMENT OF NONPHYSICIANS ON THE PRACTICE OF MEDICINE

The Florida Medical Association (FMA) adopts the following statement on encroachment of non-physicians on the practice of medicine: "The decades since World War II have seen a very marked increase in the number of allied health professionals. These professionals include psychologists, optometrists, nurse practitioners, physical therapists and technicians and others. Allied health professionals possess very important skills in their respective fields and have made and can make lasting contributions to the total picture of health care. The FMA has no quarrel with the activities of allied health professionals when they act within the scope of their training and expertise. However, the FMA is concerned about repeated efforts by non-physician groups to take over functions properly restricted to doctors of medicine or osteopathy. One such area of encroachment is in the prescription of diagnostic and therapeutic drugs where both optometrists and pharmacists have recently obtained limited rights by legislative action which, in our opinion, is not justified by the training and experience of these practitioners and will be detrimental to the health of patients whom they attempt to treat. Other groups, such as psychologists, are mounting determined pushes to obtain admitting privileges to acute care hospitals despite the fact that they are not properly trained to direct hospital care. In the opinion of the FMA, only doctors of medicine or osteopathy have the proper background of training and experience to qualify physicians to prescribe drugs and assume overall responsibility for hospitalized patients. Allied health professionals often provide invaluable assistance in the care of hospitalized patients, but they do not have the background to qualify them to attempt total care of such patients. The FMA will cooperate in every way possible with allied health professionals to the end of

improving total health care, but will resist all attempts by allied health professionals to assume the responsibilities of physicians without possessing the qualifications of doctors of medicine or osteopathy. The FMA will continue to oppose efforts by chiropractors and other less well trained groups or individuals that attempt to legislate practice activities beyond the scope of their training." (*BOG June 1988*)(*Reaffirmed HOD 1998*) (*Reaffirmed HOD 2008*) (*Reaffirmed HOD 2012*)

P 450.010 PSYCHOLOGISTS ADMITTING PRIVILEGES

In accordance with actions of the American Medical Association House of Delegates, the Florida Medical Association opposes legislation mandating hospital admitting privileges to psychologists. (*Res 88-26, HOD 1988*)(*Reaffirmed HOD 1998*) (*Reaffirmed HOD 2008*)

P 450.011 HOSPITAL PRIVILEGES FOR NONMEDICAL HEALTH CARE PRACTITIONERS

The Florida Medical Association opposes hospital privileges for limited licensed nonmedical health care practitioners and, specifically, actively opposes all efforts of these practitioners to broaden the scope of their professions through legislative action. (*Res 88-38, HOD 1988*) (*Reaffirmed HOD 1998*) (*Reaffirmed HOD 2008*)

P 450.012 LAY MIDWIVES

The Florida Medical Association continues its opposition to licensure of lay midwives and follows the lead of the Florida Obstetric and Gynecologic Society and the Florida Pediatric Society on this issue in support of nurse midwives. (*BOG October 1991*) (*Reaffirmed HOD 2001*) (*Reaffirmed HOD 2009*)

P 450.013 PHYSICIAN ASSISTANTS PRESCRIBING

The Florida Medical Association opposes legislation expanding the scope of practice of physician assistants. (*BOG January 1992*) (*Reaffirmed with update 2002*) (*Reaffirmed HOD 2010*)

P 450.014 SCOPE OF PRACTICE EXPANSION FOR NON-PHYSICIANS

The Florida Medical Association continues to oppose scope of practice expansion issues for non-M.D.s and non-D.O.s., including naturopaths, ARNPs, pharmacists, optometrists, psychologists, podiatrists, direct access to physical therapists, audiologists and speech language pathologists. (*BOG July 2002*) (*Reaffirmed HOD 2010*) (*Reaffirmed HOD 2012*)

P 450.015 ANESTHESIOLOGY ASSISTANTS (ARCHIVED)

(*BOG July 2003*) (*Sunset HOD 2011*)

P 450.016 SCOPE OF PRACTICE EXPANSION (ARCHIVED)

(*BOG July 2003*) (*Sunset HOD 2011, Duplicate language stated in P 450.011*)

P 450.017 ARNP & PA SUPERVISION (ARCHIVED)

(*BOG November 2003*) (*Sunset HOD 2011*)

P 450.018 PODIATRY SCOPE OF PRACTICE

The Florida Medical Association seeks and supports, with the financial support of the Florida Orthopaedic Society, legislation to statutorily define the scope of practice of podiatric medicine in Florida as limited to the diagnosis and treatment, surgical or non-surgical, of the human foot and leg below the anterior tibial tubercle. (*Res 05-10, HOD 2005*)

P 450.019 RETAIL COMPANIES OFFERING MEDICAL EXAMS

The Florida Medical Association shall monitor any legislation relating to scope of practice, quality of care and physician supervision of non-physician practitioners regarding retail companies that plan to provide “minute medical exams” to the public. (*BOG October 2005*)

P 450.020 PHYSICIAN ASSISTANT AND ARNP SUPERVISION IN OUTPATIENT MEDICAL OFFICES

The Florida Medical Association requests that the Board of Medicine establish rules requiring the supervising physician to be on premises during the evaluation and treatment of a minimum of 80% of all medical care provided in an out-patient medical office providing medical and/or surgical services; and further that if the Board of Medicine is unable to develop such rules governing supervision of PAs and ARNPs prior to the 2006 Legislative Session, the FMA develop and seek legislation to require such direct supervision. (*Res 05-28, BOG Rpt C-4, HOD 2006*)

P 450.021 PHYSICIAN ASSISTANT AND ARNP SUPERVISION IN OUTPATIENT SPECIALTY OFFICES

The Florida Medical Association requests that the Board of Medicine establish rules requiring the supervising physician to be on premises during the evaluation and treatment of a minimum of 80% of all medical care provided in an out-patient medical office promoting specialty medical and/or surgical services; and if the Board of Medicine is unable to develop such rules governing supervision of PAs and ARNPs prior to the 2006 Legislative Session, the FMA develop and seek legislation to require such direct supervision. (*Res 05-29, BOG Rpt C-5, HOD 2006*)

P 450.022 PODIATRIST

The Florida Medical Association supports legislation conforming current state statutes to the anatomical training and expertise of podiatrists, thereby limiting their treatments to the foot and ankle. (*Amended BOG Supp Report C-4, HOD 2008*)

P 450.023 PHYSICIAN ASSISTANT CO-SIGNATURES

The Florida Medical Association does not oppose legislation proposed by the Florida Academy of Physician Assistants that would delete the state requirement for physician co-signature of a physician assistant chart and permit the individual physician to make such a decision. (*BOG February 2009*)

P 450.024 SCOPE OF PRACTICE BY NON-PHYSICIAN PROVIDERS

The Florida Medical Association seeks legislation that will result in a change of standing for all future attempts at expansion of practice through the regulatory process by non-physicians. (*Amended Res 10-303, HOD 2010*) (*Reaffirmed HOD 2012*)

P 450.025 “DOCTOR-NURSES” REPLACING PHYSICIANS

The Florida Medical Association pursues legislation making it unlawful for a nurse to represent him or herself as a physician (MD/DO), to include such activity under the scope of “unlicensed practice of medicine” and to stipulate felony-level penalties for such representation; and further is directed to establish an ad hoc committee to investigate the apparent scope of practice and conflicts of interest involved in the doctor of nursing practice. (*Res 10-305, HOD 2010*) (*Reaffirmed HOD 2012*)

P 450.026 PA’S ORDERING MEDICATIONS

The Florida Medical Association supports legislation requested by the Florida Academy of Physician Assistants which would clarify their authority to order medications for the supervisory physician’s patient in a hospital setting. (*BOG October 2012*)

P 450.027 FMA POSITION ON SCOPE OF PRACTICE

The Florida Medical Association adopted the recommendations and guidelines as presented in the September 19, 2012 report of the FMA's Scope of Practice Task Force. * (*BoG October 2012; Appendix P 450.027*)

*The report provides that the FMA address scope issues within a framework that can be applied in a variety of circumstances and further help the FMA and other groups to achieve a common understanding of how the FMA will approach scope issues in the future and what is expected of groups who may seek the FMA's assistance on an issue. This approach allows maximum flexibility in the dynamic legislative, political and economic environment and does not allow any single issue to define the FMA. The FMA continues its efforts to promote the concept of physician-directed care that ensures patient safety while promoting access to care. As long as physicians remain the leader of the health care team, it may be appropriate for the FMA and specialty societies to consider, on a case-by-case basis, scope of practice expansions when sufficiently protective of patient safety and improved patient access.

P 460.000 SURGERY

P 460.001 LASER SURGERY

The Florida Medical Association supports working with the Florida Department of Health and the Florida Board of Medicine and any other appropriate state agency and the Florida State Legislature to define "laser surgery" as a surgical operation and that only practitioners appropriately trained in the use of lasers and licensed pursuant to Chapters 458, 459, 461 and 466 be allowed to utilize lasers in the treatment of human conditions, disorders, anomalies, dysfunction and disease. (*Res 96-56, C-11, HOD 1996*) (*Reaffirmed HOD 2006*)

P 465.000 TELEMEDICINE

P 465.001 PHYSICIANS TREATING VIA TELEMEDICINE (ARCHIVED)
(*BOG March 1997*) (*Reaffirmed BOG 2007*) (*Replaced by Res 12-401, HOD 2012*)

P 465.002 LICENSURE REQUIREMENT (ARCHIVED)
(*Res 96-9, HOD 1996*) (*Reaffirmed HOD 2006*) (*Replaced by Res 12-401, HOD 2012*)

P 465.003 ACADEMIC CENTERS (ARCHIVED)
(*Res 96-49, HOD 1996*) (*Reaffirmed HOD 2006*) (*Replaced by Res 12-401, HOD 2012*)

P 465.004 POSITION ON TELEMEDICINE (ARCHIVED)
(*Res 96-49, HOD 1996*) (*Reaffirmed HOD 2006*) (*Replaced by Res 12-401, HOD 2012*)

P 465.005 FMA POSITION ON TELEMEDICINE

The Florida Medical Association (FMA) supports Florida licensure of physicians who provide evaluation and treatment via telemedicine. Telemedicine is a medical service and should be reimbursable as is any other medical service provided by a physician. The FMA endorses telemedicine legislation that supports physician practice and will work with the Board of Medicine in its regulation of telemedicine; and further asks the American Medical Association (AMA) to encourage individual state Boards of Medicine to regulate telemedicine and to work with individual state legislatures to seek full licensure for intrastate telemedicine practice and to seek appropriate reimbursement for physicians who provide telemedicine services. (*Res 12-401, HOD 2012*)

P 470.000 TOBACCO

P 470.001 SMOKE FREE SCHOOLS

The Florida Medical Association seeks legislation making schools truly drug and smoke free by not allowing employees and visitors to smoke on school property. (*Res 97-9, HOD 1997*) (*Reaffirmed BOG 2007*)

P 470.002 SECOND HAND SMOKE

The Florida Medical Association recognizes the health hazards of second hand smoke. (*Res 97-31, HOD 1997*) (*Reaffirmed BOG 2007*)

P 470.003 LOCAL PREEMPTION OF CLEAN INDOOR AIR ACT

The Florida Medical Association adopts a position of support for legislation permitting local governments to adopt local smoking ordinances which are stronger than the state Clean Indoor Air Act. (*BOG February 1998*) (*Reaffirmed HOD 2008*)

P 470.004 TOBACCO PREVENTION EDUCATION (ARCHIVED)

(*BOG July 2003*)(*Sunset HOD 2011, Objective Accomplished*)

P 470.005 FUNDING FOR ANTI-TOBACCO EFFORTS (ARCHIVED)

(*BOG July 2004*) (*Sunset HOD 2012 – Objective Accomplished*)

P 470.006 TAX TO REDUCE TEEN SMOKING

(*BOG July 2004*) (*Sunset HOD 2012 – Objective Accomplished*)

P 470.007 NATIONAL “SCREEN OUT” CAMPAIGN

The Florida Medical Association endorses the national “Screen Out” campaign in Florida, a campaign that influences movie studios in Hollywood, California to get tobacco out of youth-related movies. (*BOG May 2008*)

P 470.008 SMOKING ON COUNTY AND STATE HEALTH DEPARTMENT PROPERTY

The Florida Medical Association supports legislation making it unlawful for anyone to smoke tobacco or use tobacco products on the real property of a county health department or state health department facility. (*BOG May 2008*)

P 470.009 SECOND HAND SMOKING AND LOCAL JURISDICTIONS

The Florida Medical Association supports state legislation allowing “local jurisdictions” to promote further restrictions on second hand smoke such as in bars, parks and other venues which currently allow smoking and cause morbidity and death for Floridians and visitors from second hand smoke. (*Amend Res 10-315, HOD 2010*)

P 470.010 CLEAN AIR ON STATE SUPPORTED INSTITUTIONS OF HIGHER LEARNING

The Florida Medical Association recommends that health-affiliated colleges of state supported institutions of higher learning be smoke free, and that the remainder of these campuses allow smoking only in designated areas of the campus. (*BOG May 2011*)

P 470.011 SECONDHAND SMOKE AND COMPREHENSIVE TOBACCO FREE POLICIES THROUGHOUT THE STATE OF FLORIDA

The Florida Medical Association supports comprehensive policies for smoke free workplaces throughout Florida including those currently exempted by Florida law such as standalone bars, fraternal clubs and other venues; and further encourages the dissemination and publication of existing city, county and school district policies regarding tobacco free parks, outdoor recreation venues, schools, beaches and government property and buildings. (*Res 11-104, HOD 2011*)

P 475.000 TORT REFORM

P 475.001 ELIMINATION OF THE DOCTRINE OF JOINT AND SEVERAL LIABILITY

The Florida Medical Association supports elimination of the doctrine of joint and several liability and supports placing a cap on general damages (non-economic) as a professional liability legislative objective. (*BOG October 1985*) (*Reaffirmed HOD 1996*) (*Reaffirmed HOD 2006*)

P 475.002 CONTINGENCY FEES FOR FRIVOLOUS LAWSUITS

The Florida Medical Association seeks the enactment of legislation requiring an attorney who files a liability suit on a contingency fee basis to pay a portion of the defendant's court cost if the suit is lost. (*Res 86-34, HOD 1986*) (*Reaffirmed HOD 1996*) (*Reaffirmed HOD 2006*)

P 475.003 PERIODIC AWARDS--PAYMENT OF FUTURE DAMAGES

The Florida Medical Association supports statutes providing for the payment of periodic amounts for future damages which provide that: (1) The trier of fact may determine whether future damages may be segregated and paid in periodic payments; (2) in the case of a jury trial, the jury must be informed that the legislature, out of concern that judgments paid for future damages may be spent before the damages are actually incurred, and also in the belief that periodic payment of future damages best serve society, enacted legislation providing for the periodic payment of future damages unless the trier of fact or jury finds that the interest of justice would not be served thereby. (*Res 89-16, HOD 1989*) (*Reaffirmed HOD 2000*) (*Reaffirmed HOD 2009*)

P 475.004 SPEAKING WITH DEFENSE ATTORNEYS

The Florida Medical Association supports adoption of a policy supporting legislation that will allow defense attorneys to speak informally with a subsequent treating physician on issues relating to the malpractice case. (*BOG October 1990*) (*Reaffirmed 2000*) (*Reaffirmed HOD 2009*)

P 475.005 CONTINGENCY FEE PETITION (ARCHIVED)

(*BOG January 1992*) (*Reaffirmed HOD 2003*) (*Sunset HOD 2011*)

P 475.006 HALT ATTORNEY REFERRAL FEES

The Florida Medical Association supports consideration of introducing legislation that would make it illegal for attorneys to receive payment in any form for the referral of a client or case to another attorney. (*Res 92-18, HOD 1992*) (*Reaffirmed 2002*) (*Reaffirmed HOD 2010*)

P 475.007 TORT REFORM

The Florida Medical Association shall make meaningful tort reform through a constitutional initiative one of its top priority objectives at the state level. The Florida Medical Association will request the American Medical Association, through its House of Delegates, to make meaningful tort reform through the Congress of the United States one of its top-priority objectives. The Florida Medical Association and the AMA should network with others at the national and state level to form a consortium strong enough to accomplish meaningful tort reform. (*Res 94-12, HOD 1994*) (*Reaffirmed HOD 2005*)

P 475.008 TORT REFORM

The Florida Medical Association encourages and support the cap of \$250,000 constitutional amendment on noneconomic damages by coordination with the county medical societies and the specialty societies and encourage its members to collect signatures for the amendment, to include sending copies of the amendment for signatures by its members in their regular membership mailings and printing it in their monthly journals. (*Res 96-61, A-1996*) (*Reaffirmed HOD 2006*)

P 475.009 COMPENSATION OF MINORS IN MEDICAL MALPRACTICE AWARDS

The Florida Medical Association establishes as a legislative priority the enactment of legislation requiring that in medical malpractice awards involving a minor, at least 75 percent of the award go to the injured minor. (*Res 96-62, HOD 1996*) (*Reaffirmed HOD 2006*)

P 475.010 TORT REFORM

The Florida Medical Association supports legislation to develop alternative professional liability coverage which would allow the insurance carriers to develop products which would require express knowledge and consent of the physician prior to settling the case. The FMA shall study the existing tort system, including NICA, and develop appropriate legislation. (*Res 97-26, HOD 1997*) (*Reaffirmed BOG 2007*)

**P 475.011 STRUCTURE CONTINGENCY FEES IN MEDICAL MALPRACTICE CASES
(ARCHIVED)**

(*Res 99-45, HOD 1999*) (*Sunset HOD 2011*)

P 475.012 CAP ON NON-ECONOMIC DAMAGES (ARCHIVED)

(*BOG January 2003*) (*Sunset HOD 2011*)

P 475.013 CAP ON NON-ECONOMIC DAMAGES (ARCHIVED)

(*BOG March 2003*) (*Sunset HOD 2011*)

**P 475.014 ATTORNEYS' CONTINGENCY FEES IN MEDICAL MALPRACTICE CASES
(ARCHIVED)**

(*Res 03-50, HOD 2003*) (*Sunset HOD 2011*)

P 475.015 TORT REFORM

Tort reform remains the number one legislative and overall objective of the Florida Medical Association. (*BOG November 2003*) (*Reaffirmed HOD 2011*)

P 475.016 TRIAL ATTORNEY ACCOUNTABILITY

The Florida Medical Association shall study the context of a relevant California case (*Roa v. Lodi Medical Group*), in order to formulate appropriate legal and/or legislative repercussions for plaintiff attorneys who knowingly encourage their clients to waive their Amendment 3 rights. (*Res 05-19, HOD 2005*)

P 475.017 JOINT AND SEVERAL LIABILITY REFORM

The Florida Medical Association (FMA) shall make joint and several liability reform a priority legislative issue with the caveat that the FMA cannot ever give away the Fabre doctrine. (*BOG February 2006*)

P 475.018 REQUIREMENT TO PROVIDE TAIL COVERAGE

The Florida Medical Association seeks legislation to require that medical malpractice insurance companies who have contractually promised tail coverage to their clients without charge after a certain period of time must provide this coverage to physicians as promised even if they cease to do business in Florida; and further asks the AMA to study the issue of malpractice insurance companies who cease to do business in state(s) for possible action on a national basis. (*Res 05-11; BG Rpt C-2, HOD 2006*)

P 475.019 HEALTH COURTS

The Florida Medical Association endorses the need for comprehensive litigation reform and will study the feasibility of implementing health courts in Florida through one of the demonstration grants provided for in *The Reliable Medical Justice Act*, as an alternative to the current system. (*Res 06-13, Rpt. C, HOD 2007*)

P 475.020 FLORIDA HEALTH COURTS

The Florida Medical Association pursues the concept that the state of Florida create and implement a statewide system of health courts and that will utilize as guidelines the principles developed by the American Medical Association concerning health court creation and implementation as guidelines. (*Res 07-6, HOD 2007*)

P 475.021 STANDARD FOR CONVICTION IN MEDICAL MALPRACTICE CASES

The Florida Medical Association pursues legislation that will change the burden of proof in medical malpractice from “greater weight of the evidence” to “clear and convincing evidence” by amending Florida Statute 766.102(1) to reflect such change. (Sub Res 07-19, HOD 2007)

P 475.022 WRONGFUL DEATH

The Florida Medical Association opposes any expansion of Florida’s Wrongful Death Act. (*BOG October 2009*)

P 475.023 MEDICAL MALPRACTICE EXEMPTION

The Florida Medical Association supports the extension of the medical malpractice exemption from any assessments levied on premiums for property and casualty insurance by the Florida Hurricane Catastrophe Fund. (*BOG October 2009*)

P 475.024 LIMITING MALPRACTICE HEDGE FUNDS

The Florida Medical Association supports legislation that would make medical malpractice hedge funds illegal in the State of Florida and requests the American Medical Association do the same. (*Res 11-324, HOD 2011*)

P 480.000 UNIONS

P 480.001 PHYSICIANS RIGHT TO COLLECTIVELY BARGAIN AND THE RIGHT TO FORM BARGAINING UNITS

The Florida Medical Association supports the formation of bargaining units by physicians and the right to affiliate with established trade unions. (*Res 98-68, HOD 1998*) (*Reaffirmed HOD 2008*) (*Reaffirmed HOD 2012*)

P 480.002 ASSURING THE RIGHT OF PHYSICIANS TO COLLECTIVELY BARGAIN

The Florida Medical Association supports legislation proposed in the U.S. Congress by Representative Tom Campbell (R-California), entitled “The Health-Care Coalition Act,” which stipulates that: “Any group of health care professionals, negotiating with a health maintenance organization, insurer, or other payer, shall, in connection with such negotiations, be entitled to the same treatment under the antitrust laws accorded to members of a bargaining unit recognized under the National Labor Relations Act;” and be it further that the Florida American Medical Association Delegation submit a resolution to the American Medical Association House of Delegates at its Annual Meeting in June of 1998 calling on the American Medical Association to strongly and actively support The Health-Care Coalition Act in the U.S. Congress, as proposed by Representative Tom Campbell of California. (*Res 98-13, HOD 1998*) (*Reaffirmed HOD 2008*)

P 480.003 NEGOTIATING UNITS FOR PHYSICIANS

The Florida Medical Association (FMA) supports and encourages the American Medical Association to seek means to remove restrictions for physicians to form negotiating units in order to negotiate reasonable payments for medical services and to compete in the current managed care environment; and further shall look into the possibility of either itself or a subsidiary organization forming a physician negotiation unit; and further the FMA is directed to research the ability of physicians to participate in collective bargaining to

ensure the quality of care rendered to patients, maintain professional standards and better manage the business of medicine. (*Res 97-36, HOD 1997*) (*Reaffirmed as amended BOG October 2007*)

P 480.004 COLLECTIVE BARGAINING FOR PHYSICIANS

The Florida Medical Association is directed to study the advocacy efforts being taken by Medical Society of the State of New York (MSSNY) to allow collective bargaining by Florida physicians and determine if similar action in Florida is feasible. (*Res 11-201, HOD 2011*) (*Reaffirmed HOD 2012*)

P 485.000 VACCINES

P 485.001 PURCHASING CO-OPS FOR FLU VACCINE

The Florida Medical Association shall work with county medical society executives and look into the possibility of developing a county co-op for purchasing flu vaccine in bulk. (*BOG October 2005*)

P 485.002 DISTRIBUTION OF INFLUENZA VACCINE

The Florida Medical Association, requests the AMA research a national solution to the shortage of and timely distribution of influenza vaccine to primary care physicians. (*BOG April 2006*)

P 485.003 VACCINE DISTRIBUTION TO PHYSICIANS

The Florida Medical Association urges the American Medical Association to promote a national policy for vaccine production and/or distribution that allots vaccine to physicians on a priority basis. (*BOG October 2006*)

P 485.004 GROUP PURCHASE OF VACCINES

The Florida Medical Association (FMA) shall explore ways of improving the availability of vaccines in physician offices through such means as a public education campaign and possible group purchasing of vaccines through the FMA or through a new corporation. (*BOG July 2007*)

P 485.005 AVAILABILITY OF INFLUENZA VACCINE

The Florida Medical Association supports all physicians and the Department of Health in reinvigorating efforts to make influenza vaccine available to all Floridians pursuant to the recommendation of the Centers for Disease Control (CDC) and Advisory Council for Immunization Practices (ACIP). (*BOG October 2008*)

P 485.006 OPPOSE STATE AND FEDERAL ANTI-VACCINATION LEGISLATION

The Florida Medical Association actively opposes any vaccine legislation that would deviate from evidence-based recommendations and guidelines of the Centers for Disease Control and Prevention, the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, and the American Academy of Pediatrics; and direct the FMA AMA Delegation to recommend that our American Medical Association begin a national education and awareness campaign focused on educating the American public on the importance and safety of vaccines for not only individuals, but also for promotion of public health and safety. (*Res 09-1, HOD 2009*)

P 485.007 PERTUSSIS EDUCATION AND VACCINATION FOR HOUSEHOLD CONTACTS OF NEWBORNS

The Florida Medical Association shall work with the Department of Health (DOH), the Florida Hospital Association (FHA), the Florida Pediatric Society (FPS), the Florida Academy of Family Physicians (FAFP), the Florida Chapter American College of Physicians (Florida Chapter ACP), and the Florida Obstetric and Gynecologic Society (FOGS) to educate women during their pregnancy and post-partum period on the importance of pertussis vaccination for all household contacts of newborns and encourage parents to seek pertussis vaccination (Tdap or DTaP) for all household contacts of newborns through their referred primary care physician or community health department; and further shall work with the Department of Children and

Families (DCF) and local daycare licensing agencies to educate all daycare administrators and daycare workers on the importance of pertussis vaccination and to encourage pertussis vaccination for all daycare administrators and daycare workers. (*Amend Res 10-107, HOD 2010*)

P 490.000 WORKERS' COMPENSATION

P 490.001 FEE SCHEDULES

The Florida Medical Association supports enabling legislation to authorize individual physicians to negotiate with insurance carriers on respective Workers' Compensation fee schedules. (*BOG January 1987*) (*Reaffirmed 2000*) (*Reaffirmed HOD 2009*)

P 490.002 DISCREPANCY IN CLAIMS

The Florida Medical Association supports the fact that no contractual relationship exists between physicians and claim review entities and, therefore, any discrepancy concerning a Workers' Compensation claim should be addressed solely between the physician and the carrier. (*BOG January 1989*) (*Reaffirmed 2000*) (*Reaffirmed HOD 2009*)

P 490.003 SOVEREIGN IMMUNITY, WORKERS' COMPENSATION PILOT PROJECTS

The Florida Medical Association supports introduction of legislation authorizing the Office of Insurance Regulation to implement a pilot project for the treatment of injured workers under the Workers' Compensation program which affords physicians treating such cases sovereign immunity protection in malpractice actions. (*BOG January 1991*) (*Reaffirmed 2001*) (*Reaffirmed HOD 2009*)

P 490.004 FULL, USUAL AND CUSTOMARY FEE

The Florida Medical Association supports amending Chapter 440, Florida Statutes, to include a provision that makes the Workers' Compensation patient responsible for the full, usual and customary fees of the treating physician in the event that the patient has received a third-party settlement of any type. (*BOG MIN 1997-3*) (*Reaffirmed BOG October 2007*)

P 490.005 FILING OF DISPUTED CLAIM

The Florida Medical Association supports amending Rule 38F-7.515-18, Florida Administrative Code to extend the time frame to 90 days to file a petition of a disputed claim. (*BOG November 1997*) (*Reaffirmed October BOG 2007*)

P 490.006 WORKERS' COMPENSATION COVERAGE FOR HEALTH CARE WORKERS

The Florida Medical Association approved working with the Florida Department of Labor and Employment Security to establish a policy whereby all cases where health care workers are exposed to HIV, HBV, and other infectious diseases during the course of their employment be considered a workers' compensation claim immediately from the time of exposure. (*Res 97-67, HOD 1997*) (*Reaffirmed HOD 1998*) (*Reaffirmed HOD 2008*)

P 490.007 FAILURE TO PAY CLAIMS

The Florida Medical Association supports seeking legislation that would require workers' compensation insurers to pay a fee of \$25 plus interest for failure to pay clean claims within 30 days of submission. (*BOG November 1997*) (*Reaffirmed BOG October 2007*)