

Assuring A Basic Standard of Care For the Practice of Medicine in Florida Hillsborough County Medical Association

Whereas, access to primary medical care is an important issue for many Floridians, and

Whereas, telehealth and telemedicine availability are important components in providing access to medical care; and

Whereas, in July, 2019, The Florida Legislature signed in to law a requirement that requires physicians without a Florida license to register with the Board of Medicine to be able to provide telehealth services to patients located in Florida; and

Whereas, this process allows out-of-state physicians licenses to be verified and patients to feel confident in whom they are seeking medical care; and

Whereas, some companies are now advertising messaging-only¹ medical visits; and

Whereas, this process does not allow the physician's license to be vetted or the patients to know for sure that the physician is who they say they are; and

Whereas, this process where the physician and the patient never see each other is potentially dangerous, ripe for fraud, significantly lowers the standard of care in establishing a patient-physician relationship, and lowers the standard for providing medical care to patients in Florida; therefore, be it

RESOLVED, that the FMA support legislation that would prevent companies or physicians who practice messaging-only care from practicing medicine in the state of Florida.

Reference: ¹ <https://clinic.amazon.com>

Author: Michael Cromer, MD

Fixing Florida Independent Dispute Resolution Hillsborough County Medical Association

Whereas, Florida currently uses MAXIMUS as its Independent Dispute Resolution (IDR) arbitrator per state statute in order to arbitrate over differences in billing between health care clinicians and health insurance plans; and

Whereas, Medicaid plans are currently required to use MAXIMUS for IDR and bound by that judgement, but Preferred Provider Organizations (PPO's) and certain Health Management Organizations (HMO's) plan can voluntarily avoid entering IDR; and

Whereas, the ability for PPO and HMO plans to opt-out of IDR severely reduces the ability of health care clinicians to properly negotiate and bill In-Network rates; and

Whereas, in 2021 30% of healthplans opted-out of unfavorable rulings by MAXIMUS, making those rulings unenforceableⁱ; and

Whereas, the ability for PPO plans to opt-out of IDR weakens the effectiveness of IDR and the state statute initial intent to ban balance billing in exchange for available arbitration for healthcare clinicians in the event health insurers unfairly underpay them; and

Whereas, closing this ostensibly intentional loophole for health insurance plans will force health insurers to be held accountable for predatory reimbursement where they significantly underpay physician groups; therefore be it

RESOLVED, that our Florida Medical Association seek legislation which would:

- (1) close the IDR opt-out loophole & require all Florida health plans that are challenged by physician groups or hospitals to enter IDR arbitration and to accept the final IDR ruling; and
- (2) Make all IDR decisions binding and prospectively applied so that health insurance plans cannot continue to under-reimburse physicians.

Author: Damian Caraballo, MD

ⁱ <https://ahca.myflorida.com/content/download/9660/file/AnnualReportFeb-2021.pdf>

Defining Specialty Certification for Physicians Hillsborough County Medical Association

Whereas specialty board certification is a critical component of physician self-regulation and is currently being threatened by organizations who are confusing the public about the purpose and value of board certification; and

Whereas the Institute for Credentialing Excellence defines a professional certification program as one that provides an independent assessment of the knowledge, skills, and/or competencies required for competent performance of a professional role or specific work-related tasks and responsibilities¹; and

Whereas the Institute for Credentialing Excellence further states that certification is also intended to measure continued competence through recertification or renewal requirements; and

Whereas AMA policy opposes any action, regardless of intent, that appears likely to confuse the public about the unique credentials of the American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) board certified physicians in any medical specialty, or take advantage of the prestige of any medical specialty for purposes contrary to the public good and safety; and

Whereas only the entity that initially certifies an individual should recertify the individual's certificate thereafter; and

Whereas efforts by organizations that do not meet the basic standards for initial and continuing certification to gain recognition by state legislatures and health-care organizations are ongoing and will be confusing to the public and other health care stakeholders; therefore be it

RESOLVED, that our Florida Medical Association (FMA) adopt a policy for Medical Specialty Board Certification Standards that aligns with American Medical Association policy. The FMA will:

- (1) Oppose any action, regardless of intent, that appears likely to confuse the public about the unique credentials of American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) board certified physicians or takes advantage of the prestige of any medical specialty for purposes contrary to the public good and safety.
- (2) Oppose any action, regardless of intent, by organizations providing board certification for non-physicians that appears likely to confuse the public about the unique credentials of medical specialty board certification or takes advantage of the prestige of medical specialty board certification for purposes contrary to the public good and safety.

- (3) Support that when the equivalency of non-ABMS and non-AOA-BOS certification is being considered, the certification program must meet industry standards for certification that minimally include both 1) a process for defining specialty-specific standards for knowledge and skills and 2) offer an independent assessment of knowledge and skills for both initial certification and recertification in the medical specialty. Accepted national standards, such as the Essentials for Approval of Examining Boards in Medical Specialties³, will be utilized for that determination.
 - (4) Oppose discrimination against physicians based solely on lack of ABMS or AOA-BOS board certification, or where board certification is used as the sole criteria considered for purposes of measuring quality of care, determining eligibility to contract with managed care entities, eligibility to receive hospital staff or other clinical privileges, ascertaining competence to practice medicine, or for other purposes. Our FMA opposes discrimination against non-certified physicians who are in a clinical practice for the required period of time that must be completed prior to taking a specialty board certifying examination.
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References:

1. Institute for Credentialing Excellence. Definition of Certification. <https://www.credentialingexcellence.org/About>
2. "Specialty Boards". *JAMA*. 1968;204(13):1186. doi:10.1001/jama.1968.03140260026009
3. URL: <https://www.ama-assn.org/councils/council-medical-education/council-medical-education-liaison-committeespecialty-boards>

Relevant AMA Policy:

Medical Specialty Board Certification Standards H-275.926
Continuing Board Certification D-275.954

Author: Rebecca Johnson, MD

Health Insurance Identification Transparency Hillsborough County Medical Association

Whereas most consumers currently do not know now whether their health care plan falls under state or federal jurisdiction; and

Whereas knowing the difference between state and federal jurisdiction determines the mechanism patients can utilize to resolve disputes and issues with their health insurers; and

Whereas health insurers intentionally obfuscate their plans to confuse consumers and physician groups to make it harder to appeal or dispute claims; and

Whereas the jurisdiction of a health insurer plan determines which independent dispute resolution (IDR) system, state vs federal, a group can use to arbitrate predatory underpayment; and

Whereas utilizing improper IDR jurisdiction and submitting to the wrong IDR would result in months of payment loss and arbitrator fees for physician groups;

Whereas there were two 2023 companion bills in the Florida Legislature which did not pass this year's legislative session—HB1545 by Rep. Stevenson and SB 1500 by Sen. Brodeur—entitled “Health insurance Identification Card Transparency”, which would require state-jurisdiction health plans identify themselves as state or federal plans and attach a QR code to help patients access web resources, therefore be it

RESOLVED, that the Florida Medical Association (FMA) support any legislation in Florida which calls for health insurance identification card transparency for consumers and which would also aid medical providers in identifying whether a health plan is state or federal plan.

Author: Damian Carballo, MD