

FMA PAC Fundraising Manual



FMA PAC

FLORIDA MEDICAL ASSOCIATION • POLITICAL ACTION COMMITTEE



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Introduction

Let's face it. Nobody likes to ask other people for money. But it doesn't have to be hard. In fact, when you believe deeply in the cause you are asking others to support, it can be very rewarding!

You already possess the most important attribute when it comes to fundraising: passion! You care about the future of medicine and you want to be able to provide the best care for your patients.

You are on the FMA PAC Board because you love your profession. You believe the practice of medicine and the patients you serve are worth fighting for. This is why you got involved in the first place. Your passion is a powerful asset.

The key to being a successful fundraiser for the FMA PAC is your ability to tell your own story about why you are involved. You have to make it personal, and you have to show how much you care. When your colleagues see how passionate you are about the FMA PAC, they will respond.

When your colleagues see how passionate you are about the FMA PAC, they will respond.

This FMA PAC Fundraising Manual is designed to guide you through this process. Everything you need is right here in these pages.

- » **Section 1** provides a brief overview of the FMA PAC with bullet points covering basic things you need to know about the PAC.
- » **Section 2** teaches you how to raise money for the FMA PAC through best practices that have proven successful over the years.
- » **Section 3** addresses common objections to the FMA PAC that you will encounter and provides tips to help you overcome them.
- » **Section 4** guides you on building your own fundraising network. Once you build your network, the job of fundraising becomes much easier.
- » **Section 5** covers the hot-button legislative issues affecting physicians and how to make targeted, specialty-specific pitches for FMA PAC contributions.



Section 1: An Overview of the FMA PAC (basic things you need to know)

Always remember that you are not doing this alone. You are part of a team of fellow physicians who share your passion for protecting patients and promoting the practice of medicine. You also have an experienced, professional staff that stands ready to help you.

Before you begin fundraising for the Florida Medical Association Political Action Committee (FMA PAC), you need to know what a PAC is. Merriam-Webster defines a Political Action Committee or PAC as “a group formed (as by an industry or an issue-oriented organization) to raise and contribute money to the campaigns of candidates likely to advance the group’s interests.” As such, the FMA PAC was established in 1974 by the FMA.

Here are the basics:

- » The mission statement of the FMA PAC is “to elect candidates for state office who will help advance the advocacy agenda of the FMA.”
- » The FMA PAC serves as the political arm of the FMA and is organized separately under state election laws.
- » The FMA PAC operates under its own Board of Directors and has governing bylaws and policies and procedures also separate from the FMA. The reason for this separation is to preserve the FMA’s not-for-profit tax status.
- » The FMA does NOT give contributions directly to candidates running for office. That is the job of the FMA PAC.
- » Some physicians mistakenly believe their membership with the FMA includes FMA PAC membership, so it’s important to always point out that these are two separate bodies with separate dues.
- » As a member of the FMA PAC Board, you are serving as an ambassador to the FMA PAC.
- » This is a working Board of Directors with expected fundraising goals and a staff devoted to helping each Board member succeed.



Section 1: An Overview of the FMA PAC (basic things you need to know)

- » When you reach out to your colleagues to discuss the FMA PAC, understanding the dues structure is critical. FMA PAC dues are \$250 each calendar year for physicians, \$100 for spouses or staff (including FMA staff and CMS execs/staff), and \$20 for residents or medical students. Every FMA PAC Board member must be an FMA PAC member per the FMA PAC Bylaws.
- » We also actively encourage donations from large groups, medical staffs, and other PACs affiliated with specialty and county societies, and medical labs.
- » The 1000+ Club is the highest level of involvement in the FMA PAC. Physicians pledge \$1,000, \$2,500, \$5,000 or \$10,000 to the FMA PAC over the course of the two-year election cycle. All payments, including dues for the FMA PAC and the 1000+ Club, can be paid monthly.
- » The FMA PAC is neither a single-issue organization nor a supporter of any single political ideology.
- » The FMA PAC is bipartisan, supporting candidates of all parties who are pro-medicine. One of the most important factors is electability.
- » The FMA PAC is a state PAC; therefore, it is prohibited from making federal campaign contributions or participating in ANY elections for federal office.
- » Because the FMA PAC is organized as a state PAC, contributions can be made from personal account or business/corporate accounts. (We can accept large corporate checks whereas federal PACs cannot.)
- » Anyone can donate to the FMA PAC! The FMA PAC is composed of physicians from every specialty, physicians' spouses and family members, medical students, and resident physicians. Many large groups and medical staffs have given generous donations as well.



Section 2: Best Practices for FMA PAC Fundraising

Section 1 covered basic facts about the FMA PAC.

In this section, we will delve into:

- » Why we have a PAC
- » How to raise money for the FMA PAC
- » Who to ask for money
- » Where to go to raise money
- » When to raise money (short answer: anytime)

The Why

The FMA PAC exists because Florida physicians have a legislative agenda. There are bills we want legislators to pass and, unfortunately, bills we want to defeat (think scope-of-practice expansion attempts) that come up every year. If we weren't advocating for legislation to help physicians practice medicine or trying to defeat bad bills that would harm our patients, we would not need a PAC.

The best way to accomplish our legislative goals is to make sure we have people in the Legislature who support the things that we support. **It is not enough to just be right on the issues. What matters is having allies who will listen to us and help us.** Simply put, we need to build relationships with people who have the power to make things happen.

There are 160 members of the Florida Legislature — 120 members of the Florida House of Representatives and 40 members of the Florida Senate. Florida House members serve two-year terms, meaning they are up for election or re-election every two years. Members of the Florida Senate serve four-year terms.

It is also important to understand that the Florida House and Senate have eight-year term limits, which means there is constant turnover in legislative seats. This dynamic also creates tremendous opportunity to make an impact on the process.

Whether we like it or not, the fact is that people running for legislative office have to raise large amounts of money to fund their campaigns. Most politicians hate raising money but they have to do it if they want to get elected or re-elected. The people who help them raise the funds they need to run their campaigns become their friends. **It is human nature to want to help the people who help you.** And elected officials are human beings (well, most of them are).

Does raising money for candidates guarantee that, once elected, they will always support you and your issues? Of course not. However, it greatly improves the odds. Put another way, if you are not someone who has helped them, it is likely that you will not be someone they listen to when the time comes to advocate for a particular issue.



Section 2: Best Practices for FMA PAC Fundraising continued

As noted above, we need to build relationships. **We need more friends in the Legislature. And the best way to make a friend is to be a friend.**

How to ask for money

Let's start with what doesn't work. **Letters, generally speaking, do not work. Neither do emails** (unless the email is to someone that you know really well). The problem is that letters or emails asking for money are easy to ignore. They are not very personal. They don't take much effort to produce.

Think about it for a minute. When was the last time you received a letter that inspired you to immediately sit down and write a check? Or the last time you received a fundraising email that prompted you to immediately click a link and give your credit card number? Chances are, you threw away the letter or deleted the email without ever opening either of them. You probably even threw away the letter or deleted the email without ever opening it.

So, what works? **Face-to-face conversations or phone calls are the best way to raise money from your peers.** It is the best way to convey your passion. It is the most personal way to make an appeal for funds. Most of the time, it will result in someone being willing to make a contribution. It is hard to ignore someone who believes in their cause and is willing to make a request to you in person.

Requests for money should come from the heart. You have to show passion. You need to tell your story. Explain why you are involved. Talk about what's at stake and the power of physician unity. Be respectful and show them that you care.

Remember, you are talking to a colleague. Don't assume to know the issues they care about. Listen closely to their concerns and educate them on the way we are going to make things better for them and their patients.

Be very specific about what you are asking them to do, whether that is joining the PAC at the \$250 level or making a 1000+ Club contribution. Tell them how they can donate. Send them a link immediately via text as a follow-up to a phone call or send them a live link in an email. Another option is directing them over the phone to our website. The most important part of fundraising is making the ask.

Who to ask for money

If you are part of a group practice, start by asking your partners to join the PAC. Your goal should be for every member of your group to be a member of the FMA PAC and the 1000+ Club.

If you are not in a group, or if you are a solo practitioner, start by talking to the physicians you interact with on a professional basis. Who are the physicians you refer patients to?

Reach out to other physicians within your specialty. The FMA PAC staff can provide you with lists of physicians by specialty who are not PAC members or 1000+ Club contributors. Give them a call.



Section 2: Best Practices for FMA PAC Fundraising continued

Reach out to other physicians in your community. Do you interact with them socially? Are there colleagues you see in the physicians lounge at the hospital or who practice in the same surgery center?

If you are part of a large health system or a large multi-specialty group, talk to your colleagues. Pick up the phone and call 10 people you know and ask them to join the PAC.

Where to go to raise money

Identify group practices in your area. Contact the physician leaders of these groups and talk to them about the importance of supporting the PAC. The goal should be for the group to make a contribution — ideally, for every physician member of the group to be at least a member of the FMA PAC and, if they are really committed, 1000+ Club contributors.

Attend the next meeting of your specialty society and set a goal of recruiting FMA PAC and 1000 Club members during the meeting through one-on-one, peer-to-peer interactions.

Ask to be on the agenda at your county medical society meeting. Take a colleague or fellow Board member with you and set a goal of talking to five individual physicians about joining the PAC.

Invite a group of physicians to lunch or dinner and talk to them about joining the FMA PAC and the 1000+ Club.

Make phone calls. The FMA PAC staff can provide you with lists of physicians broken down by either county or specialty. Set a goal of making five calls per week.

Ask to speak at a hospital medical staff meeting. In addition to asking the medical staff to make a contribution, ask individuals to join the PAC and the 1000+ Club. Take a colleague or fellow Board member with you and set a goal of talking to five individual physicians about joining the PAC.

The FMA Annual meeting is fertile ground for raising money for the PAC. Target every member of your county or specialty delegation for FMA PAC and/or 1000+ Club membership.

When to raise money

Anytime you have an opportunity to talk with a colleague about the PAC is a good time. Particularly, when issues are pending that might affect a specific specialty, use that time to raise awareness of the importance of PAC donations.

During the months of January, February, March, April and May, members of the Legislature are in Tallahassee for committee meetings and/or the Legislative Session. Sometimes, in non-election years, they will hold committee meetings in October and November. During these five or six months, bills that directly affect the practice of medicine are being introduced, debated and voted on in committees or on the floor. This is an opportune time to raise money from your colleagues.



Section 2: Best Practices for FMA PAC Fundraising continued

If you're calling a colleague who's a specialist, focusing on their specialty's priority topic is the most effective (e.g., informing ophthalmologists that the optometrists are trying get scope bills passed this session that will allow them to perform laser surgery.) Tell them the issue and make an ask but try to avoid getting caught up in the weeds of the legislative process. Be specific about how they can donate. Send them a link immediately as a follow-up to a phone call or send them a live link in an email if you're soliciting via email. Another option is directing them over the phone to our website. The most important part of fundraising is making the ask.

Politics is a year-round sport. There is no such thing as downtime. Someone might ask, "Why are you raising money for the PAC during a non-election year?" The answer is that legislators are raising money all the time, and our FMA PAC needs the resources to contribute funds so that we can have a positive impact. One of the best times to build these relationships is during the off-year of an election cycle, when politicians are building up their campaign war chests in anticipation of the next election.

Remember, our ultimate goal is to build relationships. There is never a bad time to do this.



Section 3: Tips for Overcoming Common Objections to Contributing to the FMA PAC

As you reach out to your colleagues about making a financial contribution to the FMA PAC, you will run into various objections. The most important thing when faced with objections is to remember you are answering a person, not a question. You should welcome these opportunities to educate your fellow physicians. Don't shy away from them.

The keys to success are to be prepared for these objections, validate them, and have a productive dialogue.

Over the last 20 years, your fellow physicians on the FMA PAC Board have encountered all kinds of reasons why some are reluctant to contribute to the FMA PAC. Rest assured, there are no new objections. It is very likely that the objections you will encounter are the same ones your colleagues have addressed over the years.

We have developed the following list of common objections and suggestions for addressing them:

1). "I am not political."

I get it. I don't really like politics either but the reality is that while we might not be political, our profession is inextricably tied to politics. The medical profession is highly regulated by the government. We are licensed by the State of Florida. Many of the programs that pay us for our services, such as Medicare and Medicaid, are government programs. The rules and regulations that govern insurance companies and how they treat us and our patients, are set by state legislatures and state regulatory bodies.

So, whether we like politics or don't is irrelevant. If we care about our profession and our patients, it is our duty to be engaged. The best way to do this as a physician is to come together with other physicians through the FMA's political action committee.

I'm not asking you to be political. I'm just asking you to support an organization whose sole purpose is to help make the practice of medicine better for physicians and the patients we serve. The FMA PAC is fighting for us.

2). "I think PACs are bad and contribute to our unsavory political climate, so I am not going to contribute."

There is no question that politics can be a dirty business, but not all PACs are the same. It is important to differentiate between corrupt political activity and honest efforts to influence politics to make things better for our patients. As individuals, we have very little impact on the legislative and political processes. We are just one voice. But when we band together as a profession, we become much stronger and our ability to change things for the better increases exponentially.

The answer is not to disengage from the political process because our perception is that it is unsavory. We can have disdain for the political process while at the same time supporting a PAC that is dedicated to protecting our profession. The two are not mutually exclusive. We have to understand the reality of the situation and do our best to operate in an ethical way to make changes that benefit our profession and our patients. The FMA PAC offers us the best platform to do this.



Section 3: Tips for Overcoming Common Objections to Contributing to the FMA PAC continued

3). **“The FMA is not effective at advocating for physicians. Take for example last year’s scope-of-practice expansions for nurses that passed the Legislature. Why should I give money when the results have not been good for physicians?”**

It is always disappointing when we lose a legislative fight, but the answer is not to walk away from the process. In fact, now is the time to do more than we ever have because many scope issues will be returning this year and in future years.

This past Legislative Session should serve as a wake-up call for all of us. We need to take an honest look in the mirror and ask ourselves if we are really doing everything we can to ensure success or if we’re expecting others to do it for us without providing the resources they need to fight on our behalf. Essentially, we have asked our team at the FMA to go to battle for us, but we have not equipped them with the tools needed to win.

The truth, as hard as it is to admit, is that one of the main factors that contributed to the recent scope-of-practice losses in the Legislature was the lack of physician participation in the political process. Fewer than one out of every five FMA members contributes to the FMA PAC. Fewer than one out of every hundred FMA members is a member of the 1000+ Club. Only half of our physician colleagues are members of the FMA. We cannot expect to be successful advocates for our profession and our patients with this kind of dismal physician participation in the FMA and FMA PAC. We have to do better.

If this really matters to us, we have to step up. We need more of our physician colleagues to contribute to the FMA PAC. We cannot have less than 5% of physicians contributing to the FMA PAC and expect better results in the future.

4). **“But I already give money to the FMA for membership dues. Why are you asking me to also give money to the PAC?”**

Thank you for being a member of the FMA. While the FMA supports our legislative advocacy efforts and provides many other member benefits, it is limited in what it can do when it comes to supporting candidates for public office. That is why we have the FMA Political Action Committee, which serves as the political arm of the organization. The FMA PAC depends on voluntary contributions from physicians, group practices, medical staffs and surgery centers. All of the funds raised by the PAC go into direct political support.

5). **“We need to get the public on our side by holding rallies and press conferences to sway public opinion. If we had a public relations campaign, the politicians would listen to us. We don’t need a PAC to do this.”**

Public relations campaigns are expensive in a state the size of Florida. These campaigns include paid media (television, radio, print and social media ads) as well as earned media (press conferences, rallies, op-ed pieces). With multiple media markets in Florida, it would cost over \$10 million per week to mount an effective paid media effort.



Section 3: Tips for Overcoming Common Objections to Contributing to the FMA PAC continued

In addition to being cost prohibitive, this does not guarantee success. More often than not, a public relations campaign does not move the needle when it comes to getting votes in the Legislature. What matters is a having a well thought out and sustained political strategy geared toward getting more medicine-friendly candidates in a position to help move our issues forward. This is a numbers game. It is basic math, and you win by having more votes than your opponent.

Public rallies, social media campaigns and press conferences are tactics, not strategies. They are sometimes effective tactics depending on the circumstances, but they do not take the place of an organized political strategy. Think of the musical “Hamilton” — we want to be “in the room where it happens.” Although it might make us feel better to attend a rally or have a press conference, it is much more effective to be on the inside rather than outside.

Join the FMA PAC because we are 100% focused on building a pro-medicine majority of legislators who will support the issues important to our profession and our patients.

6). “I don’t believe in what the FMA stands for and it doesn’t represent me.”

We should focus on what we all have in common as physicians rather than being fixated on our differences. It’s impossible to agree with each other 100% of the time. We don’t hold our friends to those standards. If we expected our friends to agree with us 100% of the time, we wouldn’t have many friends. We don’t hold our families to those lofty standards either.

As physicians, we all want the same thing. First and foremost, we want to help our patients. That is why we got into medicine. We might disagree on strategies or tactics. We might have different perspectives based on our specialties, but ultimately, we all want the same thing. We want to practice medicine and do our best for our patients without interference from third parties.

The FMA PAC’s core belief is to preserve and protect the patient-doctor relationship. When we allow others to divide us, we all lose — and the biggest losers will be our patients. So, let’s stick together and focus on what makes medicine great.

7). “The political system is rigged, and physicians can’t compete with powerful interests like the insurance industry.”

I understand your frustration, but the answer is not to surrender. Yes, the insurance companies (and other interests) have tremendous financial resources, but so do physicians if we band together. You are correct that, as individuals, we can’t compete with the behemoth insurance industry and other corporate interests. But we do have strength in numbers. If every physician just does his or her part and contributes \$250 to the FMA PAC and/or becomes a 1000+ Club member, we can not only compete head-to-head with other powerful groups, but also win more often than not.



Section 3: Tips for Overcoming Common Objections to Contributing to the FMA PAC continued

8). “I am part of a large group practice and they take care of me. We give directly to politicians and don’t need to go through the FMA PAC.”

The issues that your group is working on are the same as the issues that the FMA is focused on. We want all physicians to be successful, whether we are part of a large group or whether we chose another path and prefer a different practice environment. At the end of the day, we are all concerned about physician viability and believe that empowering physicians is in the best interests of patients.

Many large groups are part of the FMA, and we work together to achieve results on behalf of physicians and our patients. Just because you are part of a large group doesn’t mean that you don’t benefit from having strong physician-led organizations like the FMA and the FMA PAC. We can all achieve much more when we are unified as physicians and stick together whether we are part of a large group, a small group or in solo practice.

9). “I already contribute to my specialty society PAC because it represents my interests. Why should I also contribute to the FMA PAC?”

It is great that you contribute to your specialty society PAC. That means you understand how important it is to be engaged in the political process, and I don’t have to convince you of that. But this is not an either/or situation. You need to contribute to your specialty PAC as well as the FMA PAC if you really want medicine to be a strong force in the legislative process.

While I agree it is important to contribute to your specialty society PAC and I encourage you to do so, I think you should also know the limitations of contributing only to your specialty society PAC. The fact of the matter is your specialty society PAC is too small on its own to really make a significant difference in the legislative and political processes. Ultimately, your specialty society benefits from having a strong FMA and FMA PAC to back you up. We have more strength when we all stick together and pool our limited resources to maximize our impact on the process.

So, to reiterate: You have already made the decision to participate in the political process by contributing to your specialty PAC. I am asking you to maximize your impact and effectiveness by also supporting the FMA PAC, because we all benefit by having a strong umbrella organization to protect us.

10). “Several years ago, the FMA PAC did not support a candidate that I supported, so I will never give money to the FMA PAC.”

There are many factors that go into the FMA PAC’s candidate decision process. We look at political viability, which involves assessing the quality of the candidate and the quality of the district. For example, we could have a great candidate who might be running in a district that he or she can’t win, so we don’t support that candidate. In some cases, we might have a very friendly pro-medicine candidate whom we don’t support because that person is running against an incumbent who has been supportive of medicine.



Section 3: Tips for Overcoming Common Objections to Contributing to the FMA PAC continued

Another factor is whether that candidate is supported or opposed by the House and Senate leadership. Whether we like it or not, the Florida Legislature is driven by its presiding officers: The Senate President and the House Speaker. They determine which legislators serve on the various committees, what issues get to be voted on in a committee (oftentimes, they determine what the vote will be in that committee) and what issues advance to the floor. In other words, the Senate President and/or the House Speaker can determine the fate of our entire agenda. Therefore, it is not in physicians' interests to go against the wishes of legislative leadership in a particular race if they have a preferred candidate.

You have to take a step back and understand why we have a PAC in the first place. The FMA PAC exists for the purpose of advancing medicine's legislative agenda. Therefore, we have to keep this at the front of our minds when making candidate decisions.

So, when you look at individual candidate decisions, please know that the FMA PAC Board weighs all of these variables and makes decisions that are in the best interests of medicine as a whole. Sometimes these are very difficult, emotional decisions. Sometimes we make mistakes. After all, we are all human. But our goal is to always do what's best for medicine, and decisions are made with the best information available to us at that time.

I hope you will reconsider your decision not to support the FMA PAC. If there is a specific legislator the FMA PAC supported and you don't agree with that decision, our team would be happy to hear your concerns and explain why that decision was made. I hope that you will not let one decision be a reason for you to not contribute to the FMA PAC.

11). "The FMA PAC supported a candidate who voted against medicine on an important issue, so why should I give my hard earned-money to the FMA PAC?"

The FMA is not a single-issue organization. If we were, it would be so much easier to make judgments about individual votes. But the reality is that we have an expansive legislative agenda, and a legislator who votes against us on one of our issues might be our best friend when it comes to another issue. So, while a legislator might vote against us on an issue on a floor vote where the result was already predetermined, they could be the deciding vote on another issue on a committee vote where the result was not predetermined.

You have to trust that your physician colleagues on the FMA PAC Board are looking at all of these factors. As physicians who are not involved in the day-to-day politics of the Legislature, it is easy to cherry-pick one vote and make assumptions about whether that particular legislator is pro-medicine without really knowing all of the factors involved in that vote. This is why have a team of professionals who advise us on these matters.

The FMA PAC does not take any of this lightly. We look at every vote as well as the context of that vote. We weigh all of this information and take into account the big picture and what we think is best for physicians moving forward.



Section 3: Tips for Overcoming Common Objections to Contributing to the FMA PAC continued

If there is a specific candidate the FMA PAC supported and you don't agree with that decision, our team would be happy to hear your concerns and explain why that decision was made. I hope that you will not let one decision be a reason for you to not support the FMA PAC.

12). “I participate locally at the grassroots level through my county medical society because that is most effective.”

It is great that you are so involved at the local level. However, being involved in local grassroots politics and contributing to the FMA PAC are not mutually exclusive. In fact, they are complementary. If you really want medicine to be powerful, you need effective, local grassroots efforts AND a strong, well-funded statewide PAC.

While it is important that you are engaged with your local legislators at the grassroots level, you can't ignore the bigger, statewide picture. The legislative process is a numbers game and just focusing on your own part of the state is not enough to make a difference. We need to have enough votes at the committee level and on the floor in order to get something passed or stop something from passing.

Medicine is so much stronger when we band together across the state and maximize our influence. This is why you need to contribute to the FMA PAC and the 1000+ Club.

13). “I am an employed physician and somewhat insulated from politics. My employer takes care of all of the legislative and political issues so I can just focus on taking care of patients.”

All of us would prefer to worry only about taking care of our patients. That is why we went into medicine. But we are never really insulated from politics, even if we are employed. At the end of the day, your employer is concerned about the same issues the FMA is focused on every day. Just like the institution that employs you, we are focused on the economic viability of physicians and having the resources needed to deliver high-quality patient care. Your employer is also dealing with third parties — insurance companies, trial lawyers, government bureaucrats — that are inserting themselves into the patient/physician relationship.

So, even when you are employed, it is in your best interests to have organizations such as the FMA and the FMA PAC supporting the issues that you and your employer care about. The bottom line is that you are a physician first and foremost, and you care about the practice of medicine and doing what is best for your patients.

14). “The FMA PAC only gives to Republican candidates, and I am a Democrat.”

The FMA PAC supports many Democrat candidates. The FMA is a bipartisan organization, meaning we support candidates on both sides of the aisle.

You have to understand that advocacy is a numbers game. We need votes from legislators in both political parties. The FMA PAC Board looks closely at every legislative district and determines candidate viability based on a variety of factors, including historical partisan performance and current voter registration data in the district, key demographic trends, and the quality of individual candidates.



Section 3: Tips for Overcoming Common Objections to Contributing to the FMA PAC continued

There are many legislative districts that are dominated by one political party. Many seats are predominately Republican and there is no chance for a Democrat to win. In fact, in some districts, the seat is uncontested in the General Election but there might be an opportunity to support a candidate in the primary who is good for medicine.

Remember, the FMA PAC is focused on building a pro-physician majority, and that means finding candidates from both political parties who will support us on our issues. We have both Democrat and Republican physicians serving on our FMA PAC Board, and when they make decisions, they take off their partisan hats and put on their pro-medicine hats.

15). “The FMA PAC supports liberal Democrats, and I am a conservative Republican. I could never support an organization that gives money to politicians that I don’t support.”

The FMA is a bipartisan organization, meaning we support candidates on both sides of the aisle. You have to understand that advocacy is a numbers game. We need votes from legislators in both political parties.

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The FMA PAC Board looks closely at every legislative district and determines candidate viability based on data points such as historic partisan performance in the District, key demographic trends, and the quality of individual candidates.

Remember, the FMA PAC is focused on building a pro-physician majority, and that means finding candidates from both political parties who will support us on our issues.

16). “The FMA PAC does not do enough to support candidates who champion social issues that I care about, such as gun control or protecting the environment (or pick any other social issue).”

The FMA PAC is an organization that focuses solely on physicians and the patients we serve. The FMA PAC supports candidates for office who have the best chances of winning and will be in a position to advocate for physicians and our patients. While social issues are important, they are not a contributing factor in determining the FMA PAC’s strategy for supporting candidates for public office. If we are to be effective advocates for our profession, we have to stay focused and not dilute our resources. I am not saying these issues are not important, but there are other organizations that are singularly focused on specific social causes. The FMA PAC’s focus is on physicians and our patients.



Section 3: Tips for Overcoming Common Objections to Contributing to the FMA PAC continued

17). “I think \$250 is too much money. I can’t afford it.”

What you are really telling me is that you don’t see the value of contributing to an organization that is focused on protecting your rights as a physician, because I know you can afford \$250.

Let me frame it for you this way: Do you think donating to an organization that is fighting for you and your patients is worth 68 cents per day? This seems like a small price to pay for the satisfaction of knowing you have done something to protect your profession and your patients. There are very few investments you can make for 68 cents per day that will deliver the kind of returns you will get by contributing to the FMA PAC.

18). “I think \$1,000 is too much money. I can’t afford it.”

I realize \$1,000 is a lot of money and I would not be asking you to do something that I am not willing to do myself. I think protecting our profession is worth \$2.73 per day, which is cheaper than a cup of coffee from Starbucks. We can all afford to contribute \$1,000 if we make investing in protecting our profession a priority.

1). “I am just starting out in my practice and need to put my focus and efforts into that. I don’t have time to worry about politics.”

This is exactly the right time for you to contribute to the FMA PAC. Your whole career is ahead of you and if you want to ensure that the medical profession is viable and your patients are protected, this is one investment that you should make every year. Think of it as a very inexpensive insurance policy that is guarding against third-party intrusion into your relationships with your patients.

20). “I am getting ready to retire in a few years, so I am done with having to worry about these things. Good luck!”

Congratulations! I am sure you are looking forward to being retired and spending more time doing the things that you love. I know your patients will miss you. While you might not see the value of contributing to the FMA PAC because you are focused on your retirement, I am asking you to look at this from a different perspective. I know you care about your profession and you want to ensure that future physicians will be able to continue practicing medicine with limited interference from outside forces like insurance companies.

At the end of the day, in addition to being physicians, we will all be patients someday — and we want the best quality health care for ourselves and our family members. So, think of donating to the PAC for those reasons: to preserve the practice of medicine and ensure that the best doctors are there to take care of you when you need them.



Section 4: Developing Your Own Personal Fundraising Network

The most successful FMA PAC Board members have built networks of colleagues to help them raise money. The most important thing you can do is to follow up on a regular basis with colleagues that you have personally recruited to join the PAC and the 1000+ Club. This might be individuals or a group that you have recruited. The purpose of following up is to provide updates on how their contributions have helped advance medicine's agenda. You don't want to ask for a contribution every time you talk to them. This is why you need to strategically plan a follow-up call or meeting that is designed to show them how their contributions have made a difference.

For example, it might be a quick call or email where you say something like, "I want to let you know your investment in the PAC helped us defeat a piece of legislation because the Representative/Senator we supported voted our way," or, "Remember that issue we discussed? Our team was able to get Representative/Senator to sponsor a bill (or amendment) to solve your problem."

It helps if you can connect the dots for them. Demonstrate how their contribution made a difference. This will make them more willing to contribute in the future.

When you succeed in persuading your colleagues to join the PAC or the 1000+ Club or to contribute money to a specific candidate, **make sure they know that this is not a one-time thing.** Help them understand the need to establish a personal budget for political contributions. These colleagues you have recruited to the FMA PAC, followed up with on a regular basis, and cultivated for future contributions will form your core fundraising network.

Ideally, you will have a group of at least 10 to 20 physicians you can call on to help you raise money. Take them to lunch on a quarterly basis and update them on the PAC's activities. Encourage each of these physicians in your personal network to each recruit one or two more members to the PAC and/or 1000+ Club, and you will be well on your way!



Section 5: Hot-Button Legislative Issues

With fundraising, it is often necessary to use legislative issues as a guide for your discussion. Legislative issues should not be the sole focus; however, when discussing elections and asking for funds, it is natural to also discuss legislative issues that lawmakers are introducing and debating.

As you do this, it is important to know your audience (i.e., talking to a medical staff, large group or calling a colleague) and narrow down the legislative discussion based on that audience. For medical staffs or county groups, offer a broad legislative discussion that covers multiple specialties but narrow the focus of your discussion to a few specific issues.

If you know of a hot-button issue specific to a group of physicians, make a point to discuss that issue first. It is critical to point out how this legislative issue will affect them. Use stories and your own personal examples to make your point. It is best to stay away from using specific bill numbers, as that confuses physicians if they're not well-versed in the legislative process.

If you're calling a colleague who's a specialist, focusing on their specialty's priority topic is the most effective (e.g., informing ophthalmologists that the optometrists are trying get scope bills passed this session that would allow them to perform laser surgery.) Tell them the issue and make an ask but try to avoid getting caught up in the weeds of the legislative process. Be specific about how they can donate. Send them a link immediately as a follow-up to a phone call or send them a live link in an email if you're soliciting via email. Another option is directing them over the phone to our website. The most important part of fundraising is making the ask.

The following is a detailed list of current hot-button FMA issues to help you build your case and tell your story. The FMA staff will provide frequent updates so you will have the most current information.



Issues Affecting All Physicians

Tort Reform – Liability Protections

Physicians and other healthcare providers have occupied a unique position on the front line of the COVID-19 pandemic. In addition to dealing with the devastating financial consequences of the government-imposed shutdown of elective procedures, physicians also had to figure out how to provide needed care to patients potentially infected with the novel coronavirus while protecting their employees, the public and themselves. Physicians were forced to make difficult decisions for each patient as to whether their care could/should/had to be postponed, knowing that if they were wrong, a lawsuit was likely. At the same time, they had to provide this care with insufficient resources, as access to sufficient supplies of personal protective equipment was limited to nonexistent.

Florida physicians should not have to face the Hobson's choice of either keeping their practices open with no protection from liability or shutting down, which would be devastating for them and their communities.



Section 5: Hot-Button Legislative Issues continued

Physicians who provide care in conformance with state and federal guidance during a disease-related state of emergency should not be held liable for disease-related damages outside of the physicians' control. Physicians who continue to treat patients under the most difficult circumstances despite the risks to themselves and their employees should not have to face the added risk of financial ruin caused by frivolous lawsuits.

Accordingly, the FMA is proposing legislation that will afford physicians and their practices reasonable liability protections against COVID-19 related lawsuits. We hope to ensure that during the duration of the declared state of emergency, the same standards applicable to medical liability suits against emergency care providers will apply to COVID-19 related suits as well.

Truth in Damages – Limitations on Medical Payments

For the last seven years, the business community has sought to arbitrarily impose limits on the amounts of medical damages that can be recovered in personal injury and wrongful death cases. Legislation has been filed that would exclude from evidence the full amount of the treating physicians' charges, or simply impose a fee schedule on the amount that could be recovered.

The FMA has consistently opposed these legislative efforts to deny physicians who treat uninsured patients their actual charges when a patient receives a judgment against the third party who caused their injuries.

By making the amount of a healthcare provider's charges inadmissible in evidence, or arbitrarily capping the amount that can be awarded at trial, the legislation would cause a huge "access-to-care" issue for injured victims, unfairly eliminating their ability to receive the best care after being injured by the wrongdoing of others. Many doctors and other healthcare providers already do not treat such accident victims because of the length of time it takes to be paid from any judgment or settlement of the legal case. This legislation would cause many more high-quality, specialist healthcare providers to not treat these injured people because juries would no longer be awarding the full amount of medical expenses.

The FMA will continue fighting so-called "truth in damages" legislation in order to ensure that physicians who treat injured people injured in accidents will not be faced with a dilemma: Accept payment that is significantly less than their usual charges OR go after their injured patients for the balance, even though those patients did not receive full damages from the wrongdoers.

Retroactive Denials

After going through the burdensome process of contacting the insurance companies, obtaining authorization to treat the patients and then providing care, physicians face the untenable prospect that the authorizations they received were illusory, and that they either will not get paid or will have to return the payments they did receive to the insurance companies. Whether a patient has coverage is a determination that a physician cannot independently verify. It is inherently unfair to penalize the physician for the mistakes of others that they have



Section 5: Hot-Button Legislative Issues continued

no control over. Therefore, if an insurance company issues an authorization to a patient who was not actually covered at the time of service, the insurance company should still be required to make payment for any care duly rendered by the physician. The current practice of saddling the physician with the burden of attempting to recoup payment from the patient punishes the one party who has absolutely no control over the agreement between the insurance company, the patient, and the patient's employer.

Fail First

While fail -first protocols may be appropriate measures to control costs and are appropriate in many situations, they have been overutilized to the detriment of Florida patients. Physicians have the expertise to know what is best for their patients and must have access to a full range of therapeutic options. Patients, meanwhile, should not have to suffer through inappropriate or ineffective treatment regimens simply because they constitute cost savings for their PBMs. Health insurers should therefore be required to provide a process by which a physician can request an exception to any fail-first protocols that are in place. Health plans should be required to promptly respond to these requests and to grant exceptions where it is clinically indicated, such as when it is determined that the drug is likely to be ineffective or harmful to the patient. ***Important to note:** This affects many specialties and is a key issue for oncologists.

Prior Authorization

Prior authorizations impose a tremendous burden on physicians and patients. According to a survey performed by the AMA, 91% of physicians report that their patients experience care delays at least sometimes as a result of prior authorization. Further, 64% of physicians report having to wait an average of one business day before receiving prior authorization decisions. 29% report having to wait an average of three business days. Prior authorization requests also contribute to the administrative overload that physicians face. Research has found that physicians spend up to two hours performing administrative tasks for every hour on direct patient care. At a minimum, health plans should be required to provide greater transparency around their prior authorization processes, adhere to notification requirements before implementing any new prior authorization requirements, and respond to prior authorization requests within a timely manner to prevent treatment delays.

Telehealth Coverage and Payment Parity

The federal government took action early during the COVID-19 outbreak to broaden access to telehealth services for Medicare beneficiaries. These changes, along with similar actions taken by states aimed at the commercial health insurance market, were extremely popular with the public and increased telehealth utilization approximately 2,900% year-over-year as of November 2020. Other states are moving ahead with expanding access to telehealth. As of January 2021, 35 states had coverage parity requirements for telehealth services and 13 states had telehealth payment parity laws in place. At least six states have taken action to impose new telehealth payment coverage mandates as a result of the pandemic.



Section 5: Hot-Button Legislative Issues continued

As other states take action and as federal lawmakers examine making the expansion of telehealth services under the Medicare program permanent, it is imperative that Florida follows their lead and enacts common-sense changes that would ensure patients' continued access to the wide range of services provided via telehealth.

Specifically, the FMA supports bills that would:

- » Allow physicians to renew prescriptions for controlled substances for the treatment of chronic nonmalignant pain via telehealth.
- » Allow physicians to certify existing patients for medical marijuana using telehealth and ensure that telehealth services are fully covered by insurance companies at the same rate as in-person services.

Physicians do not stop incurring practice expenses when performing care via telehealth. In many instances, they incur increased costs in the form of additional equipment, personnel, and specialized training and software.

Lack of payment and/or inadequate payment is the number one barrier physicians face when it comes to offering telehealth services.

APRNs – Scope Expansion

The ink is hardly dry on egregious legislation that passed last year. Yet, the APRNs are back for more – attempting to gain unsupervised practice in any medical specialty they see fit.

These medical specialties are so complex and nuanced that physicians spend several years and countless hours training and refining their clinical expertise in order to deliver the best care to Florida's patients. The training that medical doctors receive is incomparable to nurse practitioners' training. APRNs are more willing to expose Florida's patients to unnecessary risk while compromising the standard of care than to practice under the supervision of physicians.

One thing is very evident: APRNs will always be back for more. Last year it was primary care and it won't be long until they seek full surgical privileges. These types of legislative initiatives will make it more difficult for patients to gain access to specialty physicians and further delay appropriate care. Autonomous APRNs will be more likely to refer complex patients to "specialty" Autonomous APRNs, and there is no prohibition on insurers requiring patients to see APRNs prior to seeing qualified physicians. Patients will have to "fail first" with nurse practitioners.

*These issues affect all physicians. The FMA has worked very closely with **the Florida Academy of Family Physicians, FOMA, and ACP** on them and will continue to do so.

PAs – Autonomous Practice

Similar to APRN legislation from last year, lawmakers are currently considering legislation that would



Section 5: Hot-Button Legislative Issues continued

allow for physician assistants to practice independently without any physician supervision or collaboration requirements — contradictory to the name of their own profession.

All safeguards would be removed by allowing unqualified physician assistants to practice autonomously in internal medicine, pediatrics, family medicine, geriatrics, general obstetrics, and gynecology practices. This would give PAs the authority to initiate Baker Act commitments, sign Do Not Resuscitate orders and death certificates, and admit, manage, and discharge patients from healthcare facilities. Autonomous physician assistants would be able to supervise their own medical assistants, and the House of Representatives version of this proposal slashes the number of required continuing education hours from 100 to 10.



Specialty-Specific Issues

Anesthesiology, Dermatology — Truth in Advertising

Mid-level providers have long sought to blur the distinctions between their education and training and that received by allopathic and osteopathic physicians. Optometrists, psychologists, chiropractors, podiatrists and other practitioners have attempted with varying degrees of success to refer to themselves as “physicians.” Doctorate programs for advanced practice nurses and physician assistants have been created, which gave impetus to the movement for these practitioners to refer to themselves as “doctors” when interacting with patients. Certified nurse anesthetists have sought and received approval from the Board of Nursing to refer to themselves as “nurse anesthesiologists.”

We are working toward preventing mid-level providers from making misleading, deceptive, or fraudulent representations related to the practice of their profession, and we support legislation that would restrict use of the term “physician” to licensed MDs and DOs (dermatologists, anesthesiologists, etc.) as well as prohibit the use of specialty designations by mid-level providers when such designations would mislead the public.

Cardiology – Collaborative Pharmacy Practice

The FMA was very involved over the last six months in defeating a proposed rule promulgation by the Board of Pharmacy that would have allowed pharmacists to collaboratively manage heart failure patients.

The cardiologists are now seeking to amend the collaborative pharmacy practice that passed last session for chronic health conditions. Potential fixes being discussed include meaningful participation by the medical boards and statutorily mandated conditions as opposed to letting the boards set it by rule.

Emergency Physicians/Orthopaedic Surgeons – Automobile No-Fault Personal Injury Protection Insurance

As you know, emergency physicians and on-call specialists are required by law to treat every patient with



Section 5: Hot-Button Legislative Issues continued

an emergency medical condition without regard to the patient's ability to pay. For victims of automobile accidents, personal injury protection insurance (PIP) provides \$10,000 of guaranteed coverage for emergency and follow-up care for injuries sustained in a motor vehicle accident. For those individuals without health insurance, PIP is the only insurance available to cover the costs of emergency care provided and does so automatically as part of Florida's no-fault automobile insurance system.

Trial lawyers and other groups have proposed to repeal Florida's no-fault system and replace it with a mandatory bodily injury insurance requirement. Doing so would eliminate a major source of payment for those physicians who provide emergency and follow-up care to auto accident victims.

While the FMA would prefer to retain Florida's no-fault system, if the state does replace PIP with mandatory bodily injury insurance, it is crucial that medical payments insurance be a required component. "Med pay" coverage would provide guaranteed coverage similar to PIP without having to wait for the court system to determine who was at fault. The process to determine whether bodily injury coverage is available can take years and might result in no funds being available to cover the injured driver.

At the very least, medical payments coverage should be mandatory for those who cannot demonstrate health insurance coverage under an individual, governmental or employer-sponsored plan.

In addition, provisions should be enacted to ensure that health insurance coverage is primary for auto accident cases and pays without delay or regard to bodily injury insurance coverage.

ENT – Hearing Aids

The FMA fully supports efforts to ensure that insurance companies cover the costs of providing hearing aids to children. We are concerned, however, that some groups are intent on using legislative efforts to increase their scope of practice and obtain an undue advantage in the marketplace not commensurate with their education and training, and this is one such example.

The FMA is committed to ensuring that current laws regarding hearing aids that protect the public health and safety, such as the physical examination requirement and the prohibition on online sales, are preserved and that legislative efforts focus on expanding insurance coverage to children and those individuals for whom hearing aids have been found to be part of a medically necessary plan of treatment.

OB-GYN – Pelvic Examination Legislation

In 2020, lawmakers passed a bill with unintended consequences that ultimately prohibit physicians from performing pelvic examinations without the consent of the patients or the patients' representatives. The original intent of this was to ensure that a pelvic examination could not be performed on an anesthetized female patient without her consent. However, the final product that passed and was signed into law was poorly drafted and set off a firestorm of confusion and uncertainty as physicians grappled with the vague



Section 5: Hot-Button Legislative Issues continued

language, unanswered questions and unintended consequences. The result has been an unwarranted interference in the physician-patient relationship.

The FMA is working to repeal the onerous requirements imposed by this new law and will oppose any legislation seeking to add new governmental regulations that interfere with the practice of medicine.

Ophthalmology – Optometry Practice Act

After a few years off, the optometrists are back in the game of scope expansion and aiming for several changes to the Optometry Practice Act – including the ability to perform laser and non-laser ophthalmic procedures and therapy. The Board of Optometry would also receive expanded authority to adopt rules regarding laser and non-laser ophthalmic procedures and therapies including standards of practice. In order to perform such ophthalmic procedures, the Board would need to approve a course and examination without providing the minimum standards, such as course length or content.

Optometrists would be able to call themselves “certified optometric physicians” and the Board of Optometry would have full authority to set the scope of practice for optometrists. Under current law, optometrists’ prescriptive authority is limited to a formulary set by statute and rule. This formulary would be converted to a negative formulary set by the Board of Optometry – exponentially expanding the types of drugs that can be prescribed.

Oncology – Home Infusions

There is an increasing trend among health insurance companies of requiring oncology practices to obtain drugs through specified mail-order companies rather than direct purchases by the practices, and to have patients infused with such medications at home rather than in the physicians’ offices. Home infusion is being required despite the protests of oncologists who recognize the dangers with this practice.

Chemotherapeutic drugs are highly toxic agents, often calibrated to very specific criteria, such as patient weight and current comorbidities. The FMA is fundamentally opposed to requiring patients to undergo home infusion of such dangerous medications by providers who are not oncologists and who may or may not even be trained oncology nurses. Such personnel may not recognize and be prepared to treat any adverse reactions, whether simple, significant, or even lethal, that may occur as a common part of an infusion of cancer drugs.

Home infusion unnecessarily and dangerously separates care administration from the safety of a cancer clinic and the supervision by a physician. The FMA urges that health insurance companies not be allowed to put cost savings ahead of patient safety.

Pediatrics – Children’s Well-being

Working with the Florida Chapter, American Academy of Pediatrics, the FMA is supporting legislation that would significantly enhance the well-being of children in Florida. The priorities of this legislation include



Section 5: Hot-Button Legislative Issues continued

codifying requirements that the Department of Children and Families (DCF) accept reports for children injured when not properly restrained in vehicles and for child abuse reports from emergency room physicians and children left in cars to be reviewed by Child Protection Teams (CPTs). Also covered is sovereign immunity for all CPTs. This is important for recruitment and retention of staff and would reduce costs for the CPT system.

Additionally, they're looking for recurrent annual funding for the child abuse fellowship at the University of Florida-Jacksonville for \$300,000 per year and increased and recurrent funding for Child Protection Teams of \$3 million. This is a crucial increase for functioning of the CPT teams around the state. Encompassed also in this language is increased and recurrent funding of \$2 million for child abuse therapy services through the SATP/VOCA program and to further extend these services to unserved counties. And finally, adding lewd and lascivious to the definition of children eligible to receive Victims Compensation. The FMA views these issues as important for all children in Florida.

Psychiatry – Psychology Prescribing

Psychologists are currently prohibited from prescribing medication. Unfortunately, bills filed this year would allow for psychologists to obtain a certification to prescribe medications customarily used in the diagnosis, treatment, or management of individuals with psychiatric, mental, cognitive, nervous, emotional, developmental, or behavioral disorders. This is dangerous for the patients most in need of these prescriptions and potentially deadly.

As physicians know, these are powerful drugs, 18 of which carry “Black Box Warnings” — the FDA’s most serious warning of potential side effects. Side effects can include suicidal thoughts, stroke, heart attack and birth defects among pregnant women. Fully trained medical doctors are best able to manage or spot dangerous side effects before it is too late.

Of additional concern, more than half of patients with mental illness also have underlying physical illnesses. For example, people with diabetes or heart disease often suffer from depression. The complex interactions between mental and physical health conditions and the medications used to treat them require advanced medical training that psychologists neither possess nor would receive under the proposal.

Radiology – Payment for Out-of-Network Care

Physicians who render care to out-of-network patients deserve fair remuneration for their services. Frequently, insurance companies precipitate out-of-network treatment by failing to maintain adequate networks. When insurance companies underpay out-of-network physicians, there must be a fair process to settle disputes. However, the arbitration process for settling claim disputes under Florida law is currently imperfect. The FMA is advocating for making changes that will ensure physicians who utilize the dispute resolution process receive expeditious and fair adjudications of their disputes.



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