THE FORUM

January/February 2021 • Volume 20, No. 1 • The Official Magazine of Collier County Medical Society

FMA Legislative Agenda 2021 – COVID Heroes Package

In this issue:

CALENDAR OF EVENTS

Register at www.ccmsonline.org or call (239) 435-7727

January 19, 6pm
CCMS Webinar: "Updates on COVID-19 Vaccines"
Virtual Event

February 4, 6pm
CCMS Webinar: "Mental Health and Addiction in Collier County"
Virtual Event

February TBD
Preventing Fraud & Avoiding Scams
Virtual Event

Premier Circle of Friends

CCMS Member Dues
The 2021 CCMS dues deadline was Dec. 31, 2020.

Members (or their groups) can pay online today at ccmsonline.org/membership. Invoices have also been mailed directly to members who pay individually, or to practice administrators for group payment. Thank you for renewing!

Up-to-Date COVID-19 Resources:

Visit ccmsonline.org/resources/#covid

CCMS Board of Directors 2020-2021

Member News

New Members:

Carlos J. Aguirre, M.D.
NCH Physician Group-Hospitalists
350 7th St N
Naples, FL 34102
Phone: (239) 624-5609 Fax: (239) 624-8101
Board Certified: Internal Medicine

George J. Arcos, D.O.
Associates in Medicine & Surgery
2350 Vanderbilt Beach Rd Ste 204
Naples, FL 34109
Phone: (239) 596-9890 Fax: (239) 481-8150
Board Certified: Pain Medicine; Anesthesiology

Gregory P. Beaulieu, M.D.
Naples Pathology Associates
1110 Pine Ridge Rd Unit 306
Naples, FL 34108
Phone: (239) 263-1777 Fax: (239) 263-6983
Board Certified: Pathology - Anatomic/
Pathology - Clinical; Hematopathology

Paul M. Graham, D.O.
Academic Alliance in Dermatology
870 111th Ave N
Naples, FL 34102
Phone: (239) 649-3090 Fax: (239) 649-3081
Board Certified: Dermatology

Raja C. Maddipoti, M.D.
SWICFT Institute of SW Florida
625 9th St N Ste 201
Naples, FL 34102
Phone: (239) 261-2000 Fax: (239) 261-2266
Board Certified: Cardiology

Jaime D. Martinez Martinez, M.D.
Specialty: Ophthalmology
Bascom Palmer Eye Institute
3880 Tamiami Trl N
Naples, FL 34103
Phone: (239) 659-3937 Fax: (239) 659-3921

Jennifer L. Muller, M.D.
Florida Cancer Specialists
6360 Pine Ridge Rd Ste 201
Naples, FL 34119
Phone: (239) 353-6636 Fax: (239) 354-1865
Board Certified: Oncology-Hematology;
Internal Medicine

Krystal S. Smith, D.O.
Breast Center of Naples
3555 Kraft Rd Ste 350
Naples, FL 34105
Board Certified: Diagnostic Radiology

Lorna F. Stewart, M.D.
Lorna Stewart MD and Associates/Ms.Medicine
9150 Galleria Ct Ste 200
Naples, FL 34109
Phone: (239) 580-6390 Fax: (239) 580-6389
Board Certified: Family Medicine

Shannon D. Wise, M.D.
MAXHealth Naples
730 Goodlette Rd N Ste 100
Naples, FL 34102
Phone: (239) 351-2990 Fax: (239) 300-4128
Board Certified: Internal Medicine

Reinstated:

Mazen Albeldawi, M.D.
NCH Physician Group
1285 Creekside Blvd E
Naples, FL 34109
Phone: (239) 624-8070 Fax: (239) 624-8071
Board Certified: Internal Medicine, Gastroenterology

Joined Practice:

Jesus Mendiolaza, M.D.
Naples Cardiac and Endovascular Center
9400 Bonita Beach Rd SE Ste 203
Bonita Springs, FL 34135
Phone: 239-300-0586 Fax: 239-300-0588

Updated Contact Information:

Alberto F. Vera, M.D.
1713 SW Health Pkwy Ste 2
Naples, FL 34109
Phone: (239) 692-8719 Fax: (239) 692-8856

Edison P. Valle, M.D.
NCH Physician Group
311 9th St N Ste 100
Naples, FL 34102

A Message from the CCMS President

Rebekah Bernard, M.D., President, Collier County Medical Society

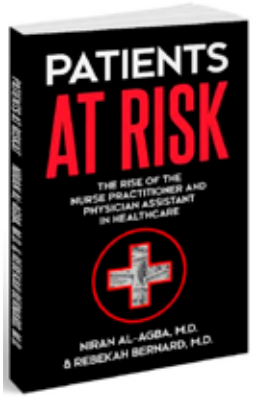
After a long year of uncertainty and angst, I'm so thankful to see a glimmer of light at the end of the tunnel. Seeing photos of frontline healthcare workers receiving their COVID-19 vaccine reminds me that eventually, life will return to normal—and perhaps bring a newfound appreciation for the activities we may have taken for granted before the pandemic.

As we await the vaccine in our community, the Medical Society sends our heartfelt thanks to all who have worked so hard to keep Collier County residents safe. In particular, we want to recognize the incredible efforts of Stephanie Vick, the Florida Department of Health-Collier County's administrator/health officer. Stephanie's dedication, leadership, and commitment in these challenging times has been instrumental in maintaining the health of our community. Stephanie is taking a well-deserved retirement in 2021, and she will be missed!

We also sincerely appreciate our medical community. Not only have they provided outstanding medical care during unprecedented times but have also contributed to improving the wellness of our physician members. In December, the CCMS Physician Wellness Program received $30,000 in contributions, including $20,000 from the Southwest Florida Physicians Association and $10,000 from the NCH Healthcare system to provide confidential, cost-free access to professional psychological services for all medical society physician members. Our goal is to ensure that all physicians struggling with stress, burnout, or other emotional challenges receive the help they need to continue to provide the best care for patients. To schedule an appointment, simply call the member-only appointment line at 239-208-3984 and identify yourself as a CCMS member. You will receive a same-day response during business hours or next-morning response after hours.

Another way CCMS has represented our members is by meeting with local legislators. In the last month, Dr. Alejandro Perez-Trepechio, April Donahue, and I met with Senator Kathleen Passidomo and Representative Bob Rommel to discuss issues important to our members. As many of you know, last year the Florida legislature voted to allow autonomous practice to advanced practice registered nurses (APRNs) practicing in primary care. The Florida Medical Association worked hard to block this legislation, but as it was a priority for Speaker of the House Jose Oliva, the bill did pass. We continue to educate our legislators about the importance of physician-led care for patients. For example, nurse practitioners must complete a minimum of 500 clinical hours to be licensed to practice, and at least 3,000 supervised hours to practice autonomously in Florida. For contrast, primary care physicians receive a minimum of 15,000 hours before they are legally permitted to practice medicine without supervision.

For more information on this topic, I'll put in a shameless self-plug for my book, Patients at Risk, available at Amazon and Barnes and Noble.



Patients at Risk: The Rise of the Nurse Practitioner and Physician Assistant in Healthcare exposes a vast conspiracy of political maneuvering and corporate greed that has led to the replacement of qualified medical professionals by lesser trained practitioners. As corporations seek to save money and government agencies aim to increase constituent access, minimum qualifications for the guardians of our nation's healthcare continue to decline—with deadly consequences. This is a story that has not yet been told, and one that has dangerous repercussions for all Americans. With the rate of nurse practitioner and physician assistant graduates exceeding that of physician graduates, if you are not already being treated by a non-physician, chances are, you soon will be. While advocates for these professions insist that research shows that they can provide the same care as physicians, patients do not know the whole truth: that there are no credible scientific studies to support the safety and efficacy of non-physicians practicing without physician supervision. Written by two physicians who have witnessed the decline of medical expertise over the last twenty years, this data-driven book interweaves heart-rending true patient stories with hard data, showing how patients have been sacrificed for profit by the substitution of non-physician practitioners. Adding a dimension neglected by modern healthcare critiques such as *An American Sickness*, this book provides a roadmap for patients to protect themselves from medical harm.

Thank you all for being active members of your CCMS. Although it's been difficult to not have in-person gatherings, we urge you to log onto our webinars and to join the discussion on our private physician-only Facebook group facebook.com/groups/swflphysicians. Please contact me via email anytime at rebekahbernard@hotmail.com, or reach out to our amazing executive director April Donahue.

Donations Honor Roll

*2013 through 12/17/20 *indicates additional yearly donations at donor level*

Champions of the Foundation

Collier County Medical Society****
Bob DiPesa
Karen Henrichsen DO
Catherine Kowal MD
Radiology Regional Center
Rolando Rivera MD

Friends of the Foundation

Peter Boyd MD
Reisha Brown MD
Renate Chevli MD
Alfonse Cinotti MD
Moorings Park
Richard Pagliara DO
Rolando Rivera MD*
Rebecca Rock MD******

Supporters of the Foundation

Andrew Hill in Honor of Dr. Jonathan Sonne
Joshua Bialek
Bryan Filson
Korunda Medical LLC
Stephen D'Amato MD
Catherine Kowal MD
Nancy Lascheid in Memory of Dr. William Lascheid***
Ray Montecalvo MD
Richard Pagliara DO
William A. Slepcevich
Kathryn Tapper MD
William P. Lascheid Revocable Trust

Donors to the Foundation

The Vascular Group of Naples
Southwest Florida Ankle & Foot Care Specialists
Naples Dermatology
Korunda Medical Institute
The Woodruff Institute
Florida Gulf Coast Ear Nose and Throat LLC
The Print Shop
Ernest Akins MD
Jeffrey Alper MD
Vita Anksh MD
Pedro Arocho MD
Rebekah Bernard MD
Jerome Bobruff MD
Peter Boyd MD****
Barbara-Ann Britten MD*
Todd Brodie MD*
Diane Brzezinski DO
James Buonavolonta MD
Charles Camisa MD***
John Canterbury MD
Michael Caputo MD******
Rolando Carneiro MD
Caroline Cederquist MD***
Shuneui Chun MD*
Alfonse Cinotti MD****
Austin Coleman MD
Michael Collins Jr MD*
Gary Colon MD
Hector Cordero MD
Jeffrey Craig MD
Blane Milton Crandall MD
Chaundre Cross MD
Carlos Cuello MD
Tulay Darstek MD**
Donald DiPasco MD
Lawrence Dorf MD
Nilusha Fernando DO
Glenn Flanagan MD
Mary Foo MD
Scott Fuchs DO
Thomas Gahagan MD****
Ronald Garry MD**
Joseph Gauta MD*****
Leonard Girsh MD
Michael Gloth MD
Steven Goldberg MD*****
Perry Gotsis MD
Chris Grevengood MD
Kavitha Gudur MD*
Kimberly Hamilton MD
Michael Hanus MD
Andrew Hill
Eric Hochman MD*****
Karl Horsten MD
Corey Howard MD
Paul Irra MD
Julian Javier MD
Paul Jones MD**
Nicholas Kalvin MD******
Kriston Kent MD
Spyros Kitromilis MD**
Svetlana Kogan MD
Catherine Kowal MD****
Richard Kravis MD
David Kutob, MD*
Nancy Lascheid*
William Lascheid MD
Laura Lenholt MD
Susan Liberski MD*
Lee Raymond Light MD
Andrew Lipman MD
Gerardo Lugo MD*
D. Scott Madwar MD
Joseph Magnant MD
Kathleen Marc MD*
Benjamin Martin MD
Leon Mead MD**
Steven Meckstroth MD*
L. Christian Mogelvang MD**
Charles Montgomery MD*
Montgomery Eye Center
Kae Moore
Bruce Nakfoor MD
Robert Pascotto Jr. MD
Chirag Patel MD
Manuel Pena MD
Yaritza Pérez-Soto MD*
Janet Polito MD
Steven Preston MD*****
Srdjan Prodanovich MD
Jose Quero MD
David C. Ritter MD
Nilsa Rivera PhD***
Scott Ross MD
Mark Rubin MD
Richard Saitta MD***
Leonard Schlossberg MD****
Cristina Sciavolino-Day MD
Michael Smith MD
Rebecca Smith MD*
John Snead MD
Joseph Spano MD
Alina Stanciu MD
Fred Stoner MD
Cynthia Strohmeyer MD*
Jon Strohmeyer*
Joseph Sullivan MD******
Gary Swain MD
Katia E. Taba MD*
Stephen Thompson MD**
Yovanni Tineo MD
Robert Tober MD******
Jorge Valle MD******
John Van Dongen MD
Alberto Vera MD**
Marilyn Wahe MD
Roland Werres MD
Kathleen Wilson MD***
Brian Wolff MD
James Worden MD
Cyndi Yag-Howard MD
Robert Zehr MD
Mitchell Zeitler MD*
Paul Zerbi MD

Thank you for supporting our mission: *"Provide support and leadership to programs that address access to healthcare and promote health education."*

The Foundation of Collier County Medical Society, Inc. | 88 12th St N, Unit 200, Naples FL 34102 | (239) 435-7727 | ccmsfoundation.org

FMA Legislative Agenda 2021 – COVID Heroes Package

Florida Medical Association Legislative Team

Background:
2020 is a year that has challenged and changed the practice of medicine. In the face of a global pandemic, physicians have led our nation's efforts to diagnose and treat patients with COVID-19, often under extraordinary stress and pressure. Physicians are among the national heroes who have remained hard at work despite the unprecedented challenges and risks created by the virus, sometimes at the expense of their own lives. Physicians also have been forced to rapidly change the way they practice medicine, adopting telehealth technology and implementing new safety protocols at an extraordinary pace to meet the needs of patients while minimizing the risk of exposure.

Like many other businesses, physician practices have suffered tremendous financial stress as a result of the pandemic. In a survey of FMA physician members conducted in April 2020, 99.6% of respondents indicated that they either had experienced a decline in practice revenue or were anticipating a decline in practice revenue as a result of the COVID-19 public health emergency (PHE). In addition, 94% either had applied for a loan or were considering applying for a loan, 72% had experienced reduced compensation, 42% had laid off staff, 26% had shut down their practices temporarily, and another 4% had closed their practices indefinitely. These survey results are not anomalous. Surveys conducted by the Medical Group Management Association (MGMA), California Medical Association, Texas Medical Association, and the Physicians Foundation have all similarly found that physicians sustained substantial revenue losses as a direct result of COVID-19.

Physicians sustained revenue losses for months during the pandemic, and it remains uncertain when they will fully recover. According to a study conducted by the Commonwealth Fund and led by Harvard researchers, outpatient visits dropped off as much as 58% in the month of March before gradually rebounding to around 90% of their pre-COVID levels toward the end of July. Certain types of services, including pediatric visits, pulmonologist visits, neurologist visits, and cardiologist visits remained down at least 15% relative to their pre-COVID levels as of the week of July 26. This reduction in outpatient visit volume was observed even after accounting for the substantial increase in telehealth utilization that had occurred.

1. The Imperative of Enacting the COVID Heroes Package

The Economic Benefits of Physicians:
In addition to the invaluable care they deliver, physicians act as an economic force multiplier. According to an analysis commissioned by the American Medical Association, based on data from 2015, each Florida physician was found to support an average of 14.8 jobs, generate $2.5 million in economic output, and generate $80,992 in state and local tax revenue[1]. In total, Florida's physicians supported 673,683 jobs, generated $113.8 billion in economic output, and generated $3.7 billion in state and local revenue. Keeping physicians in business in Florida will help our state economy recover faster and come back stronger.

Access to Care:
Moreover, Florida already faces a projected shortage of 3,690 physicians by the year 2025, with workforce shortages being most acute in rural areas. Moreover, despite substantially increasing its state graduate medical education (GME) capacity in recent years, Florida ranks 32nd out of 50 in terms of physician residents and fellows per capita, leaving our state with a less-than-ideal physician workforce pipeline. As a result, Florida must compete harder with other states to attract and retain top medical talent. In short, Florida is already in need of additional physicians to meet existing patient demand. It is therefore imperative that Florida work to retain and strengthen its physician workforce so that patients' needs do not go unfulfilled. Each physician who retires early or leaves Florida for another part of the nation weakens our economy, and every physician that Florida attracts and retains helps strengthen it.

2. Targeted Relief Options

Temporarily Increase Medicaid Rates for Physicians
According to the Kaiser Family Foundation, Florida has some of the lowest Medicaid rates in the nation. And, while the Statewide Medicaid Managed Care (SMMC) program offers physicians the ability to negotiate higher fees with individual health plans, the state's own data shows that inadequate reimbursement continues to pose a barrier to access under the Medicaid program. For instance, in the 2019 Physician Workforce Annual Report published by the Florida Department of Health, 91.4% of physicians indicated that they are accepting new Medicare patients while only 76.3% indicated that they are accepting new Medicaid patients. The survey further found that 54% of physicians who did not accept new Medicaid patients cited "low compensation" as the primary reason. In all, 5,534 physicians indicated that they did not accept new Medicaid patients because of low compensation, compared to only 722 who rejected new Medicare patients for the same reason. This strongly suggests that Florida could substantially increase access to care to by raising Medicaid rates to Medicare levels.

Such an action would not be without precedent. As a result of the Affordable Care Act, Medicaid primary care services were temporarily increased to Medicare levels in 2013 and 2014. In addition, the Agency for Health Care Administration (AHCA) requires Medicaid health plans to reimburse certain pediatricians, primary care providers, and OB/GYNs at or above the Medicare rate when delivering services to recipients under the age of 21. Additionally, Florida law authorizes the agency to require health plans to pay any and all physicians at or above the Medicare rate after the health plan has continuously operated under the SMMC for at least two years[2].

While higher payments to Medicaid providers ultimately should be made permanent, even a temporary two-year increase in payments would help strengthen the economic viability of physician practices that have suffered losses as a result of the pandemic while increasing access to care for our state's most vulnerable patients.

continued on page 7

continued from page 6

Provide Continuity of Care for Privately Insured Patients
Above all, physicians value caring for their patients. Unfortunately, due to the economic conditions created by the pandemic, many patients are now struggling to pay for their expenses, including their insurance premiums. Florida should consider options to help temporarily subsidize patients who are struggling to pay their insurance premiums as a result of the pandemic, above and beyond what is offered by federal programs such as the Affordable Care Act. Such relief would minimize disruptions in care, help prevent serious medical illnesses from going untreated, and prevent further economic harm to practices that are already strained to the limit in their capacity to deliver uncompensated care.

Offer a One-Time State Tax Credit for Physicians
As previously mentioned, Florida's physicians generate a total of $3.7 billion in state and local revenue while supporting more than 14 jobs each. Therefore, keeping physicians in business is in the best interest of Florida's economy.

Florida should therefore offer a one-time tax credit to help physicians cover the increased expenses and lost revenues that they have incurred as a result of the pandemic. This will help ensure that our essential caregivers are able to continue working to strengthen our economy and delivering vital services. To limit costs, the tax credit could be targeted toward practices with the greatest financial need, as evidenced by their documented eligible expenses and lost revenue.

Enact State Telehealth Reforms and Extend Federal Telehealth Flexibilities
The federal government took action early during the COVID-19 outbreak to broaden access to telehealth services for Medicare beneficiaries. The Centers for Medicare and Medicaid Services issued a waiver expanding telehealth services and requiring that telehealth services be paid at the same rate as in-person visits. The Office for Civil Rights empowered medical providers to serve patients wherever they are by not enforcing HIPAA privacy rules against health care providers who utilize popular remote communication technologies that were not fully HIPAA compliant, and the Medicare program implemented policy changes that allowed for the reimbursement of previously non-covered audio-only telehealth services at in-person rates.

These changes, along with similar actions taken by states aimed at the commercial health insurance market, were extremely popular with the public. Telehealth claim lines in the privately insured population increased 4,132 percent nationally from June 2019 to June 2020. The increase in Florida for the same period was 2,395 percent. There is no doubt that without payment parity, physicians would not have been able to replace in-person visits with telehealth services on such a massive scale and keep their practices financially viable. As the federal government looks to make their telemedicine changes permanent, it is imperative that Florida follow their lead and enact common sense changes to ensure that patients have continued access to the wide range of services provided via telehealth.

To this end, the FMA is proposing telehealth legislation for the 2021 Legislative Session that would accomplish the following:

➢ Remove the exclusion of audio only telephone calls from the definition of telehealth
➢ 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
➢ Ensure that telehealth services are fully covered by insurance companies at the same rate as in-person services

Additionally, the FMA is calling upon Congress and regulators to make the flexibilities granted during the PHE permanent. We also will seek to have these flexibilities extended.

Enact Federal Liability Protections
To quote from a recent letter that the FMA cosigned with the AMA and more than 130 additional medical societies:

During this unprecedented national health emergency, physicians and other health care professionals have been putting themselves at risk every day while facing shortages of medical supplies and safety equipment, and making critical medical decisions based on changing directives and guidance. These physicians and other health care professionals are now facing the threat of years of costly litigation due to the extraordinary circumstances. As the House and Senate continue to work on the next COVID-19 relief package, we strongly urge you to include the targeted and limited liability protections that are in the bipartisan bill, H.R. 7059, the "Coronavirus Provider Protection Act."

The public health emergency triggered by the COVID-19 pandemic has created unprecedented challenges to our nation's health care system. In addition to facing inadequate supplies and safety equipment, physicians, hospitals, and other frontline health care professionals have been faced with rapidly changing guidance and directives from all levels of government. Examples include suspending elective in-person visits and procedures, being assigned to provide care outside the physician's general practice area, rationing care due to shortages of equipment such as ventilators, inadequate testing that could lead to delayed or inaccurate diagnosis, and delays in treatment for patients with conditions other than COVID19. In these and other scenarios, physicians face the threat of costly and emotionally draining medical liability lawsuits due to circumstances that are beyond their control. These lawsuits may come months or even years after the current ordeal is over.

The liability protections we call on Congress to pass are not universal; they are intended to provide targeted and limited protections where health care services are provided or withheld in situations that may be beyond the control of physicians/facilities (e.g., following government guidelines, directives, lack of resources) due to COVID-19. The protections extend to those who provide care in good faith during the COVID-19 public health emergency (plus a reasonable time, such as 60 days, after the emergency declaration ends), and not in situations of gross negligence or willful misconduct.

As physicians and other health care professionals, and the facilities

continued on page 8

continued from page 7

in which they provide their services, continue their heroic efforts to stop the spread of COVID-19 while caring for COVID-19 patients as well as meeting the needs of other patients, they will remain vulnerable to the threat of unwarranted and unfair lawsuits. We therefore strongly urge Congress to consider targeted and limited liability protections for physicians, other health care professionals, and the facilities in which they practice as they continue their efforts to treat COVID-19 under unprecedented conditions.

Enact State Liability Protections

Physicians and other health care providers occupied a unique position on the frontlines of the COVID-19 pandemic. In addition to having 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 were limited to nonexistent.

Many states chose to provide liability protections for the health care providers who continued to provide needed care during the pandemic. The Governor of New York, for example, issued an executive order suspending certain provisions of New York law to ensure that health care providers would have immunity from civil liability "for any injury or death alleged to have been sustained directly as a result of an act or omission by such medical professional in the course of providing medical services in support of the State's response to the COVID-19 outbreak, unless it is established that such injury or death was created by the gross negligence of such medical professional." Several other states provided health care providers with similar immunity, either through executive order or by legislative action.

Despite repeated requests for similar relief from the Florida Medical Association and a host of other medical, hospital and business associations, Florida officials have not taken any action to protect Florida's health care providers from potentially devastating lawsuits. The message to health care providers for the remainder of the COVID-19 outbreak and any future pandemic is clear: If you step up to provide care during an outbreak, you are on your own from a liability standpoint.

Florida physicians should not have to face the Hobson's choice of keeping their practices open with no protection from liability or shutting down with devastating results for themselves and their communities. 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 in spite of the risks to themselves and their employees should not have to face the added risk of financial ruin caused by a frivolous lawsuit. With federal action (discussed above) unlikely any time soon, now is the time for the state to step up and provide this protection.

Bolster the Federal Provider Relief Fund

While Congress allocated $175 billion for a dedicated provider relief fund (PRF) to help caregivers endure the effects of the pandemic, these funds have failed to offer sufficient, timely relief to the hospitals, physicians, and other caregivers and facilities that operate within our nearly $4 trillion health care system. The FMA, AMA, and other medical societies have urged Congress to authorize an additional $100 billion in spending specifically allocated to reimburse health providers for the lost revenue and increased expenses that are attributable to COVID-19, and which have not been addressed by any prior federal relief program.

Specifically, we urged Congress to include additional HHS emergency Provider Relief Funding and a more equitable distribution formula for that funding. We greatly appreciate the funding that Congress provided to physicians through the HHS Provider Relief Fund. It is helping to sustain some physician practices that are facing increased health care expenses and severe 50-70% revenue losses caused by the public health emergency, social distancing, efforts to conserve personal protective equipment (PPE) and public health orders to refrain from providing non-urgent care. However, physician practices will need additional funding to remain accessible to patients in their communities given the substantial revenue losses they have incurred, extended timeframe for reopening the health care system and economy, inability to only operate at normal capacity in the future because of social distancing, safety measures, and limited PPE.

Moreover, physicians are essential to the health and economic well-being of their communities. Physicians contribute to their local economies and are important employers. The fallout from this crisis threatens to fundamentally alter the long-term stability of physician practices and could lead to increased consolidation, which hurts competition and drives up costs for patients and employers. Additional help from Congress is needed to sustain our nation's health care delivery system. We therefore strongly urge Congress to increase funding to the HHS Provider Relief Fund by another $100 billion to sustain physician practices and protect patient access to care.

continued on page 9

continued from page 8

We also urge Congress to adopt the Provider Relief Fund distribution methodology included in the "HEROES Act." This methodology provides funding that is commensurate with each provider's COVID-19 related expenses and revenue losses from all payers in order to target funds to providers who still desperately need it. We support the use of a PRF formula that provides a transparent, equitable distribution of funding to all practices based on their own proportionate share of uncompensated expenses and revenue losses caused by the pandemic. Such a formula should also ensure that pediatricians, obstetricians, and Medicaid-dependent providers receive funding. As physicians across the nation continue to have a tremendous need for additional relief, it is crucial that any funds allocated for this purpose are spent in the most equitable and efficacious manner possible.

Enact State Workers' Comp Reforms

On April 6, 2020, the Office of Insurance Regulation issued Informational Memorandum OIR-20-05M. This memorandum served as a reminder to all insurers and entities authorized to write workers' compensation insurance that first responders, health care workers, and others who contract COVID-19 due to work-related exposure are eligible for workers' compensation benefits under Florida law.

The law the OIR cites for the coverage requirement is s. 440.151, Florida Statutes. This statute equates the dis-ablement or death of an employee from an occupational disease with the happening of an injury by accident and provides that compensation is due to employees who contract an occupational disease while at work as long as the following apply:

1. The disease resulted from the nature of the employment in which the employee was engaged;
2. The disease was actually contracted while so engaged; and
3. The nature of the employment was the major contributing cause of the disease.

The statute requires that the "major contributing cause" requirement must be shown by medical evidence only, as demonstrated by physical examination findings and diagnostic testing. The "nature of the employment" requirement means "that in the occupation in which the employee was so engaged there is attached a particular hazard of such disease that distinguishes it from the usual run of occupations, or the incidence of such disease is substantially higher in the occupation in which the employee was so engaged than in the usual run of occupations." For physicians who treat patients who may or may not be infected with COVID-19, the difficulty with this statute is the requirement that "both causation and sufficient exposure to a specific harmful substance shown to be present in the workplace to support causation shall be proven by clear and convincing evidence."

This clear and convincing standard is an undue burden to place on physicians who keep their practices open during a pandemic, risking exposure to the virus themselves in order to provide needed health care services to the public. The FMA supports legislation that would establish a rebuttable presumption that the contraction of an infectious disease by a health care provider is work-related. This change in Florida's workers' compensation law would ensure that physicians who continue providing medical services to the public during a declared state of emergency and contract the very disease they are fighting against can access benefits without also having to fight an unreasonable standard of proof.

Eliminate Insurance Company Barriers to Care

As patients return to their physician's office for treatment and preventive care that has been delayed during the pandemic, it is imperative that they receive the care they need and not face unnecessary delays caused by insurance company red tape. "Prior authorization" – a health insurance cost-control process that requires physicians to obtain advance approval from health plans before specific services are provided – is an artificial barrier to care that results in unnecessary and harmful delays in treatment. While prior authorizations are annoying to physicians, it is patients who suffer the most. They are often forced to take less effective medications and wait for insurance company bureaucrats to approve services that their physicians have deemed medically necessary.

With the health insurance industry enjoying record profits due to patients delaying care over COVID-19 concerns, artificial insurance company impediments to receiving medically necessary care should be eliminated. The State of Florida should no longer tolerate health plans increasing their bottom lines by making medical decisions that negatively affect patients' lives. If the prior authorization is to be retained, it must be right-sized and used judiciously. We strongly urge the Legislature to implement a comprehensive strategy to reduce the harms and burdens of prior authorization by enacting legislation that applies the following principles:

- ➢ Selective application of prior authorization to only "outliers"
- ➢ Revision/adjustment of PA lists to remove services/drugs that represent low-value prior authorization
- ➢ Transparency of prior authorization requirements and their clinical basis to patients and physicians
- ➢ Protections of patient continuity of care; and
- ➢ Automation to improve prior authorization and process efficiency.

In addition to reforming the prior authorization process, the Legislature should make sure insurance companies that give prior approval for medical services are not allowed to deny payment after the services are provided. The denial of payment for services that were prior-approved by insurance companies not only jeopardizes the economic sustainability of medical practices in Florida, but also undermines access to care. Physicians shouldn't have to fight the effects of the pandemic and fight the insurance companies as well.

Ensure the Availability of Personal Protective Equipment

Florida's experience with the lack of PPE during the early stages of the COVID-19 pandemic made it clear that the state cannot and should not rely on the federal government for a reliable supply of PPE during an emergency. A long-term supply of life-saving personal protective equipment is desperately needed to meet the demands of the COVID-19 crisis as well as any future disease outbreak the state may face. The Legislature should

continued on page 10

continued from page 9

prioritize the building and maintenance of such a stockpile so that health care and essential workers in Florida do not face the same supply shortages that characterized the COVID-19 pandemic's early stages.

It is especially important to ensure that small physician practices, which are unable to compete with large national group practices, hospital chains and state and foreign government purchasers for scare PPE resources, have mandated access to the state created stockpile. Other states, such as California, have taken aggressive action to develop a strategic stockpile by entering into contracts with PPE manufacturers to produce certified N-95 respirator masks specifically for those states' use. With the worldwide competition for vital PPE resources still raging, it is imperative the Florida develop a reliable supply of PPE not just for the large hospitals and health systems, but for the many independent physicians who are putting their lives at risk every day providing needed care to those affected by the pandemic.

Eliminate Government Interference in the Practice of Medicine

Every Legislative Session, multiple bills are filed that would impose burdensome governmental regulations on the practice of medicine. While many of these bills are well-intentioned, the resulting intrusion on the physician-patient relationship would be counterproductive in most cases. A perfect example is SB 698, which passed and was signed into law earlier this year. This legislation prohibits physicians from performing pelvic examinations without the written consent of the patient or the patient's representative. The bill sponsors' original intention was to ensure that a pelvic examination could not be performed on an anesthetized female patient without her consent. The final bill that passed was a poorly drafted piece of legislation that set off a firestorm of confusion and uncertainty as physicians grappled with the vague language, unanswered questions and unintended consequences. The result has been unwarranted interference in the physician-patient relationship.

While the FMA has been able to obtain guidance from the Florida Board of Medicine on several of the issues with SB 698, unresolved problems remain. The FMA will seek legislation to repeal the onerous requirements imposed by this new law and will oppose any legislation that seeks to add new governmental regulations that interfere with the practice of medicine.

Provide Additional Federal Aid to States and the Medicaid Program

With millions of Americans losing their jobs and employer-sponsored health insurance coverage, Medicaid has become an essential safety net for families and enrollment is rapidly growing. Half of America's children and people with disabilities were already enrolled in Medicaid prior to COVID-19. The growth in unemployment also has significantly reduced state tax revenues as states have been forced to commit substantial additional resources to fight the economic and health care impact of COVID-19. As a result, states are in serious financial trouble and do not have the same financing options that are readily available to the federal government. Thus, states will be forced to cut health care funding. Moreover, states have little flexibility and will be forced to impose cuts on physicians and hospitals that are already reeling financially from the COVID-19 outbreak, and who will be needed during the second surge caused by months of delayed care. Medicaid physicians have yet to receive any federal assistance and will not be able to sustain state cuts during the pandemic and remain accessible to patients enrolled in Medicaid and other federal, state, and local health care programs. Medicaid patients (children, pregnant women, the elderly and disabled) are already among our most vulnerable patients and during the national emergency, more must be done to protect them. We cannot afford to lose our current health care workforce during this crisis.

While we appreciate the support Congress provided in the Families First Coronavirus Response Act with the temporary 6.2% increase in Medicaid matching funds for states, more help is needed for states and physicians to meet the increasing Medicaid enrollment demands and our patients' health care needs.

Therefore, we urge Congress to:

➢ Provide additional aid to states to protect the health care workforce and to prevent irreversible health care cuts.

➢ Temporarily increase Medicaid matching funds by 14%.

➢ Direct HHS to release Provider Relief Funds to Medicaid physicians immediately.

Endnotes

1 https://www.physicianseconomicimpact.org/pdf/florida.pdf

2http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0409/Sections/0409.967.html

Thank You Circle of Friends Preferred Vendors

Premier Circle of Friends:

Banking | Sunil Muley
239-919-1361 | lmcu.org

CPAs & Business Consultants | Karen Mosteller
239-261-5554 | markham-norton.com

Circle of Friends:

Merchant Services | Chris Jimenez
805-358-5580 | bankcardusa.com

Banking | Miranda Sharkey
239-514-2237 | firstcitizens.com

Healthcare Network | Michael Sturrup
800-928-7144 | healthlynked.com

Employee Benefits | Timothy McGee
239-415-0101 | lebenefitadvisors.com

Insurance | Mitchell Dannenberg
239-877-1688 | ltcimarketplace.com

Attorney | Linda Minck
239-260-5827 | minck-law.com

Healthcare Supplies | Amanda Shapiro
800-633-5463 | medline.com

Financial Advisors | Dan Shannon
239-690-9820 | mfgflorida.com

Law Firm | Joshua Bialek
239-593-2962 | porterwright.com

Wealth Management | William Slepcevich
239-435-9433 | sfgnaples.com

Commercial Banking | Kim Donnelly | 239-219-4220
Wealth Management | Carolyn Bare | 239-675-1503

IT Services | Stephan Gmelin
239-220-5980 | technicaldr.com

Medical Malpractice Liability | Michelle Irby
904-360-3030 | thedoctors.com

Financial Planning | Jeremy Darstek
239-898-3836
ameripriseadvisors.com/team/verita-wealth-advisory-group

Medical Billing Services | Nathan Jones
703-731-0073 | vytalmedicalsolutions.com

Medical Marijuana is No Panacea

Sharif B. Mohr, M.P.H. Ph.D., Drug Free America Foundation, St. Petersburg, FL

Since passage of California's compassionate care act of 1996, many states have passed similar legislation allowing physicians to recommend medical marijuana for many conditions despite having no evidence to support such recommendations. This disturbing lack of evidence for safety or clinical efficacy is further reflected in the lack of consensus among states as to what constitutes medical marijuana and which conditions qualify a patient to use it.

While there is some evidence that isolated cannabinoids are moderately effective in treating multiple sclerosis spasticity symptoms, severe epilepsy, and specific types of neuropathic pain,[1] the effects of these pharmaceutical products cannot be extrapolated to whole plant marijuana, especially when the route of administration makes accurate dosing impossible as is the case with smoking or vaporizing. Before a drug can be indicated to treat a given condition, its chemistry must be known and reproducible.[2] Whole plant marijuana contains over 400 active compounds, including 70 cannabinoids that are found in varying ratios according to strain.3 In addition, marijuana smoke contains over 30 known carcinogens and is associated with lung disease.[3-5]

It is important to keep in mind that the average concentration of the psychoactive compound THC in marijuana strains today is approximately 20%.[6] In contrast, the average concentration of THC present in marijuana in the 1960's and 70's was around 2-3%.[6] This nearly ten-fold increase in potency means that marijuana strains found in dispensaries today are fundamentally different and significantly more harmful than those encountered at Woodstock. Many marijuana-based products today contain up to 95% THC and are commonly found in forms and packaging that appeal directly to children such as sodas, cookies, and gummy bears.

The risks and adverse effects associated with marijuana and THC are well established; these risks are greatly amplified by the high potency of marijuana-based products commonly found today.[7-9] Marijuana use is associated with addiction, psychosis, cognitive impairment, worsening of PTSD symptoms, cardiovascular disease, acute pancreatitis, cannabinoid hyperemesis syndrome, and increased risk for occupational injuries and fatal traffic crashes.[7-9] Previous research also indicates that implementation of medical marijuana laws increases the prevalence of marijuana use among pregnant women, which is linked to a wide range of negative developmental outcomes in children including autism and psychotic behaviors.[10-12] In fact, since legalizing medical marijuana in 2016, rates of marijuana use among pregnant women have almost tripled in the state of Florida.[13]

States that have legalized medical and recreational use of marijuana also lead the nation in rates of adolescent use, which is especially alarming given how vulnerable the adolescent brain is to addiction. From birth until the ages of 25, the brain undergoes an elegant and precisely orchestrated process of development that is greatly disrupted by exposure to marijuana. A study recently published in JAMA Psychiatry found that states with more liberal marijuana laws experienced a significant increase in problematic use among adolescents.[14] For those adolescents, this translates to an increased risk of cognitive impairments, diminished motivation and academic performance, permanent loss of IQ, substance use disorders, and psychiatric problems such as psychosis, schizophrenia, anxiety, depression, and suicide.[14]

There is no current evidence for validity of marijuana as a medicine. Drugs approved to treat medical conditions typically consist of one or two active compounds with a specified dosage and mechanism that have been rigorously tested for safety and efficacy. This is done to ensure that people are not harmed by ineffective or dangerous treatments. This standard must apply to any substance proposed as treatment for a medical condition, especially when that substance has so many documented and well-established risks at both the individual and population levels.

References:

1. National Academy of Sciences. The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research [Internet]. 2017. Available from: https://www.nap.edu/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state
2. Throckmorton D. FDA Regulation of Marijuana. ICSB/ACP Jt Meet [Internet]. 2016; Available from: https://www.fda.gov/downloads/AboutFDA/CentersOffices/OfficeofMedicalProductsandTobacco/CDER/UCM498077.pdf
3. D'Souza DC, Ranganathan M. Medical Marijuana: Is the Cart Before the Horse? JAMA [Internet]. 313(24):2431–2. Available from: http://www.ncbi.nlm.nih.gov/pubmed/26103026
4. California Environmental Protection Agency. Evidence on the Carcinogenicity of Marijuana Smoke. 2009; Available from: https://oehha.ca.gov/media/downloads/proposition-65/chemicals/finalmjsmokehid.pdf
5. Roth MD, Arora A, Barsky SH, Kleerup EC, Simmons M, Tashkin DP. Airway inflammation in young marijuana and tobacco smokers. Am J Respir Crit Care Med [Internet]. 1998 Mar;157(3 Pt 1):928–37. Available from: http://www.ncbi.nlm.nih.gov/pubmed/9517614
6. Matheson J, Le Foll B. Cannabis Legalization and Acute Harm From High Potency Cannabis Products: A Narrative Review and Recommendations for Public Health. Front Psychiatry. 2020;11:591979. Published 2020 Sep 23. doi:10.3389/fpsyt.2020.591979
7. Volkow ND, Baler RD, Compton WM, Weiss SRB. Adverse health effects of marijuana use. N Engl J Med [Internet]. 2014 Jun 5;370(23):2219–27. Available from: http://www.ncbi.nlm.nih.gov/pubmed/24897085
8. Carr D, Schatman M. Cannabis for Chronic Pain: Not Ready for Prime Time. Am J Public Health. 2019;109(1):50–51. doi:10.2105/AJPH.2018.304593.
9. Wilkinson ST, Stefanovics E, Rosenheck RA. Marijuana use is associated with worse outcomes in symptom severity and violent behavior in patients with posttraumatic stress disorder. J Clin Psychiatry [Internet]. 2015 Sep;76(9):1174–80. Available from: http://www.ncbi.nlm.nih.gov/pubmed/26455669
10. Jones J. The Association Between Medical Marijuana Laws and Maternal Marijuana Use [Internet]. 2017. Available from: https://scholarworks.waldenu.edu/dissertations/3530/
11. Corsi, D.J., Donelle, J., Sucha, E. et al. Maternal cannabis use in pregnancy and child neurodevelopmental outcomes. Nat Med 26, 1536–1540 (2020). https://doi.org/10.1038/s41591-020-1002-5
12. Paul SE, Hatoum AS, Fine JD, et al. Associations Between Prenatal Cannabis Exposure and Childhood Outcomes: Results From the ABCD Study. JAMA Psychiatry. Published online September 23, 2020. doi:10.1001/jamapsychiatry.2020.2902
13. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2018). National Survey on Drug Use and Health 2016 (NSDUH-2016-DS0001). Retrieved from https://datafiles.samhsa.gov/
14. Hines LA, Freeman TP, Gage SH, et al. Association of High-Potency Cannabis Use With Mental Health and Substance Use in Adolescence. JAMA Psychiatry. 2020;77(10):1044–1051. doi:10.1001/jamapsychiatry.2020.1035

COVID-19 and Patient Safety in the Medical Office

Debbie Kane Hill, MBA, RN, Senior Patient Safety Risk Manager, The Doctors Company

Editors' note: For more information and links to the resources/articles mentioned below, go online to https://bit.ly/37lRmpC

As the pandemic hits its third nationwide surge, families have been gathering for the holidays, and practices are preparing for a potential increase in cases. Medical offices in states that were not strongly affected by the first and second waves of the virus may now be facing an influx of COVID-19 patients. Therefore, medical offices must remain very attentive to the widespread outbreak of COVID-19, continuing to proactively take steps to safely manage patients while protecting clinical staff.

Here are tips and resources for this season of the pandemic:

• Documentation: Maintain administrative records of how you have adapted to the evolving crisis including the challenges you faced. For details, see "Keep a COVID-19 Diary: Document Now in Case of Future Lawsuits".

• Legislation and Guidance: Reference the CDC, your state medical board, professional societies, and federal, state, and local authorities daily for public health guidance and new legislation, as this continues to be a fluid situation.

• Screening Criteria: Follow the CDC's patient assessment protocol for early disease detection for patients presenting to your practice. Patients should be screened using these guidelines: "Overview of Testing for SARS-CoV-2 (COVID-19)". Essential visitors to your facility should also be assessed for symptoms of coronavirus and contact exposure and redirected to remain outside if suspect.

• Accepting Patients: Do not turn patients away simply because a patient calls with acute respiratory symptoms. Refusing assessment/care may lead to concerns of patient abandonment.

• Designated Triage Location: Check with your local public health authorities for locations designated to triage suspected patients, so exposure is limited in general medical offices.

• Telehealth Triage: Licensed staff should be trained in triage protocol to determine which patients can be managed safely at home. See "Healthcare Facilities: Managing Operations During the COVID-19 Pandemic". The CDC provides "Phone Advice Line Tools", while The Doctors Company offers resources on telemedicine in our "COVID-19 Telehealth Resource Center".

• Patient Testing: When there is a reasonable presumption that a patient may have been exposed to COVID-19, contact the local or state health department to coordinate testing using available community resources. See the CDC's COVID-19 Testing Overviews and the Clinician Call Center at 800-232-4636.

• Elective Services: Check with regional governmental and health authorities on the provision of nonessential and elective healthcare visits and group-related activities. Many states continue or have reinstated restrictions on the provision of nonurgent, elective surgeries and procedures (See ACOS: "COVID-19: Executive Orders by State on Dental, Medical, and Surgical Procedures").

• Patient Precautions: Educational resources, including posters for use in the medical office, are available from the WHO and for healthcare workers from the CDC ("Contact Precautions", "Droplet Precautions", and "Airborne Precautions"). Reference the CDC's "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic" and "Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)" for patient management guidance.

• Provider/Staff Precautions: Follow "Standard Precautions" and "Transmission-Based Precautions," including gloves, gowns, protective eyewear, and NIOSH-certified N95 respirators that have been properly fit-tested. If there is a shortage of N95 respirators in your facility, access current CDC respirator recommendations and review "Optimizing Personal Protective Equipment (PPE) Supplies."

• Limit Exposure: Limit staff exposure to suspected patients, with the exam room door kept closed. Ideally, the designated exam room should be at the back of the office, far away from other staff and patients.

• Surface Disinfection: Once the patient exits the room, conduct surface disinfection while staff continues to wear PPE. For general guidance, see "Clinical Questions about COVID-19: Questions and Answers."

• Patient Education: Provide up-to-date, factual information on the virus to suspected COVID-19 positive patients and their close contacts.

• Provider/Staff Exposure: Screen healthcare personnel daily for symptoms/contacts relevant to COVID-19. Any unprotected occupational exposure by staff members should be assessed and monitored. See "Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19."

Should providers and/or staff test positive within your facility, conduct and document a risk assessment identifying contacts, type of interaction, and PPE in use, then contact local health authorities for additional instruction. The CDC provides guidance online under the section "Infection Control". The health department may assist with patient notification if determined to be necessary. For return-to-work guidance, review the "Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)."

• Staff Training: Provide and document additional staff training as protocols change. Maintain training records in administrative files.

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

CCMS Physician Wellness Program New Year Mental Health "Check-up"

Collier County Medical Society

Collier County Medical Society invites our members to take advantage of the CCMS Physician Wellness Program (PWP) for a "New Year Mental Wellness Check-up" session this season.

The PWP features confidential, convenient, cost-free access to professional psychological services for CCMS members to provide a safe harbor for you to address normal life difficulties and the challenges of a medical career.

How it Works:

- As an exclusive benefit to CCMS members, CCMS provides up to 6 confidential sessions a year at no charge with independent, doctorate-level clinical psychologists.
- Use a session to help with your mental wellness self-assessment; make your new year's resolutions stick; receive tips on time management & communication skills; address lawsuits/disciplinary action; or simply talk.
- To participate: call the psychologists' private appointment line for CCMS members at 239-208-3984 (psychologists are listed at ccmsonline.org/physician-wellness). Receive a same-day response during business hours or next-morning response after hours.
- If needed, see one of the psychologists within 72 hours to 1 week, possibly sooner for urgent needs, with special hours potentially available. You may extend your check-up for up to 5 more cost-free sessions.

Additionally, CCMS is planning special video "watch parties" this season to address issues of physician wellness and provide a safe space for group discussion with your colleagues. Stay tuned for more details.

SWFPA
Southwest Florida Physicians Association

Thank you to the Southwest Florida Physicians Association (SWFPA) for their continued support of the program, contributing $20,000 this year.
About SWFPA: "SWFPA is the Independent Physician Association that contracts with independent physicians, and provides services to managed care organizations. SWFPA incorporated in 1987 and now has more than 1000 physician members of multiple specialties. The contracting services provide access to over 100,000 lives in Collier and Southern Lee counties through 25 different agreements direct with self-insured employers, networks, and health plans. SWFPA is the only select providers for the not for profit corporation, Naples Physician Hospital Organization, The (PHO) DBA/Community Health Partners."

NCH Healthcare System

Thank you also to NCH Healthcare System for their $10,000 contribution again this year.
About NCH: "The NCH Healthcare System is one of the most progressive in the country. More than just a couple of hospitals, the NCH Healthcare System is an alliance of more than 700 independent physicians and medical facilities in dozens of locations throughout Collier County and southwest Florida. Not only do we offer advanced comprehensive care, we embrace new, effective ideas in medical care and healing."

Learn more about using and/or supporting the PWP at ccmsonline.org/physician-wellness or call CCMS at 239-435-7727.

THE FORUM

Rebekah Bernard, M.D., Editor
George Brinnig, M.D., Associate Editor
88 12th St N, Unit 200
Naples, Florida 34102
Ph. 239-435-7727
Fax 239-435-7790
E-mail info@ccmsonline.org
www.ccmsonline.org