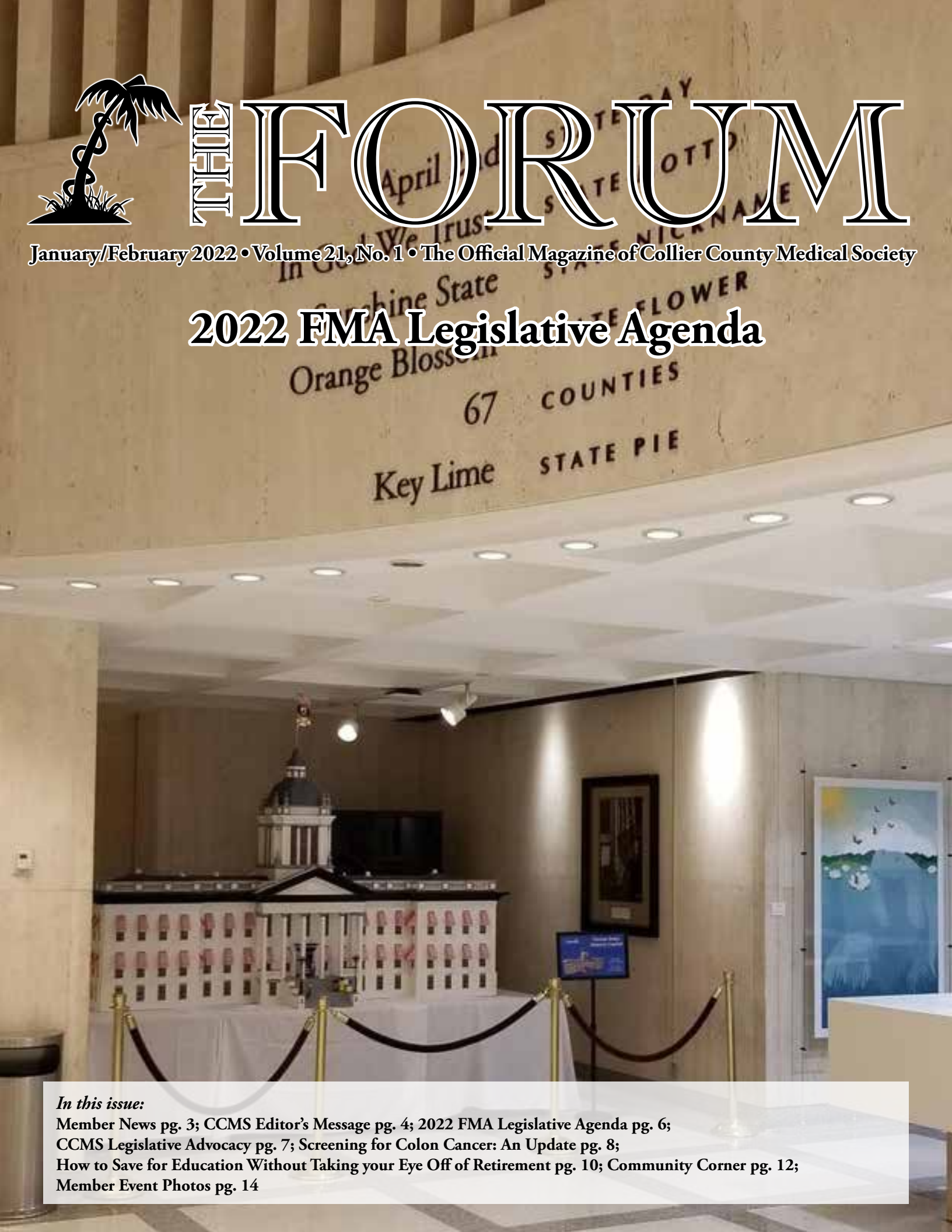

THE FORUM

January/February 2022 • Volume 21, No. 1 • The Official Magazine of Collier County Medical Society

2022 FMA Legislative Agenda

In this issue:

CALENDAR OF EVENTS

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

Friday, January 14, 6:30pm
CCMS New Members Welcome Reception
Wyndemere Country Club

Thursday, January 27
CCMS After 5 Social
Terracina Senior Living

Thursday, March 10, 6pm
CCMS Spring General Membership Meeting
The Arlington
Stay tuned for details

Saturday, April 23, 8:30am
CCMS Women's Health Forum
Naples United Church of Christ
Open to the public
Sponsor opportunities available

Foundation of CCMS Scholarships

Do you know a deserving medical or healthcare student who is a Florida resident? The Foundation of CCMS is accepting applications through March 31st for medical students and students enrolled in or accepted to a healthcare degree program. The applications and eligibility details are available at ccmsfoundation.org.

Premier Circle of Friends

CCMS Member Dues

The 2022 CCMS dues deadline is Dec. 31, 2021. Members (or their groups) can pay online today at ccmsonline.org/membership. Invoices will also be 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

Member News

New Members:

Robert W. Bailey, M.D.
NCH Physician Group
1726 Medical Blvd Ste 203
Naples, FL 34110
Phone: (239) 624-0390 Fax: (239) 624-0391
Board Certified: General Surgery

Kristina S. Buscaino, D.O.
Advanced Urology Institute
1035 Piper Blvd
Naples, FL 34110
Phone: (239) 465-4157 Fax: (239) 354-7603
Specialty: Urology

Lindsey N. Clark, M.D.
Naples Pathology Associates
1110 Pine Ridge Rd Ste 306
Naples, FL 34108
Phone: (239) 263-1777 Fax: (239) 263-6983
Board Certified: Pathology – Anatomic/ Pathology - Clinical; Dermatopathology

Tiffany Davis-Garcia, M.D.
Surgical Group of Naples
2335 Tamiami Trl Ste 501
Naples, FL 34103
Phone: (239) 263-0011 Fax: (239) 430-7823
Specialty: General Surgery

Anita Grassi, M.D.
Skin Wellness Physicians
1300 Goodlette Rd N Ste 101
Naples, FL 34102
Phone: (239) 732-0044 Fax: (239) 732-0094
Board Certified: Dermatology

Farah M. Hartmann, M.D.
Women's Healthcare Physicians of Naples
775 1st Ave N
Naples, FL 34102
Phone: (239) 262-3399 Fax: (239) 261-1189
Board Certified: Obstetrics and Gynecology

Martin A. Malz, M.D.
1205 Piper Blvd Ste 201
Naples, FL 34110
Phone: (259) 500-9080 Fax: (259) 500-9070
Board Certified: Internal Medicine

Charlemagne Marius, M.D.
True Health Medical and Wellness Center
5262 Golden Gate Pkwy Ste 2
Naples, FL 34116
Phone: (239) 529-2507 Fax: (239) 529-2509
Specialty: Family Medicine

Vincent McLaughlin, M.D.
Gastroenterology Group of Naples
1064 Goodlette Rd N
Naples, FL 34102
Phone: (239) 649-1186 Fax: (239) 649-1156
Board Certified: Gastroenterology; Internal Medicine

Catalina Mosquera, M.D.
Specialty: Surgical Oncology
South Florida Surgical Oncology
8925 Colonial Center Dr Ste 2000
Ft. Myers, FL 33905
Phone: (239) 333-0995 Fax: (844) 615-5267
Board Certified: General Surgery

Anne-Caroline Norman, M.D.
Team Health (NCH ER)
350 7th St N
Naples, FL 34102
Phone: (239) 436-5151 Fax: (239) 436-5910
Board Certified: Emergency Medicine

Adam C. Perry, M.D.
ChenMed
1080 Sixth St S
Naples, FL 34102
Phone: (305) 317-9515
Board Certified: Geriatric Medicine; Family Medicine; Emergency Medicine

Adam I. Riker, M.D.
South Florida Surgical Oncology
990 Tamiami Trl N
Naples, FL 34102
Phone: (239) 333-0995 Fax: (844) 615-5267
Board Certified: General Surgery

Steven N. Shephard, D.O.
A Woman's Place
1660 Medical Blvd Ste 300
Naples, FL 34110
Phone: (239) 513-0053 Fax: (239) 596-0900
Board Certified: Obstetrics and Gynecology

Jose Valle Giler, M.D.
NCH Physician Group
311 9th St N Ste 310
Naples, FL 34102
Phone: (239) 624-8250 Fax: (239) 624-8251
Board Certified: Pulmonary Disease; Critical Care Medicine; Sleep Medicine; Internal Medicine

Reinstated:

Daniel Kaplan, D.O.
Theodore Crowell, M.D.

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A Message from the Editor: CCMS Physician of the Year Mark Russo M.D. Inspires Audience

Rebekah Bernard, M.D., Editor, ***The Forum***

Collier County Medical Society's Physician of the Year, nephrologist Mark Russo, M.D. shared inspirational words of wisdom at our first in-person meeting since the COVID19 pandemic began.

1. Remember where you started.
Before he became a physician, Mark started working at the bottom rung of the hospital system. "I was a patient transporter, nurses' aide, and psychiatric attendant, and one of my jobs was to walk around and light the patients' cigarettes."

Take a moment to consider who you were before you started medical school. What motivated you to want to become a physician? What did you write on your medical school application personal statement? Most likely you talked about wanting to help, to heal, to make a difference in someone's life. I bet that you're doing exactly that.

2. Look how far we've come.
Mark obtained a Ph.D. in molecular biology but found himself urged to attend medical school by his research mentor and discoverer of the Philadelphia chromosome, Peter Nowell. Recollecting the early days of his medical career, he pointed out how much medicine has improved in the last 20-30 years. "Isn't it great to be practicing medicine now?" he asked. "We have been blessed with improved treatments for cancers, Hepatitis C, immunosuppressants, mRNA vaccines. We have better diagnostic tools," As a nephrologist, he is ecstatic about research on xenograft transplants. "We may even put dialysis out of business in our lifetime."

Although we've struggled with COVID19, the mRNA technology perfected to prevent the disease may change the trajectory of vaccines for many diseases and even cancer. Although it's often automatic to think about the negatives when we are dealing with disease, practicing cognitive reframing to focus on how far we've come can change your outlook.

3. It's not all about doctoring.
As physicians, we truly do make a difference in the lives of our patients, but we make an impact in other ways, too. Mark talked about the three years he spent working as a wrestling coach before medical school, and he recalls this as one of his favorite jobs. "I was able to help kids become outstanding citizens in their respective communities by instilling the discipline that they needed, and they still call or write me thanking me for teaching them," says Mark.

It's easy to focus on our shortcomings. Instead, take a moment to think about all the people you have helped and inspired over the years. Maybe it was through your work as a doctor, but maybe it was just through a kind word or deed. Know that you make a positive impact on the lives of others every single day. Often, just being there for someone is enough. "Sometimes we cannot cure or treat. All we may have is our human touch." He notes that medicine has been moving away from touch over time. "It's ok to hug. it's ok to just hold their hand and comfort them."

4. Focus on your friends and family.
An entourage of family members accompanied Mark to celebrate his award, and his family's pride was truly touching. Rather than focusing on people who don't matter, like social media trolls or anonymous reviewers, let's give our attention to the people who really matter. Remember that we all have our own cheering section of friends and family who want to see us succeed and will be proud of us no matter what.

5. Own yourself.
"My entrepreneurial spirit began when I was around thirteen years old," said Mark. "Everyone in the neighborhood was getting an allowance of $2-3 per week. So, I asked my dad if I could have an allowance, too. My dad thought about it for a while and finally answered, 'Yes. I've decided I'm going to allow you to continue to live here.'" So, Mark started his own business with his friends, mowing lawns and making $20-30 per week. He continued his entrepreneurship as a physician, opening a solo practice, Naples Nephrology in 2002. Mark encourages physicians to take a chance on self-ownership. Talk to colleagues who have opened practices or check your state medical society for resources. As Mark says, "Follow your dreams!"

6. Don't be afraid to speak out.
"During the pandemic, I was saddened to see mostly politicians speaking about the illness. I yearned to see more physicians," Mark said. "Many of us answered the call and educated our citizens, leading us to have a strong response to COVID. But when we tried to stand up and guide our leaders, we were pushed aside. What I learned is that we need more voices, we need to be louder we need to be tougher, stronger," said Mark, who offered to get out his wrestling whistle to motivate physicians. "We need to take back control. This is our lane; this is our automobile, we know how to drive it, not the politicians."

7. Give back to your community.
Mark reminds us that as physicians, we all trained at top-notch, highly competitive universities. "We bring special skills and experience from these tertiary centers into our own communities. We must continue to recruit new physicians to meet the needs of the community." Consider precepting medical students or residents and taking newer doctors under your wing to show them the ropes and provide support. Mark also challenges physicians to serve the community outside of medicine. Volunteer work has been shown to lead to improved physical and mental health, and also allows us to be a part of molding the community that we want to live in. "If we don't do it, someone less qualified will."

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New Office Location:

Graciela Garton, M.D. and Kevin Kozak, M.D.
Advocate Radiation Oncology
1775 David Blvd.
Naples, FL 34102
Phone: (239) 372-2838 Fax: (239) 372-2839

Relocation:

Luga Podesta, M.D.
Physical Medicine and Rehabilitation
Bluetail Medical Group
1875 Veterans Park Dr Ste 2201
Naples, FL 34109
Phone: (239) 631-1960 Fax: (239) 631-5967

Sadiq J. Al-Nakeeb, M.D.
Millennium Physician Group
6376 Pine Ridge Rd Ste 440
Naples, FL 34119
Phone: (239) 315-7123 Fax: (239) 315-7122

Andrew E Turk, M.D.
Naples Cosmetic Surgery Center
6376 Pine Ridge Rd Ste 175
Naples, FL 34119
Phone: (239) 316-1689 Fax: (239) 316-1690

Kenneth W. Plunkitt, M.D. and Andrew Yin, M.D.
Naples Heart Rhythm Specialists PA
6376 Pine Ridge Rd Ste 180
Naples, FL 34119
Phone: (239) 263-0849 Fax: (239) 263-2376

2022 FMA Legislative Agenda

Florida Medical Association Legislative Team

The issues listed below are those that the FMA believes will occupy the majority of our lobbying effort. However, the legislative session is a fluid process and unforeseen events may develop. The FMA consistently communicates with legislative leadership throughout session to ensure that only those bills that positively affect physicians, patients, and the practice of medicine make it across the finish line.

Expansion of Telehealth and Payment Parity

In the era of COVID-19, telehealth emerged as an essential tool for access to healthcare, particularly for the medically vulnerable. The FMA will seek to expand prescriptive authority under telehealth to include the ability to prescribe Schedule III, IV, and V controlled substances. While this is a necessary and practical expansion of telehealth, the key to successful and total implementation of this critical service into a variety of practice models is to ensure a mechanism for payment parity.

COVID Liability Protection

A major priority in the FMA's 2021 Legislative Agenda was COVID-19 related healthcare liability protection. While the FMA was successful in passing that legislation, the COVID-19 related liability protections only cover claims that have accrued before its effective date and within one year after the effective date – thus expiring in 2022. The FMA will seek to extend those protections by another year.

Scope-of-Practice Expansion

As always, the FMA will fight attempts to expand scope of practice for non-physicians. This year, the FMA will work to protect patients from unqualified optometrists wanting to perform laser surgery, CRNA independent practice, prescriptive authority for non-medically trained psychologists, deceptive name changes such as physician assistant to "physician associate" and nurse anesthetist to "nurse anesthesiologist," and any other legislation that would endanger patients. These dangerous initiatives would serve only to lower the quality of care delivered in Florida.

Prior Authorization

The FMA will pursue legislation to simplify, streamline, and expedite prior authorizations. Health plans employ time-consuming prior authorization requirements to control patient access to certain treatments. To reduce the burdensome impact that prior authorization requirements have on patients, physicians, and the healthcare system, the FMA will seek reforms including but not limited to requiring electronic prior authorization requests, procedural transparency, reducing the medically unnecessary and duplicative information health plans currently require, and implementing time limits for approval or denial.

Access to Cancer Drugs

The FMA supports legislation that would prohibit insurers from requiring patients to meet prior authorization requirements before life-saving drugs could be prescribed for certain cancers and associated conditions. Further, the FMA supports prohibiting insurers from requiring complex medications to be dispensed to a third party and then transported to a subsequent facility for administration or administration of cancer medication through home infusion. The FMA will also seek legislation to prohibit insurermandated "white bagging" and "brown bagging" policies, which compromise patient safety, result in medication and resource waste, and further complicate care coordination. Physicians know what the safest route of administration is for these specialty medications – not health insurers.

Wrongful Death

The FMA opposes legislation that seeks to increase rates for medical malpractice insurance and healthcare costs in general. This legislation, which has been filed unsuccessfully in years past, would permit the recovery of noneconomic damages by adult children for the loss of a parent, and by the parents for the loss of an adult child with no surviving spouse or children, in a medical malpractice wrongful death claim. This type of policy is based on the offensive premise that certain patients would receive a lower standard of care and will drive up Florida's already high malpractice insurance rates.

DNA Glitch Bill

During the 2021 Legislative Session, legislation was passed with the goal of protecting a patient's DNA sample from being collected and analyzed without the patient's knowledge or consent. Unfortunately, the final language encompasses any DNA sample that is taken from the patient and sent to a third party – regardless of intended use. For example, medical waste containing any bodily material would be subject to this law once it is transferred to a waste management facility. Concerningly, any practitioner who fails to comply with the consent provision would be subject to criminal charges. The FMA will work to clarify the law during the 2022 session so that physicians are not unjustly disciplined.

Parental Bill of Rights

Legislation passed during the previous session now makes it a misdemeanor of the first degree for physicians and other healthcare providers to provide medical services to a minor without first obtaining written parental consent. This new law has left physicians feeling uneasy about when it is appropriate to treat minors without explicit parental consent, specifically in an emergency setting. It is imperative that physicians feel protected in order to act to keep Florida's minors safe. The FMA will work to defend physicians who render medical care to minors in certain situations.

Stop the Bleed

"Stop the Bleed" is a national hands-on educational program that teaches bleeding control technique to laypeople in less than an hour without cost. Trained bystanders are more likely to stop the bleeding of injured people when bleeding control

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CCMS Legislative Advocacy: Serving our Members and their Patients

Collier County Medical Society

CCMS is constantly focusing on major areas of concern to our physician members while monitoring the political and business climate. Advocacy is one of our core values, and our efforts locally, statewide, and nationally address critical issues on behalf of physicians and patients.

CCMS sends a delegation to the FMA House of Delegates each year where FMA policy is formed and a strong legislative agenda is created. We meet with our legislators to advocate for members and their patients and provide important commentary and information to the press. The CCMS Political Action Committee (PAC) supports the campaigns of physician & patient-friendly candidates at local and state levels with contributions from our members and their spouses.

CCMS members may join the CCMS Legislative Committee to assist with our advocacy efforts, and CCMS members and spouses are encouraged to contribute to the CCMS PAC. Call CCMS at 239-435-7727 or email april@ ccmsonline.org for details.

What is the CCMS PAC?
To pass laws that protect patients and support the medical profession, physicians need strong allies among local and state elected officials. The CCMS Political Action Committee was created to help elect candidates to local and state offices who are aligned with CCMS healthcare advocacy policies. The CCMS PAC can donate to political campaigns, while CCMS itself cannot.

The CCMS PAC solicits voluntary contributions from physicians, their spouses, medical students, and resident physicians to research, interview, and support the election of medicine-friendly candidates.

Is the CCMS PAC non-partisan?
Yes. The CCMS PAC can support pro-medicine candidates of any political parties. The CCMS PAC works closely with CCMS physician members and medical societies from around the state to identify pro-medicine candidates as they seek elected office.

Who can contribute to the CCMS PAC?
Anyone who wishes to support medicine-friendly candidates, including physicians, their spouses, medical students, and resident physicians can support the PAC. The suggested contribution is $100 annually. Medical practices and medical staffs may contribute as well. Contribute at ccmsonline.org/membership/#dues (note: PAC Contributions are not tax deductible).

When you contribute to the CCMS PAC, you help make Collier County and Florida a better place to practice medicine by helping pro-medicine candidates get elected. Your dollars help ensure that physicians have a voice in government, which is vital in passing pro-medicine legislation and defeating harmful bills.

Who serves on the CCMS PAC Board?
The CCMS PAC Board is comprised of physician leaders from around the county, one CCMS Alliance member, and the CCMS Executive Director. Current Board Members:
Rolando Rivera, MD – Chair
Catherine Campbell
April Donahue
Julian Javier, MD
Catherine Kowal, MD
Mitchell Zeitler, MD

Who do I contact for more information?
Contact CCMS Executive Director, April Donahue, 239-435-7727 or april@ccmsonline.org with questions or to donate. We can also forward questions to any of the PAC board members.

Important Dates
2022 City of Naples Municipal Election – February 1
2022 Primary Election Day – August 23
2022 Election Day – November 8

Find Your Elected Officials
Collier County:
colliervotes.gov/Candidates/Current-Elected-Officials
Lee County: www.lee.vote/Elected-Officials

Voter Registration Details
Collier County:
colliervotes.gov/Register-to-Vote/Registration-Application
Lee County: lee.vote/Admin/Check-my-Registration-Status

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kits containing gloves, gauze, and tourniquets are readily accessible in public locations. Recognizing that hemorrhage is the top cause of preventable death from injury and that swift interventions to stop bleeding with pressure, packing, and tourniquets have saved the lives of countless victims, the FMA will seek state appropriation to fund the purchase, placement, and maintenance of bleeding control kits in schools and high-trafficked public spaces in Florida.

Medical Student Loan Forgiveness
While the funding mechanism is already in statute, the FMA will explore avenues to fund student loan forgiveness for medical students who practice in underserved areas. This type of incentive program will alleviate physician shortages in underserved communities, encourage more physicians to practice family and general medicine, and promote team-based medicine in rural communities, which will help safeguard patient safety and quality of care.

Screening for Colon Cancer: An Update

Raymond W. Phillips, M.D.

No one has to die of colon cancer. Sadly, in the United States in 2021 there have been 150,00 new cases of colon cancer causing 52,980 deaths. In the United States, colorectal cancer (CRC) is the second most common cancer and the third leading cause of cancer-related death in people under age 50.

In much of the 20th century, physicians emphasized prompt reporting of alarm symptoms i.e., bleeding, weight loss, change in bowel habits to detect CRC. The hope was that evaluation following onset of symptoms would allow detection of colon cancer at an early stage when therapy is most effective. This strategy had no impact on the death rate.

No one is safe from colon cancer. Ethnicity, socioeconomic status, celebrity status is not protective. The list of people who had colon cancer is sobering - Vince Lombardi, Audrey Hepburn, President Ronald Reagan, Jay Monahan (Katie Couric's husband), Chadwick Boseman, your neighbor, a family member. The lifetime risk of developing colorectal cancer is 1 in 23 (4.3%) for men and 1 in 25 (4.0%) for women. The absence of a family history is not protective.

In the 1980s the colorectal adenoma-carcinoma hypothesis proposed that unidentified factors in the environment (think diet) or in the genome (family history of colon cancer) promoted colonic mucosal proliferation leading to neoplastic tissue (adenomatous polyps), which then accumulated gene abnormalities allowing formation of malignant neoplasia. The National Polyp Study by the NIH in 1990 reported that colon cancer could be prevented by identifying and removing advanced adenomas via periodic colonoscopy. Multiple studies have now confirmed this observation and shown that screening colonoscopy can prevent up to 90% of colon cancer. To achieve this result requires: 1) effective colonic preparation prior to colonoscopy, 2) well-trained (think board certified gastroenterologist) endoscopist with 3) an endoscopist who is good at finding polyps (an adenoma detection rate >25%).

There is a difference between a screening colonoscopy and a surveillance colonoscopy. Screening is evaluation of asymptomatic individuals, whereas surveillance is periodic colonoscopy of a person who has had a history of colon polyps. This article focuses on the former – screening for colon cancer. By 1991 multiple options had been developed to screen for colon cancer: 1) annual fecal occult blood testing, 2) fecal immunochemical testing for blood, 3) barium enema, 4) sigmoidoscopy. Each of these methods had limitations, so compliance with screening for colon cancer was low i.e., < 20%.

Following the demonstration of the effectiveness of screening colonoscopy, this option began to be preferred in the US. The very public support by Katie Couric, following the tragic death of her husband, facilitated the public's acceptance of screening colonoscopy. Screening colonoscopy became the favored means to screen for colon cancer by the early 2000s since it allowed prevention as well as primary detection of colon cancer. The passage of the Affordable Care Act in 2008 legislated that preventive medical care including screening colonoscopy would be covered by insurance companies. This has further increased compliance with colon cancer screening. In 2019 compliance with CRC screening has increased to almost 65% of the population. Compliance has improved further in the past few years with the availability of Cologard (sampling of stool for abnormal DNA and occult blood).

Epidemiologic studies in the 1980s and 1990s demonstrated that the incidence of adenomatous colon polyps increased significantly after the age of 50. These findings helped guide recommendations by the US Preventive Task Force (USPTF) to begin screening for colon cancer at age 50 and to conclude this screening at age 75. Colon cancer incidence and mortality rates have decreased in the past 30 years due to CRC screening and colonoscopic polypectomy in those over age 50 in conjunction with changing risk factors (e.g., decreased smoking, increased aspirin use). Unfortunately, the incidence and mortality rates in persons under age 50 have been increasing. This rise among younger populations has been attributed to changes in generation-specific risk factors such as obesity. Furthermore, African American individuals have a higher overall risk of colon cancer-related death beginning at age 45 when compared with Caucasians, prompting the Multi-Society (American Gastroenterological Association, American College of Gastroenterology, American Society of Gastrointestinal Endoscopy, American Cancer Society) Task Force to recommend average-risk screening at age 45 for African Americans.

The few studies that have assessed the yield of CRC screening in average-risk individuals under age 50 in the US show that clinically significant neoplasia rates in 45- to 49-year-olds approaches the rates observed in 50- to 59-year-olds. No studies using colonoscopy as a screening tool for those less than 50 have been completed. Modeling studies incorporating this more recent epidemiologic data have demonstrated significant benefit in colon cancer prevention if screening began at age 45 for average risk individuals. These studies are the basis for the current recommendation by the USPTF, American Cancer Society and MSTF to begin screening for colon cancer at age 45 for all individuals.

There are no randomized or observational studies after 2017 that enrolled individuals over age 75 to inform the appropriate time to stop CRC screening. Given the lack of data, the decision to screen a patient between ages 76 and 85 remains individualized based on the balance of benefits and harms and

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individual patient clinical factors and preferences. Individuals without a history of prior screening may benefit the most in this setting. Thus, the decision to initiate or continue screening after age 75 should involve a shared decision-making process between a patient and provider that considers prior screening history, life expectancy, CRC risk, and patient preferences. Individuals ages 86 and older should not be offered CRC screening. Overall mortality risk and risk of adverse events associated with colonoscopy outweigh the life expectancy benefit of polypectomy for this age group.

A few parting pearls

Screening colonoscopy is safe and comfortable but does entail a small risk of bleeding or perforation. Screening colonoscopy should therefore be reserved for healthy individuals in the recommended age categories.

There are multiple options for screening for colon cancer but only colonoscopy detects AND prevents colon cancer.

Duplicating screening tests (e.g., colonoscopy then a Cologard test in the following year) does not increase prevention of colon cancer. It increases the cost and risk of screening.

Treatment of colon cancer has improved but prevention reliably saves lives.

Options for Screening for Colon Cancer in Average Risk Population*
(beginning at age 45 and ending at age 75; individualize between 75 and 85 years of age and no further after age 85)

- Colonoscopy every 10 years*
- Annual FIT (fecal immunochemical test of stool)
- Triennial sDNA-FIT (stool DNA-FIT or Cologard)
- Flexible sigmoidoscopy every 5 years (no one does this anymore!)
- CT colonography (virtual colonoscopy) every 5 years (depends on local radiology talent)
- Capsule colonoscopy every 5 years (not available in US)

*High risk groups such as individuals with history of colon polyps or a significant family history of CRC require a shorter interval between colonoscopies, typically every 3 to 5 years, and may begin earlier than age 45.

Dr. Phillips is a gastroenterologist who has practiced in Naples for 30 years with Gastroenterology Group of Naples. He has recently retired from his medical practice and is currently engaged in clinical research with his research group GI PROS.

How to Save for Education Without Taking your Eye Off of Retirement

Jeremy L. Darstek, CFP, Financial Advisor Senior Vice President, Verita Wealth Advisory Group

It's no secret that many American parents want to support their kids by paying for their college education. According to recent research from Student Loan Hero, 92 percent of parents today have already paid for or plan to assist with these costs. Furthermore, 68 percent of parents say they would consider withdrawing from their retirement savings, potentially delaying retirement, to help their kids pay for college.

While the choice to delay retirement to pay tuition is understandable and even admirable, the reality is doing so may not be the wisest financial decision. If you are considering how to balance saving for college and retirement, read on for some perspective.

Prioritize college bills or retirement?
Although it may be hard to hear, saving for retirement should take priority over college tuition. To understand why, consider the following:

- **You may not get to choose your retirement date.** Injury, caring for an aging parent, or a layoff are among the factors that could ultimately make the decision for you.

- **You don't want to run out of money in retirement.** If your savings come up short, you don't have the ability to apply for scholarships, grants or financial aid to help bridge the gap. (Your child has access to these options to help pay for college.) Instead, your options are likely to be working longer, finding other sources of income or spending less on travel and other retirement dreams.

While it's imperative to focus on your own financial security in retirement, funding higher education is still an important goal for many parents. The key is striking the right balance between saving for both goals. Consider the following tips as a starting point:

1. **Paying for college doesn't have to be all-or-nothing.** Many parents choose to pay a percentage of the total bill, cover certain expenses (e.g. tuition, technology fees or room and board), pay for a set number of years, or contribute as much as they are able to save by the first day of school instead of funding the full cost. Revising your college savings goal in one of these ways could allow you to direct more money to retirement.

2. **If your child has sights on graduate school, decide whether you will contribute to those bills too.** This decision is particularly important if your child needs a graduate degree before entering his or her field of choice. If you intend to provide financial support, calculate how much the total cost will be so you have a clear savings target in mind.

3. **Discuss your intentions with your child.** No matter how much you contribute, talk to your child (if and when your child is old enough) about your financial commitment so he or she knows what to expect. Discuss how your contribution will look like at their preferred colleges.

For example, if you agree to pay a set amount, perhaps this money will fully cover community college, a substantial amount at a state school, and leave a larger portion of the bill outstanding at a private college. Breaking down the costs for your child can help him or her make an informed decision about how much student debt (or scholarships, grants, etc.) is needed to cover the bill.

No matter your financial situation, know that it is possible to make meaningful progress toward both goals, particularly if you are intentional about how to allocate your savings. Consult a financial advisor and tax professional if you want help setting specific savings goals and understanding the various investing options available to you.

1 Student Loan Hero survey, 2021

Jeremy L. Darstek, CFP is a Financial Advisor Senior Vice President with Verita Wealth Advisory Group a private wealth advisory practice of Ameriprise Financial Services, LLC. in Naples, FL. He specializes in fee-based financial planning and asset management strategies and has been in practice for 13 years. To contact him visit ameripriseadvisors.com/jeremy.darstek/, 844-997-7526, 12330 Tamiami Trail E. Suite 101, Naples, FL 34113. Ameriprise Financial cannot guarantee future financial results.

Community Corner

Millennium Physician Group, Prudent Financial Planning

MILLENNIUM PHYSICIAN GROUP

Your Connection to a Healthier Life

Weighing the Options to Practice the Way You Want
Millennium Physician Group

With each passing year, there's no question healthcare is becoming more and more difficult to navigate. Some of the top health and well-being trends for 2022 reported by the Managed Healthcare Executive website are the integration of virtual and in-person care, increasing health equity, and focusing on quality and value of care. These growing trends are precisely why physician-led medical groups are becoming an attractive option for some physicians.

It's an exciting time to be in healthcare as we move forward and practices evolve into value-based concept. However, the increased regulations, coding knowledge, and innovation advances physicians will need to master are growing at almost breakneck speed. The need to keep up with advances is paramount.

Administrative burdens are consistently listed as one of the top causes of physician burnout. In fact, as reported by the Florida Medical Association, a joint essay by several prominent healthcare CEOs called upon colleagues to recognize that depleted physicians represent a public health crisis. "We must make both the prevention of burnout and the restoration of the joy of a career in medicine core priorities and address this issue with the same urgent methods we would use to solve any other important business problem," they wrote.

The multi-faceted support offered by physician-led groups is an invaluable benefit for physicians who want to practice medicine more efficiently and not be distracted by the day-to-day business aspects of running a practice. In a recent AMA article, James Rohack, M.D., a former AMA president offered advice and guidance for physicians who are weighing the pros and cons of joining or aligning with a physician-led group. "One of the principles to make sure of is that you, on the frontlines caring for patients, have a voice and influence on policies and processes that are going to make your ability to care for patients better."

Physician-led integrated healthcare organizations could include physician groups, accountable care organizations, independent community hospitals, and academic health centers. At the end of the day, physicians want to be happy in their practice and continue to provide the best care to their patients. Physician-led independent groups are not the only option, but it is at least a concept physicians should explore.

Student Loan Updates
Patrick Logue, Prudent Financial Planning

There have been several new developments regarding Student Loan payments recently. First, the Mandatory Forbearance for eligible Federal Student Loans was extended until January 31, 2022. This means that payments are set to resume on February 1, 2022 (unless the deadline is extended again).

Borrowers should receive several notifications from their loan servicers as those dates approach. Borrowers should also be ready to re-certify their income if they have not done so recently.

For borrowers who are working towards PSLF, they should continue to re-certify employment on an annual basis. Please make sure to meet the requirements for working for an eligible employer and for full-time employment.

On October 6, 2021, the Department of Education announced a new plan to expand PSLF. The name of the program is "Time-Limited PSLF Waiver" (PSLF Waiver).

Typically, PSLF affords borrowers loan forgiveness after they make 120 qualifying payments. According to the PSLF Waiver, the definition of "qualifying" payment will be temporarily expanded to make all federal loans and repayment plans qualify for PSLF.

The deadline for this program is October 31, 2022. The program will allow borrowers to retroactively count prior ineligible payments.

To qualify for this program, you must have:
1. Any kind of Federal Student Loan, and
2. You are (or were) working full-time in for a PSLF Eligible Employer such as a 501(c)(3), government agency (federal, state, local), or other non-profit) between now and 10/1/2007, and
3. You made payments on your federal loans at any point since 2007 while working for an eligible employer.

Important Facts about the PSLF Waiver:
- Borrowers with previously ineligible FFELP and/or Perkins loans may now qualify for PSLF if they made payments of any kind while employed in public service. All payments made before a loan was consolidated should now count as well.
- All repayment plans should retroactively count towards PSLF if certified before this PSLF waiver expires.
- Deferment and forbearance due to active-duty deployment should now count towards PSLF for current and former active-duty military.
- Parent PLUS loans, or a consolidation including Parent PLUS loans do not qualify for this. Double Consolidation Loans do qualify.
- Prior late payments and payments slightly more or less than the amount due should now qualify.

If you end up with more than 120 months of qualifying credit due to this PSLF order, you should receive a refund for any payment(s) made above the 120-payment threshold.

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