

Bulletin

Physicians Caring for our Community





BULLETIN

Lee County Medical Society is a Virtual Operation
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Lee County Medical Society Mission Statement

The mission of Lee County Medical Society is to advocate for physicians and their relationships with patients; promote public health and uphold the professionalism of the practice of medicine.

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IN MEMORIAM

It is with profound sorrow that we announce the deaths of these beloved Lee County community physicians:

Ramiah Krishnan, MD
LCMS Member: Joseph A. Testa, MD

COVER IMAGE



Collage of healthcare workers who obtained COVID-19 vaccinations through coordination efforts by Lee County Medical Society.

Members are encouraged to submit photos to be considered for the *Bulletin* cover. Must be large format/300dpi.
Email photos to valerie@lcmsfl.org

CALENDAR OF EVENTS

APRIL 9th
6:00pm-
7:30pm

Physician Member Cocktail Hour
at United Way of Lee, Hendry, Glades & Okeechobee
Bell Tower - Community Impact Center
13499 S. Cleveland Ave., Ste. 145, Ft. Myers, FL 33907
(South of Dave & Busters)

Open to LCMS physician members and their invited guests.
Food and drinks provided by Burntwood Tavern.
Venue offers a covered patio and spacious indoor lobby.
LCMS requests guests follow CDC guidelines at this event.
REGISTER EARLY! Limited to 40 guests.

RVSP to LCMS events at www.lcmsfl.org

NEW MEMBERS

Richard Daum, MD

Cardiology
Cardiology Consultants of SWFL
13411 Parker Commons Rd.
Fort Myers, FL 33912
Tel: 239-415-4900
Fax: 239-337-4901
Board Certified: Internal Medicine

Stacy De-Lin, MD

GYN/Family Planning
Planned Parenthood of SWFL
& Central FL
6418 Commerce Park Dr.
Fort Myers, FL 33966
Tel: 239-481-9999
Fax: 239-481-9346
Board Certified: Family Medicine

Roman Filipowicz, MD

Neurosurgeon
Retired

Barbara Parilla, MD

OB/GYN
Maternal Fetal Medicine
8270 College Pkwy., Ste. 205
Fort Myers, FL 33919
Tel: 239-333-3826
Fax: 239-333-0592
Board Certified: OB/GYN and MFM

Benjamin Tipton, MD

Neurosurgeon
Retired

CONTACT UPDATE

Please note the new replacement contact numbers for **Florida Radiology**.
MAIN: 239-343-9150 • SCHEDULING: 239-343-9141 • FAX: 239-343-9159

RETIRING MEMBER

The following LCMS member is retiring from practice.
We wish him all the best in the years to come.

Pedro Monserrate, MD

LCMS HEALTHCARE COMMUNITY IMPACT

Between February 25th and March 19th, staff at Lee County Medical Society assisted **614** frontline healthcare workers obtain COVID-19 vaccines at Health Department vaccination sites.

Special thanks to Angela Smith and Debra Kimberlin at the Florida Department of Health in Lee County, and Cinda Collmer at Lee County Dental Society for their collaboration efforts.

If you know someone that is homebound and unable to go to a vaccination site, have them email HomeboundVaccine@em.myflorida.com.

If you or your staff need a vaccination appointment, contact LCMS today!



SURVIVING PANDEMIC FATIGUE

PRESIDENT'S MESSAGE: Annette St. Pierre-MacKoul, M.D.

I am entering my fourth month as President of the Lee County Medical Society (LCMS) and I am so proud of the Society and its role in assisting our community in obtaining vaccines against coronavirus. Julie and Valerie are working tirelessly with just about every organization in Southwest Florida to assure everyone who wants a vaccine will get one.



I have also noted that 'Pandemic Fatigue' has set in for many of us. Trying to stay as healthy and positive during these times is of the utmost importance. 'Self-care' is something that is often overlooked by physicians, but is crucial to surviving 2021.

Signs of burnout include:

- feelings of sadness, depression, failure, helplessness or apathy;
- becoming easily frustrated;
- blaming others, or feeling generally irritable;
- feeling disassociated, indifferent or apathetic;
- isolating or disconnecting from others;
- practicing poor self-care.

Some suggestions to help:

- Meet your basic needs – schedule time to eat, drink and sleep. Sleep is as important as breathing and eating when stress is involved.
- Watch out for excessive intake of caffeine, sugar, alcohol or drugs.

Take control of your life and use transitions throughout your day to be mindful and reflect on your feelings. I solve the world's problems on my drive home each day and set goals on my way into work each morning. Try to use tactical breathing to focus, gain control and manage stress.

Stay connected!

Social distancing involves the physical world. Keeping in touch with family, friends and colleagues will help you and your psyche. In January, we started having 'in person' meetings of the LCMS and I really did miss that time with colleagues last year. Although heated sometimes, the interactions have been enjoyable. Peer support is helpful during these times because few people realize what day-to-day life is like on the front lines.

I was introduced to the **HELP** acronym for checking in with your colleagues. Try it:

"**H**ow are you doing?"

be **E**mpathic and understanding.

Listen without judgment and state your concerns.

Plan the next steps: encourage them to seek formal support and / or ask what you can do to help.

The Physician Wellness Program is also a wonderful resource if you are feeling overwhelmed. It's just a click away on the LCMS website.

BALANCING LIFE, DEATH, A PANDEMIC & PERSONAL GROWTH

THE RAMIREZ REPORT: Julie Ramirez, CAE, LCMS Executive Director



In the six years of being the Lee County Medical Society Executive Director, I have wanted to know as much information about being the best Executive Director that I can be. Several years ago, at a national conference for fellow medical society executives, I asked David Waldrep, Executive Director of the Medical Association of Atlanta, what I could do to learn more about medical society management.

I have three college degrees and majored in Business Administration, but they do not teach you association management in school. The answer was easy, study for and take the **Certified Association Executive (CAE)** test.

Whoa! The CAE is a prestigious credential in the association world. Many execs who far outrank me in their medical society size have this credential. But I'm not one to back down from a challenge so I investigated the program, saw that I qualified, and applied to take the class. Now, this is not just some little old test. And as physicians, you know how important testing is. A 200-question test in four hours on a test date that does not move, is daunting and requires lots of study. I started studying in December 2019 and took a five-month class.

I studied on airplanes, in the car, on the boat, in the garage — basically anywhere I could get a moment away. My kids, husband and parents all knew my schedule for studying and encouraged and cheered me on. I studied about financial management, public policy, government relations, globalization, strategic planning, systems thinking, member engagement, program development, fundraising, meetings and events, affinity programs, ethics, diversity, leadership, human resources, coalition, and much more!

Then the pandemic happened, so the uncertainty of whether

we would be able to take the test on May 1st or not, loomed. Many states across the nation were not as lenient as Florida was and that forced the American Society of Association Executives (ASAE), the entity offering the test, to offer a three-week testing window with proctor testing from home. This testing window would work to my advantage, as on the very day I had scheduled to take the test, I was in Michigan saying goodbye to my younger sister who succumbed to brain cancer.



LCMS Executive Director Julie Ramirez, CAE, holds her official CAE certificate

Filled with her passion to always see something through to the end, I took my test nine days later. I failed the test by one point. Taking a couple of weeks to regroup after the loss of my sister and failing the test, I signed up again to take the test in December. This time everything clicked. What I had studied all year made perfect sense. On February 19, 2021, I received the coveted letter by snail mail with the first word – **Congratulations!** ASAE's Certified Association Executive Commission has conferred upon you the CAE credential.

So, I am now Julie Ramirez, CAE, and proud to continue in the leadership role to propel the Lee County Medical Society to greatness. I am thankful to the Medical Society for paying for my further education. And thank you to my family and staff for their support and encouragement to make this dream possible.

2020 IMPACT REPORT: LCMS PHYSICIAN WELLNESS PROGRAM

With funding and support from the Lee County Medical Society Foundation, 42 LCMS physician members received direct mental health counseling and guidance through the LCMS Physician Wellness Program in 2020. The program provides member physicians with up to eight free and confidential visits with a licensed psychologist per calendar year. Conditions addressed and

treated in 2020 included alcohol dependency, emotional, marital and family issues, physical pain, occupational stress, stress management, and grief. It is estimated that the program was highly utilized last year because of the added stress caused by the pandemic. Below are key data from the 2020 PWP Impact Report. To utilize this program, go to www.lcmsfl.org/our-programs.

GENDER

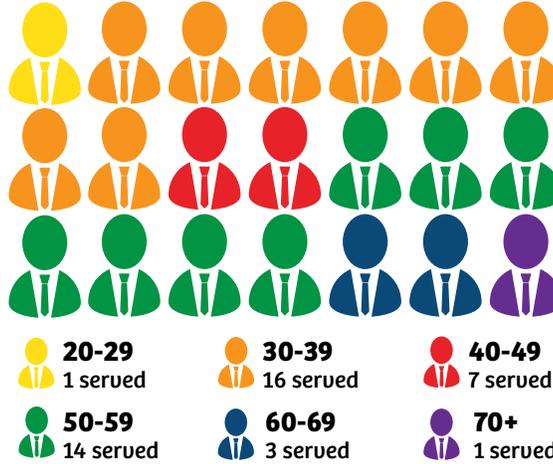


50% male



50% female

AGE RANGE



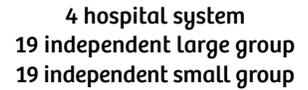
RELATIONSHIP STATUS



PRIMARY SPECIALTY



EMPLOYMENT STATUS



FRONT LINE EXPERTS SHARE CHALLENGES THAT LIE AHEAD

INSIGHT FROM: Robert M. Wachter, MD and Ashish K. Jha, MD, MPH

Renowned physician experts **Robert M. Wachter, MD**, and **Ashish K. Jha, MD, MPH**, took stock of how the U.S. is faring in the COVID-19 pandemic during a virtual meeting hosted by the The Doctors Company Group of companies (TDC Group) on February 3rd. Both doctors have become public figures since the start of the pandemic, coauthoring editorials for major print news outlets, making frequent appearances for television news, and generating social media attention to keep facts in the spotlight.

Where are we right now with COVID-19?

Dr. Jha: I think we're in a precarious moment...There is this tsunami that I think a lot of us are seeing...It's sometimes hard to see when it's way offshore, and it can drown you pretty quickly. And that tsunami is really these variants that are out there circulating in our communities.

Anything new coming down the pike with treatment of patients who are particularly sick?

Dr. Wachter: The medication that has been the most impressive in terms of its results and impact on mortality is steroids...Remdesivir has a mild effect, if any. It has no real impact on death, though it probably shortens the length of hospitalizations. There's some evidence for these IL-6 blockers, but it's also a relatively small effect. There's now reasonably good evidence on the monoclonals, largely for people that are not that sick yet, and the challenge is just the logistics of giving people an infusion—you can't use your infusion center because you can't take a patient with COVID-19 and stick them next to a patient with cancer on chemo...It feels like the energy has been taken out of therapeutics because of vaccines...We're in this at least for another six months. People are going to get COVID-19 and get sick, and I hope we continue to do some work and try to find better therapeutics.

What do you think is going to be the long-term impact on the healthcare system of the pandemic?

Dr. Wachter: Telemedicine, which I think is here to stay, and telemedicine not just as a visit replacement, but really opening the door to a level of digital transformation: hospital at home, more sensor-based care, more stuff that happens in people's houses—because if you're not coming in to see the doctor, then that's not where

you're going to get your blood pressure checked and your weight checked and your glucose checked. We've got to figure out how we're going to manage that data flow, which could easily overwhelm the system...The second change, digitally, is that we've all gotten used to these incredibly wonderful dashboards that, at a glance, tell us what's going on...We've not taken advantage of our digital data until now, and I think that we've learned something from that...I think we'll see a lot of discussion about public health, and a lot of discussion about social determinants. But I will be a little surprised if we put the resources into them that they actually deserve and that they need.

Dr. Jha: It was interesting to watch the Centers for Medicare and Medicaid Services suspend a bunch of different rules about the kinds of quality measurements and all these other things for the short run, with the idea of: We're going to let doctors be doctors...Some of the stuff that was suspended is not going to go back to normal. There's going to be a reevaluation of a lot of different policies...Also, in the middle of the biggest health crisis in the century, we saw, for the first time, hospitals laying off people. And we saw primary care practices, specialty practices, and ambulatory-based practices shut down, go out of business. It's very puzzling, and yet, if you look under the hood, no surprise that our payment models just did not work in this pandemic at all. Therefore, this movement we've had in our payment models away from fee-for-service and toward alternative payment models, whatever they may be, has been totally bipartisan... Another thing is the whole issue around scope of practice and lots of fights about scope of practice. My sense is, coming out of this pandemic, that there's going to be an effort to provide more flexibility around the questions of, what can nurses do, what can nurse practitioners do, and what do doctors have to do, especially with more widespread deployment of technology.

Dr. Wachter, an internist, is professor and chair of the Department of Medicine at the University of California, San Francisco, a member of The Doctors Company's Board of Governors, and a thought leader in care quality, patient safety, and digital health. He has published more than 250 articles and six books and is the best-selling author of The Digital Doctor: Hope, Hype, and Harm at the Dawn of Medicine's Computer Age.

Dr. Jha, a practicing physician, is dean of Brown University School of Public Health and professor of health services, policy, and practice. He is recognized globally as an expert on pandemic preparedness and response as well as on health policy research and practice, has published more than 200 pieces of original research, and is a frequent contributor to a range of public media platforms.

FUN RUN RESULTS

The annual charity 5K Fun Run and 2K Walk on Saturday, February 27th at Jaycee Park in Cape Coral raised \$11k for the LCMS Foundation. Congratulations to the winners!

MALE (1-10):	Thierry Schreyer
FEMALE (11-14):	Ava Taylor
MALE (11-14):	Ettienne Schreyer
MALE (15-19):	John Cintron
FEMALE (20-24):	Kimberley Buskirk
MALE (20-24):	Thomas Dalession
FEMALE (30-34):	Jeni Macintyre
MALE (30-34):	Steven Cao
FEMALE (35-39):	Letty Lundquist
MALE (35-39):	Arie Dosoretz
FEMALE (40-44):	Heather Kerwin
MALE (40-44):	Chadwick Leo
FEMALE (45-49):	Trisha Tryka
MALE (45-49):	Wisnick Beauplan
MALE (50-54):	J. Paez
FEMALE (55-59):	Maryann Windey
MALE (55-59):	Randall Schukraft
MALE (60-64):	Frank Vecchione
FEMALE (65-69):	Mela Roth
MALE (65-69):	Rodney Logan
FEMALE (70-74):	Kathy Canady
MALE (70-74):	Paul Stark
MALE (75-99):	Don Owens

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PHYSICIAN SPONSORS

Dr. Rebekah Bernard	Dr. John Green
Dr. Elizabeth Cosmai	Dr. Chadwick Leo
Dr. Harmindar Gill	Dr. Danielle Matta

A BETTER WAY TO CARE

Every day across the nation, thousands are at risk of losing their home, livelihood or loved ones due to the inability to afford or access quality healthcare. The **United Way WeCare Program** exists to ensure this is not the norm in Southwest Florida. WeCare connects eligible uninsured patients with volunteer medical providers. Through a network of over 300 caring professionals, patients become healthier, self-sufficient and productive again.

One recent Friday afternoon WeCare staff received a phone call that a 36-year-old uninsured woman had been diagnosed with bone cancer. A referral was received and WeCare staff was able to assist the woman in completing an application and secured a provider for treatment. Through the generosity of the WeCare volunteer, she began treatment on the following Tuesday. She was extremely grateful. After receiving the devastating diagnosis, she was able to have peace of mind that she would receive care. A future that was clouded in doubt suddenly was filled with hope.

WeCare is a partnership with the Florida Department of Health's Volunteer Health Care Provider Program, VHCPP. Section 766.1115.F.S. Under this statute, it allows licensed health care providers to volunteer their services and receive sovereign immunity. Volunteer providers have the flexibility to incorporate WeCare patient care into their regular office hours, or schedule of appointments for their convenience. This is an important aspect of the program, which does not require doctors and providers to leave their office or go to a different clinic location. Participating providers receive continuing medical education credits and waiver of biennial license renewal fee.

WeCare would love to meet with you and your administration to discuss how you can get involved today. Whether you see one patient, or one hundred, your time is valued and critical to the success of WeCare and the patients it serves. Please contact Jacquelyn Kelley RN, MS, WeCare Director at 239.433.7585, wecare@unitedwaylee.org. For more information on United Way visit www.UnitedWayLee.org.

REDUCING RISKS AND LIABILITY WHEN PROVIDING COVID-19 VACCINE ADMINISTRATION

The Doctors Company

As healthcare providers prepare to distribute COVID-19 vaccines, many face questions regarding best practices for vaccine administration, as well as documentation. Answers to the frequently asked questions below will help your practice protect patients and staff while mitigating liability risks.

What possible malpractice risks do I face in providing the COVID-19 vaccine?

Numerous states have granted healthcare providers and facilities limited temporary protections from liability for treatment provided in relation to the public health emergency, and the U.S. Department of Health and Human Services expanded the scope of the PREP Act immunity to potentially cover more healthcare providers who administer the vaccine or where not administering a vaccine is a covered countermeasure for certain individuals. However, patients can still make claims. Based on previous vaccination-related claims, the following are some potential risk scenarios:

- Due to lack of follow-up by the medical practice, a patient misses their second dose, contracts the virus, experiences an adverse event, and files suit.
- A patient who isn't adequately monitored after being given the vaccine faints and is injured in the fall or experiences an allergic reaction.
- No informed consent is obtained, and the patient experiences a severe complication, interfering with their ability to work. The patient states they would never have had the injection had they known of the potential complications.
- Informed refusal is not obtained, and the patient then claims they were unaware of the risks of not taking the vaccine. The Doctors Company provides a [Refusal to Consent to Treatment, Medication, or Testing](#) form.

How can I reduce the chance of a malpractice suit when administering the COVID-19 vaccination?

Consider taking the following steps to enhance patient safety and avoid medical malpractice risks:

- Screen patients for contraindications and precautions prior to administering the vaccine to prevent adverse events following vaccinations.

- Educate patients regarding vaccination schedules.
- Designate a staff member to monitor for revisions and/or new recommendations from the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC).
- Provide written educational materials to patients in their preferred language (e.g., vaccine information sheets). Conduct and document a thorough informed consent discussion using language the patient can understand. Include information on the potential consequences of contracting the disease as a result of non-vaccination.
- Use a vaccination informed consent form, and document the consent discussion in the medical record.
- Educate staff and conduct skills verification on accepted procedures, new standards, and risk prevention methods. Document these efforts in administrative training files.
- Store and handle vaccinations in accordance with manufacturers' guidelines. Monitor these practices with staff—don't just assume they are being followed correctly.
- Follow basic medication administration safety protocols for vaccine administration. Be aware of the most common vaccine-related errors by reviewing "Confusion Abounds! 2-Year Summary of the ISMP National Vaccine Errors Reporting Program" Part I and Part II.
- Should an error in vaccine administration occur, conduct a disclosure discussion with the patient/parent utilizing The Doctors Company's Disclosure Resources. Conduct a root cause analysis with your staff to determine why an error occurred and to prevent reoccurrence in the future by adjusting office procedures and providing staff training, as needed.
- Be responsive to patients who express concerns about reactions to their vaccines. Document these discussions in the medical record.
- Ensure all vaccines are entered into the specific state vaccine monitoring program.
- Have a follow-up and tracking system to ensure patients receive the second vaccination. Document all follow-up communications with patients in the medical record.
- Educate patients on the potential side effects of the vaccine, which include fever, pain at the injection site, muscle aches, fatigue, headaches and chills.

continued on page 10

Where can I get information on how the vaccine will be distributed in my state?

The CDC provides [links](#) to each state's vaccination program executive summary. These serve as interim playbooks for states, territories, tribal governments, and local public health programs to operationalize the COVID-19 vaccination plan. Each state and territory has adopted more specific documents, to be found at the jurisdiction's department of health websites, often noted in the plan summaries.

Once the vaccine is being administered, how long do I have to continue to supply personal protective equipment (PPE) to my staff?

Physicians should continue to require appropriate PPE for all staff until the national vaccination rate meets CDC guidelines (expectation is the third quarter of 2021). Follow CDC guidelines for recommended use of PPE in the clinical setting.

What do I do when a patient does not return, or refuses to return, for their second dose of the vaccine?

The following can reduce your risk:

- Document the refusal and why the patient doesn't want to return.
- Follow up with a certified letter and telephone call to remind the patient of the need to return.
- Place a copy of the letter and its receipt along with documentation of the telephone call in the patient's record.
- Remind the patient that the efficacy of the vaccine is significantly reduced if not followed with the second vaccination.
- How do I get my office ready for the vaccine?
- The CDC provides advice on vaccine storage and handling best practices, a training module for healthcare professionals, and reference material in the [COVID-19 Vaccine Training Module for Healthcare Professionals](#).

For CDC information specifically addressing the Pfizer-BioNTech COVID-19 vaccine and Moderna vaccine: [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#).

The FDA's [Fact Sheet for Healthcare Providers Administering Vaccine](#) (Vaccine Providers) gives information on vaccine administration, safety, storage, informed consent, and reporting adverse events specific to the Pfizer vaccine.

For information specifically addressing the Moderna COVID-19 vaccine, see [Moderna's Work on a COVID-19 Vaccine Candidate](#).



What should I do about patients who refuse to be vaccinated?

It is a physician's obligation to talk with all patients (or their guardians) about what could happen if they decline vaccination. Consider the following when having a discussion with the patient:

A successful and safe vaccination campaign will be an important step in lowering public health risks associated with this pandemic.

Tell patients that vaccines don't save lives—vaccination does.

Inform patients that even if they are vaccinated, they need to continue the safe practices recommended by the CDC. Currently, the Pfizer vaccine has been shown in clinical trials to be 95 percent effective, but vaccinated people can still get the virus (not from the vaccine, but acquired in the community), perhaps with fewer symptoms—so they may not realize when they are infected. Thus, they may spread the virus to others. Until we have achieved "herd" immunity, all individuals, regardless of vaccination status, will still need to continue the practices of appropriate masking, social distancing, and handwashing. If there is contact with a known positive individual, the vaccinated individual should follow the current CDC guidelines for testing and quarantine.

What should I do if a patient experiences an adverse event following administration of a COVID-19 vaccine?

Ensure that your clinic is prepared for anaphylactic reactions prior to administering the vaccine (e.g., stock epinephrine prefilled syringes, H1 antihistamines such as diphenhydramine, blood pressure cuffs, stethoscopes, a wristwatch or other timing device, and oxygen; ensure 911 accessibility). Supplies might also include (though the following are not required) pulse oximeters, oxygen, bronchodilators (such as albuterol), H2 antihistamines (such as famotidine, cimetidine), IV fluids, intubation kits, and adult pocket-sized masks with one-way valve for CPR). The CDC provides guidance at [Interim Considerations: Preparing for the Potential Management of Anaphylaxis at COVID-19 Vaccination Sites](#).

Keep in mind that Phase 3 trials are not complete in all cases, and the population studied was limited in the interim analysis. Therefore, before an adverse event occurs, read more from the [FDA's fact sheet](#) for administering vaccines. On page 8, you will find instructions for submitting a report to the Vaccine Adverse Event Reporting System (VAERS) by text or phone.

Will my medical malpractice insurance cover me in case of an adverse event related to administering a COVID-19 vaccine?

Most likely. We must approach each claim based on its facts, and coverage cannot be guaranteed in every case—for instance, we cannot defend a member who has broken the law. That said, members acting in good faith and within the best community standards of care should not have additional anxiety on this point. We stand behind our members as they practice good medicine during this unprecedented public health crisis.

Where can I find additional resources on the COVID-19 vaccine?

The American College of Physicians has put together [an extensive guide and resources](#) for you. It provides “expanded planning and implementation resources to include guidance on mitigation of post-vaccination symptom effects on staffing, resources to build vaccination confidence, reimbursement links, a second dose tracker link, FAQ links, guidance for recommending vaccines to patients, and fact sheets for patients.”

 [Read this article on www.lcmsfl.org/publications](http://www.lcmsfl.org/publications) to activate the resource hyperlinks.

What liability protections do I have when administering the vaccine?

In 2005, Congress passed into law the Public Readiness and Emergency Preparedness Act (the PREP Act). The PREP Act **provides limited legal liability** in order to facilitate the development and implementation of medical countermeasures **during a federally declared public health emergency** and has been **recently amended to provide immunity to providers who administer the COVID-19 vaccine**, in addition to other clarifying directives... except for claims involving “willful misconduct” as defined in the PREP Act.

On December 3, 2020, Secretary Azar declared that liability protections will be afforded to those Covered Persons who “manufacturer, test, develop, distribute, administer, or use” the COVID-19 vaccine. The liability protections were triggered when the vaccine itself was defined as an approved Covered Countermeasure. In addition, the scope of the PREP Act was clarified to acknowledge that there are situations when not administering a Covered Countermeasure is appropriate and can fall within the Act’s liability protections.

For purposes of administering the COVID-19 vaccine, the amended declaration includes in its definition of Covered Persons as persons who are authorized under law to “prescribe, administer, deliver, distribute or dispense” the vaccine and includes pharmacists who meet specific training requirements.

The liability protections for COVID-19 vaccine countermeasures began on December 3, 2020, through the final day of the federally declared emergency or October 1, 2024, whichever date is first.

The law and its broad application were relatively obscure until the advent of the COVID-19 pandemic when, on March 17, 2020, U.S. Department of Health and Human Services (HHS) Secretary Alex Azar issued a declaration under the Act to provide limited immunity for countermeasures necessary to combat the virus.

Since then, four amendments to the declaration have been issued to clarify what countermeasures and covered persons are under the Act’s limited liability umbrella ranging from the use of telehealth to respirators.

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.



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CHANGE SERVICE REQUESTED

PHYSICIAN WELLNESS PROGRAM

The **Physician Wellness Program (PWP)** provides a safe harbor for active LCMS physicians to address normal life difficulties in a confidential and professional environment. Our program works with two independent, local psychology groups that provide member-physicians with up to eight visits per calendar year.

This is a confidential and free member benefit. No insurance will be billed and LCMS will not be given any personal information about those who use the program. LCMS pays a monthly bill based on the number of sessions provided. Full details on how to enroll or donate to this program can be found at www.lcmsfl.org/our-programs.