



THE FORUM

November/December 2021 • Volume 20, No. 6 • The Official Magazine of Collier County Medical Society

Foundation of CCMS Golf Tournament Raises over \$26,000



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CALENDAR OF EVENTS

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

Now through December 6th
Foundation of CCMS Virtual Wine Pull
 Online Event

Saturday, November 13, 6:30pm
CCMS Annual Meeting Celebration
 Arthrex One Convention Center
Rescheduled from July 24

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

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

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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!

On the Cover:

Golfers at the Foundation of CCMS Docs & Duffers Charity Golf Tournament:

Upper Left - Dr. Rolando Rivera, Judiann DeLan, Dr. Kelly Malinoski, Dr. Jonathan Jay

Upper Right - Dr. Michael Collins, Dr. Dan Jeffries, Dr. Jason Friedrichs

Lower Left - Kyle Harrington, Dr. Kenneth Plunkitt, Jeff Darwish, Dan Curran

Lower Right - Dr. Jonathan Marsh, Dr. Zubin Pachori, Dr. Omar Hussain, Brett Wilson

Up-to-Date COVID-19 Resources:

Visit ccmsonline.org/resources/#covid

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Views and opinions expressed in The Forum are those of the authors and are not necessarily those of the Collier County Medical Society's Board of Directors, staff or advertisers. Copy deadline for editorial and advertising submission is the 15th of the month preceding publication. The editorial staff of The Forum reserves the right to edit or reject any submission.

MEMBER NEWS

New Members:



Joshua Blitstein, D.O.
Premier Inpatient Partners
2338 Immokalee Rd #186
Naples, FL 34110
Phone: (239) 330-2933 Fax: (833) 249-6308
Board Certified: Family Medicine



Diana Carrau, M.D.
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6610 Willow Park Dr Ste 104
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Phone: (239) 946-4312 Fax: (239) 596-4015
Specialty: Plastic Surgery



Laura Chang Kit, M.D.
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11181 Health Park Blvd Ste 1115
Naples, FL 34110
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Board Certified: Urology; Female Pelvic
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Jason C. Friedrichs, M.D.
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860 111th Ave N
Naples, FL 34108
Phone: (239) 936-4706 Fax: (239) 225-6775
Board Certified: Ophthalmology



Amber Guck, D.O.
Pain Management Center of Naples
4760 Tamiami Trl N #27
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Specialty: Pain Medicine



John W. Watford, M.D.
Premier Inpatient Partners
2338 Immokalee Rd
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Board Certified: Internal Medicine

Retired:

Robert Chami, M.D.
George Ferguson, M.D.
Roland Werres, M.D.

New Practice:

Monica Robles, M.D.
Seaside Oaks Psychiatry
1045 Crosspointe Dr #2
Naples, FL 34110
Phone: (239) 784-2297 Fax: (239) 919-3358

Address Relocation:

Drs. Stephen Ducatman, Rebecca Lambert, and Jonathan Sonne
The Woodruff Institute
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Naples, FL 34102
Phone: (239) 307-4605 Fax: (239) 307-4664

Mahesha Thimmarayappa, M.D.
Prestige Primary Care, LLC
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Naples, FL 34109
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Charina C. Yango-Cadavos, M.D.
Integrity Medical
1333 3rd Ave S #506
Naples, FL 34102
Phone: (239) 304-8040 Fax: (239) 331-3859

Directory Corrections:

Cosmina Popa, M.D. and Andre Nye, M.D.
Prime MD of Naples, PLLC
Family Medicine and Geriatrics
Correct Fax: (239) 325-6955

In Memoriam:

Richard A. Saitta, M.D.
For more information visit saittamd.com



CCMS 2021-22 Physician Member Directory Now Available

Complimentary copies of the CCMS 2021-22 Physician Member Directories are now available at Collier County libraries and major healthcare facilities. Each CCMS member and their practice administrators will automatically receive a copy

in the mail. If you did not receive your copy, call CCMS at 239-435-7727.

During limited hours, additional copies are also available at the CCMS office; please call to arrange pick-up if you would like additional copies, or visit your nearest library.

The CCMS online "Find a Doctor" also features up-to-date listings of each actively practicing CCMS physician member, visit ccmsonline.org/find-a-doctor.

A Message from the CCMS President

Alejandro Perez-Trepichio, M.D., Board President, Collier County Medical Society



Healthcare delivery by physicians continues to rapidly evolve into a more demanding situation over time, in no small way pulling us towards an unbalanced day to day workload with increased administrative requirements and less direct interaction with our patients. Also, this fast paced dynamic not only decreases our time to be with our family and friends, but the time to interact with our colleagues to exchange ideas, share helpful information, and create opportunities for more social interaction outside our professional lives.

I would like to take this opportunity to highlight how Collier County Medical Society could positively impact many of these issues and minimize the overall burden. As a member, several programs and activities can help you, and in some instances your spouse can draw some benefits from it.

Certainly, the COVID-19 pandemic has added an unprecedented level of stress and complexity to everything we do daily. However, as we continue to experience what appears to be a more sustained reduction in hospitalizations and severe cases, we now can start to safely resume more direct social interactions through CCMS-sponsored events like the "After 5" Socials or the Annual Women's Health Forum.

Another example of benefits associated with CCMS membership is the implementation of the Physician Wellness Program featuring confidential, cost-free psychological services for members. Furthermore, there are free educational events; advocacy efforts related to issues like MOC, payors, and physician's wellbeing that promote autonomy and decrease bureaucracy at state and national level; and networking and referrals through programs such as the CCMS Physician Directory and online doctor searches.

As we continue to move forward through these difficult times, I am hopeful that unified we will be stronger and more likely to succeed. Please continue to participate and contribute your thoughts so we can find more ways in which we can facilitate the vital work you do and in doing so fulfill our mission as the CCMS, to **"Serve the needs of our physician members so they can better serve the needs of the community."**



Online Fundraiser

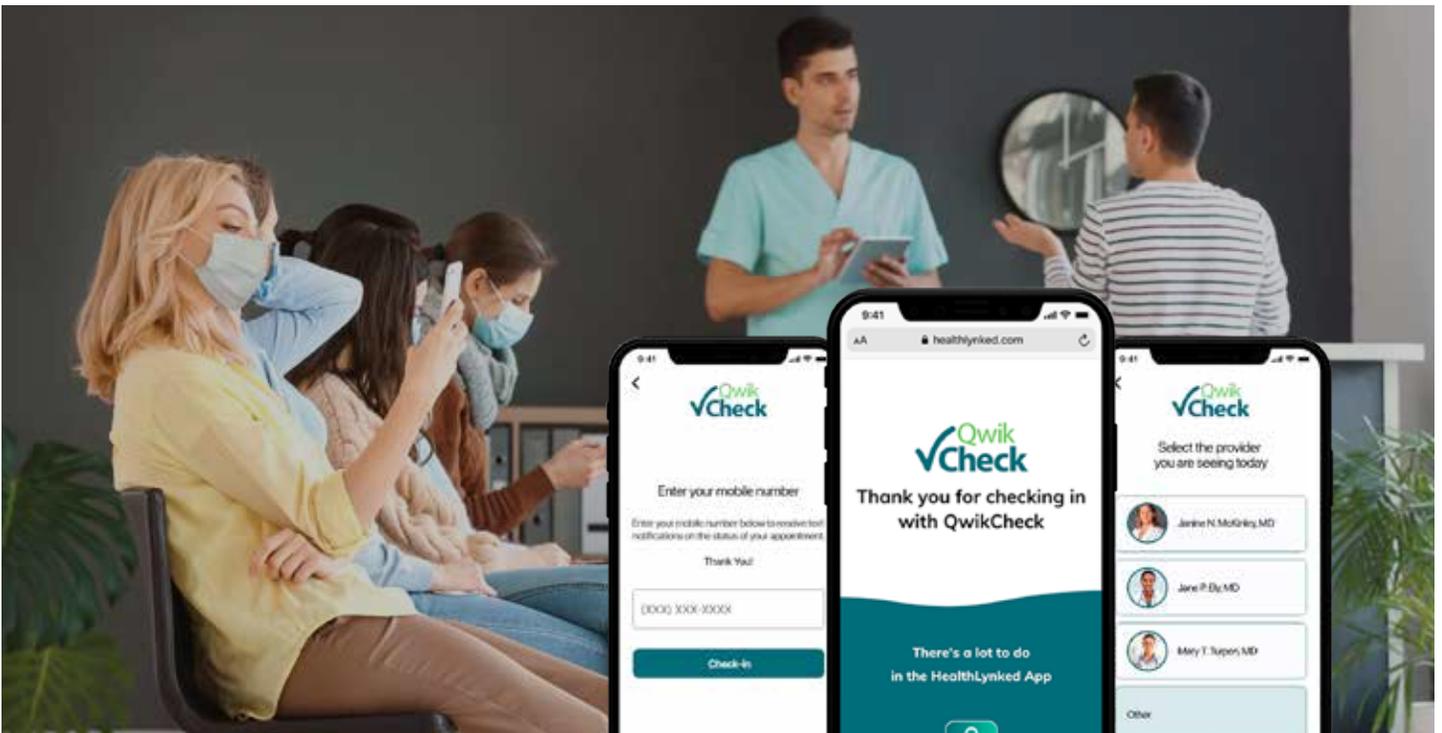
Register Nov. 2nd - Dec. 6th

ccmsfoundation.org or call 239-435-7727

Each entry wins a bottle of wine or gift card, valued at \$50-\$100 or more. Suggested donation is \$75/entry or 3 entries for \$200. Open to the public.

Join us to support scholarships to future medical professionals and funding for local healthcare programs in need.

The Foundation of Collier County Medical Society, Inc. is a 501(c) (3) organization, State of Florida Registration No. CH38165. Tax ID No. 46-1391700. (A copy of the official registration and financial information may be obtained from the division of consumer services by calling toll-free 1-800-435-7352. Registration does not imply endorsement, approval or recommendation by the state.)



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Foundation of CCMS “Docs & Duffers” Golf Tournament and Virtual Auction Raise Nearly \$30,000

Foundation of Collier County Medical Society

The Foundation of Collier County Medical Society recently hosted its 8th Annual “Docs and Duffers” charity golf tournament at Bonita Bay Club Naples. This fundraising event took place September 18th and raised over \$26,000 in net proceeds with participation from 100 golfers, 21 sponsors, and 19 volunteers. This year, we again observed COVID-19 safety precautions, such as mask-wearing indoors and a to-go lunch.

“Philanthropy for health is what it’s all about”, says Dr. Rolando Rivera, Foundation board chair. “Docs & Duffers, our signature fundraiser, harnesses the power of medical providers, partners, supporters, and volunteers to raise crucial funds for future medical professionals and healthcare programs in Collier County.”

Dollars raised from the event will provide scholarships for future medical professionals and funding for local healthcare programs in need. The Foundation provided \$32,500 in scholarships in 2021, including the Dr. William Lascheid Memorial Scholarship for Medical Students and 4 additional healthcare scholarships. Scholarship applications for 2022 will be available at ccmsonline.org/foundation in December 2021.

After a quick breakfast sandwich and coffee, with a mimosa and bloody mary table sponsored by Collins Vision, the tournament began at 9am. Golfers then enjoyed the Club’s Sabal course, and took advantage of goodie bags, complimentary on-course beverages, exhibitor treats, and a variety of hole contests throughout the day. Congratulations to the tournament winners:

- First foursome – Naples Heart Rhythm Specialists team Dan Curran, Jeff Darwish, Dr. Kenneth Plunkitt, Kyle Harrington
- Second foursome – Life in Naples team Scott Blackburn, Reg Buxton, Brian Melton, Patrick Trittler,
- Long Drive – Joe Rossi / Kelly Malinoski
- Closest to the Pin – Dr. Michael Gloth / Angela Collins

Event supporters included Eagle Sponsors Advanced Urology Institute, Collins Vision, and Family Foot & Leg Center. Prizes included foursomes donated by local golf clubs and gift cards purchased by the Foundation at the Bonita Bay Club Pro Shop. Visit ccmsonline.org/foundation/#golf for a link to the full list of sponsors and view photos from the tournament at facebook.com/ccmsfoundation.

The Foundation board had determined that hosting its annual golf raffle this year would again not be feasible due to the pandemic and opted to host a virtual charity auction in its place once more. The auction was live from Thursday, September 23

through Monday, September 27 and 33 winning bids were received for a total of over \$2,800 raised. Many of the items offered were secured by YourCharityAuction.com, and the Foundation is grateful to our members who donated prizes: Dr. Paul Gardner, Dr. Brandon Kirsch, Dr. Catherine Kowal and Dr. Emilia Murray.

The Foundation’s 9th Annual Docs & Duffers will be held in the fall of 2022. More information will be available at ccmsonline.org/foundation.

Spotlight on our Docs & Duffers Sponsors:

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Dr. Jeff Panozzo, Maurice Maharaj,
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Physician Leadership: An Urgent Call to Action

Georganne Vartorella, MD, Owner, Founder, and President, Patient Advocacy MD



Physician leadership is urgently needed to successfully integrate the sweeping transformations in healthcare and ensure excellence in the access, delivery, and payment of care.

Whether you care for patients within a traditional or concierge practice model, it's likely you've experienced how

fragmented the healthcare system is. Admittedly, the delivery, access and payment of quality care requires the convergence of many people and organizations. While they may excel in ability and performance, they typically work in silos and don't share information or communicate. This lack of communication not only impairs the patient's ability to access and pay for state-of-the-art care. It impairs the physician's ability to optimally deliver that care.

Physician burnout is at an all-time high as these obstacles to successfully deliver high quality care become harder to overcome. In a *Mayo Clinic Proceedings* article, Dr. Tait Shanafelt, currently the Director of The Stanford WellMD Center, considers addressing physician burnout a moral and ethical imperative. Effective leadership, he proposes, is key to decreasing the likelihood of burnout, not only in physician leaders but the teams they lead as well ([mayoclinicproceedings.org/article/S0025-6196\(16\)30625-5/pdf](https://www.mayoclinicproceedings.org/article/S0025-6196(16)30625-5/pdf)).

An article in a June 2020 issue of the *New England Journal of Medicine* ([nejm.org/doi/full/10.1056/nejmp2003149](https://doi.org/10.1056/nejmp2003149)) by Pamela Harzband, MD and Jerome Groopman, MD describes the enormous toll burnout has on the physician, patient, and success of the healthcare system. The authors articulate the "unintended consequences" of the new medical environment that, at least in theory, is supposed to make physicians more efficient, productive, and satisfied but, instead, has left us disillusioned and alienated. Subsequently, they explain, there's a "profound lack of alignment between the caregivers' values and the reconfigured healthcare delivery system."

The article underscores that burnout is toxic to the well-being of the physician and the patient. I would add, that in my experience, this toxicity trickles down and infects the entire system. Harzband and Groopman, along with other experts in the field, warn that when physician autonomy is replaced by mandates, competence by compliance, and relatedness with disengagement, successful strategies in healthcare are doomed to fail.

Glen Jordan Treisman, MD, professor of psychiatry and medicine at John's Hopkins University School of Medicine, similarly states in his presentation ([youtube.com/watch?v=DR2TPOqdI4M](https://www.youtube.com/watch?v=DR2TPOqdI4M)) "physician burnout is, in part, a product of allowing others to define our job, our field and our goals." He goes on to explain that when we are asked to comply rather than use judgement, yet be held responsible for less than optimal outcomes, we experience social defeat which can lead to depression and, tragically, physician suicide. Treisman concludes that we need to decide who we work for. "Advocacy", he states, "for our patients and our colleagues is part of our professional responsibility... Since we will be responsible when things go wrong we must have the authority to do what is right."

And that takes leadership. Dr. Ted James, associate professor of surgery at Beth Israel Deaconess Medical Center, maintains, "leadership defines the future and engaging physicians in efforts to lead is a critical factor in the future success of healthcare." (postgraduateeducation.hms.harvard.edu/trends-medicine/engaging-physicians-lead-change-health-care).

How do we begin to lead? How can we scale the wall that has left us fragmented and values compliance over competence and judgement?

Increasingly, medical school and residency training programs have recognized the need to train physician leaders and have begun implementing leadership training into their curricula.

For physicians already out in practice, there are leadership programs and seminars such as the Leadership Development for Physicians in Academic Health Centers, offered by Harvard's T.H. Chan School of Public Health. Locally, FMA members can take advantage of the FMA Physician Leadership Academy.

What can we do, as individual physicians, to bring about the disruption necessary to remedy the current inefficiencies, iterate the problem and engage in strategic partnerships that effectively integrate meaning, value, organization, and excellence into the current system?

Certainly, no lone voice can mitigate the current system's looming risks, increasing difficulty accessing, paying for and delivering state of the art care. Nor can one voice restore the ability for physicians to use judgement, competence, and enthusiastic engagement in a doctor patient relationship that's based upon mutual trust and respect.

As a new member to CCMS and the Naples community I am struck by the ability of our community's physicians to think outside the box, successfully change delivery models to optimally deliver the care we're committed to—care that focuses

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on the patient and aligns with our values that put patients first. The CCMS provides exceptional collegiality and support to fulfill our common mission.

This environment affords us an extraordinary platform to raise awareness and speak in a unified voice about the need for physician leadership.

Collectively and collaboratively let's take ownership of the problem, commit to change and leadership. Begin our activism where we have influence. Communicating with systems, payers, and team members within our professional sphere is critical. Hold these organizations and their members accountable to communicate and make the decisions that facilitate timely access, delivery, and payment of care according to best practices and evidence-based outcomes.

I would also encourage you to participate in the shaping of policy. Get involved in our state and local government. Your expertise and experience are essential for meaningful reform.

Together with the Naples community and the patients and families we serve, CCMS and our community of physicians can be a role model in leadership, engagement, and excellence.

CCMS Members – How to Get Involved in Your Medical Society

Membership in CCMS committees is open to all CCMS physician members. If you are interested in serving on a CCMS committee, or would like to be considered for a position on the CCMS Board or Delegation to the FMA, please contact April Donahue, CCMS Executive Director at april@ccmsonline.org / 239-435-7727.

Open Committees:

- Diversity, Health Equity, and Inclusion
- Grievances
- Health Insurance Co-Op (must participate in CCMS group health plan)
- Legislative
- Membership
- Physician Wellness
- Programs
- Women's Health Forum



CCMS 64th Annual Meeting Celebration

Saturday, November 13th | 6:30PM

Arthrex One Conference Center

1 Arthrex Way, Naples, FL 34108

Honoring the Installation of our 2021-2022 President, **Dr. Alejandro Perez-Trepichio**, & the CCMS Board of Directors

Cocktail Reception, 6:30pm | Dinner and Program, 7:15pm
Highlights: CCMS Physician of the Year Award to **Dr. Mark Russo**; Leadership Awards to **Dr. Rebekah Bernard**, **Dr. Corin DeChirico**, & **Dr. David Lindner**

Complimentary for CCMS physician members; \$25 for one guest each.
Tickets not yet available to the public; check ccmsonline.org for availability or call CCMS.

Semi-formal Attire

Masks required. COVID vaccination requested.

Kindly RSVP by November 8th:

Register at ccmsonline.org, call (239) 435-7727, or email info@ccmsonline.org

Title Sponsor:



Deferred, Delayed, Disrupted: Mitigating Risks from Care During COVID-19

Richard E. Anderson, MD, FACP, Chairman and Chief Executive Officer

The Doctors Company and TDC Group

The pandemic thoroughly disrupted healthcare delivery across the spectrum of healthcare. The effect is stunning. By mid-2020, more than 40 percent of U.S. adults had delayed medical care or avoided it entirely, including care for urgent and emergent complaints.ⁱ Nearly a third of American children missed or delayed care in 2020.ⁱⁱ This encompassed everything from preventive screenings to cancer treatments to emergency department assessments for symptoms of heart attack or stroke. While many of these missed appointments will not have specific adverse outcomes, modeling predicts more than 10,000 excess deaths over the next decade from breast and colorectal cancers alone directly attributable to care delayed or missed during the pandemic.ⁱⁱⁱ Estimates of the actual vs. expected total mortality rate in 2020 suggest hundreds of thousands of excess deaths beyond the documented toll of COVID-19 alone.

As an oncologist, I am particularly alarmed over the missed opportunities for cancer detection and care. Preventive cancer screenings in the U.S. dropped 86 percent for colon cancer and 94 percent for breast and cervical cancer following the declaration of the COVID-19 national emergency.^{iv} When the American Association for Cancer Research polled patients—both women never diagnosed with cancer and women diagnosed with breast cancer—they found that around 30 percent of each group reported delays in screenings or active treatment.^v And indeed, oncologists are now reporting diagnosing patients at more advanced stages of their disease than would have been expected pre-pandemic.^{vi}

As the nation's largest physician-owned medical malpractice insurer, The Doctors Company has supported doctors through many crises, from natural disasters to military deployments, where external events have disrupted care. Gaps in care present risks to both patient safety and physician liability. We are committed to partnership with physicians and practices, and are leveraging insights gained through our national scope and long history to help members deal with emerging risks at the local, practice level.

Risks of Litigation

Healthcare availability has returned to pre-pandemic levels, but mitigating risks from the pandemic's delayed care would require additional catchup appointments that we aren't seeing.

During the first quarter of 2021, The Doctors Company received about the same number of new claims as we did in the first quarter of 2020. We know most claims are based on poor outcomes, rather than poor care. Remaining to be answered is the question whether we will see a surge in claims for delayed or missed diagnoses related to the pandemic. This might include claims alleging delayed immunization, delayed testing, undetected medical contraindications to the vaccines, lack of proper infection control procedures, or improper rationing of resources and vaccines. Finally, what about potential allegations

of delayed diagnosis of new, unrelated conditions or delayed treatment of existing conditions because of disruptions in healthcare caused by COVID-19?

We ask these questions just as many of the medical liability protections passed by the majority of states during the pandemic are expiring. New York has already allowed its protections to lapse. Further, it is possible that many plaintiffs' attorneys are waiting to file patients' claims in hopes that medicine's well-earned halo—the positive light shining on the medical profession because of heroic actions during the pandemic—will fade.

Mitigating Risks From Deferred, Delayed, and Disrupted Care

More Americans have died of COVID-19 than were killed in all of World War II. Comparing events by their staggering death tolls is problematic^{vii} — but in this case, arguably instructive. A pandemic, like a war, doesn't end when it ends, as disastrous spillover effects ripple through individual lives and society as a whole. We have a chance now to impede those spillover effects through strategic efforts to mitigate risks from deferred, delayed, or disrupted care.

Situations most likely to lead to litigation are those in which patients themselves are acutely aware of delays. In such cases, liability risks exist even if care was available, but the patient felt too worried about COVID-19 to be seen by a healthcare provider. Clinicians should attempt to contact such individuals. Examples include patients who communicated with the practice about things like breast lumps, rectal bleeding, or chest pain, who would be acutely aware of time passing while not seeing their physician.



We know that delays in screenings and intervention for patients with certain common chronic conditions can contribute to claims. Now, clinicians have the opportunity to identify patients whose conditions merit priority contact, such as those with cardiac conditions, hypertension and diabetes, and request they come in for screenings or checkups. Explicitly recommending that those without medical contraindications get vaccinated not only helps slow the spread of COVID-19, but may also stop a patient from claiming that they remained unvaccinated for lack of counsel from their physician. Whether or not a practice or institution is distributing vaccines, it should communicate to patients that COVID-19 vaccines are extremely safe, remarkably effective, and vital to ending the pandemic. Invite patients who have questions about vaccines to communicate their concerns.^{viii}

Since risks exist even if patients did not present for care,

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documenting efforts to reach patients who have delayed care will reduce the likelihood of a malpractice claim.^{ix}

It's not yet clear whether there will be a surge in claims related to COVID-19, but clinicians will be well served by remaining mindful of the new liability risks created by deferred, delayed, or disrupted care.

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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¹ Czeisler M, Marynak K, Clarke K, et al. Delay or avoidance of medical care because of COVID-19—related concerns—United States, June 2020. *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention. September 11, 2020. Accessed October 7, 2021. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6936a4.htm>

² Davis C. More than one-third of U.S. adults delayed or skipped medical care because of pandemic. *HealthLeaders*. February 16, 2021. Accessed October 7, 2021. <https://www.healthleadersmedia.com/nursing/more-one-third-us-adults-delayed-or-skipped-medical-care-because-pandemic>

³ Leiser M. COVID-19 may lead to 10,000 excess deaths due to breast, colorectal cancers. *Healio*. June 23, 2020. Accessed October 7, 2021. <https://www.healio.com/news/hematology-oncology/20200623/covid19-may-lead-to-10000-excess-deaths-due-to-breast-colorectal-cancers>

⁴ Mast C, Munoz del Rio A. Delayed cancer screenings—a second look. *Epic Health Research Network*. July 17, 2020. Accessed October 7, 2021. <https://ehrn.org/articles/delayed-cancer-screenings-a-second-look/>

⁵ DePolo, J. COVID-19 pandemic delayed breast cancer screening in many parts of the United States. *BreastCancer.org*. July 30, 2021. Accessed October 7, 2021. <https://www.breastcancer.org/research-news/covid-19-delayed-screening-in-us>

⁶ Romaine J. Pandemic-induced delays in medical care leading to influx of advanced illness. *The Hill*. April 19, 2021. Accessed October 7, 2021. <https://thehill.com/changing-america/well-being/prevention-cures/549053-pandemic-induced-delays-in-medical-care-leading>

⁷ Stone W, Feibel C. The U.S. 'battles' coronavirus, but is it fair to compare pandemic to a war? *NPR*. February 3, 2021. Accessed October 7, 2021. <https://www.npr.org/sections/health-shots/2021/02/03/962811921/the-u-s-battles-coronavirus-but-is-it-fair-to-compare-pandemic-to-a-war>

⁸ Kane Hill D. Communicating with COVID-19 vaccine-hesitant patients: top tips. *The Doctors Company*. August 16, 2021. Accessed October 7, 2021. <https://www.thedoctors.com/articles/communicating-with-covid-19-vaccine-hesitant-patients-top-tips/>

⁹ Murray C. The faintest ink: documentation to defend quality patient care. *The Doctors Company*. April 2020. Accessed October 7, 2021. <https://www.thedoctors.com/articles/the-faintest-ink-documentation-to-defend-quality-patient-care/>



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How the Proposed Tax Law Changes Could Impact You

Tami Cindrich, CPA, CHBC, Partner / Business Consulting and Tax
Markham Norton Mosteller Wright & Company, P.A.



Recently, the House Ways and Means Committee released its proposed tax changes that will be part of the bill known as the “Build America Back Better” act. This particular bill will impact the tax rates for corporations and individuals in addition to changes in the Internal Revenue Code. As we have seen many updates and changes in the last 18 months related to taxes and economic stimulus, it is

unknown what changes in this bill may or may not occur. To assist you in understanding how these changes could affect you if passed in its present form, we have summarized some of the proposed changes below.

For individuals, this proposal increases the top marginal income tax rate to 39.6%. This marginal rate will apply to:

- Married individuals filing jointly with a taxable income greater than \$450,000
- Heads of household with a taxable income greater than \$425,000
- Unmarried individuals with a taxable income greater than \$400,000
- Married individuals filing separate tax returns with a taxable income greater than \$225,000
- Estates and trusts with a taxable income greater than \$12,500

The maximum income tax rate on capital gains for individuals would increase from 20% to 25%, including a transition rule which provides that the current statutory rate of 20% would continue to be applied to any gains and losses for the part of the tax year before September 13, 2021. Any gains that occur after this date, but were the result of a written agreement, would be treated as occurring before September 13, 2021.

The Sec. 1411 net investment income tax would be expanded to cover any net investment income derived in the ordinary course of trade or business for taxpayers who have a taxable income greater than \$400,000 for single filers and a taxable income of greater than \$500,000 for joint filers. This proposal expansion also includes trusts and estates.

The qualified business income deduction would now have a maximum deduction amount allowed under Sec. 199A:

- Capped at \$500,000 for joint filers
- Capped at \$400,000 for individual’s
- Capped at \$250,000 for a married individual filing a separate return
- Capped at \$10,000 for a trust or estate

For limitations on excess business losses, this proposal would amend Sec. 461(I) to permanently disallow excess business losses, such as net business deductions more than the business income, for any noncorporate taxpayers.

The proposal would include a high-income surcharge that imposes a tax equal to 3% of a taxpayer’s modified AGI (MAGI) above \$5 million (or over \$2.5 million for married individuals filing separately). The MAGI would reduce the AGI by any allowable deduction on investment interest as described in Sec. 163(d).

The proposal would revert the unified credit against estate and gift taxes for each taxpayer to \$5 million while also adjusting for inflation.

Complex income tax changes have been proposed relating to grantor trusts, which are too numerous to detail in this article. It is recommended to consult your estate planning attorney regarding questions or planning relating to these changes and how they may affect you.

For C-Corporations, the current flat tax rate is 21%. This proposal would institute a graduated rate for different income levels reflected here:

- 18% on the first \$400,000 of income
- 21% on income up to \$5 million
- 26.5% on income above \$5 million

This graduated rate would be phased out for corporations that earn more than \$10 million.

The proposal includes a new Sec. 163(n) that limits certain domestic corporations to an allowed 110% of the net interest expense as long as they are members in an international financial reporting group. There are parameters on this as well, as it only applies to domestic corporations that have an average excess interest expense over interest includible over a consecutive three-year period that would be more than \$12 million.

In the area of carried interests and capital gains, the changes proposed would extend the holding period required for gain that can be attributed to applicable partnership interests to qualify for the long-term capital gain treatment from three years to five years. This proposal also would extend the SEC.1061 to include all assets that meet long-term capital gain rate eligibility. However, the three-year holding period for real property trades or businesses/taxpayers with an adjusted gross income (AGI) of less than \$400,000 would stay in place.

As part of the proposal, Sec. 1202 stock (small business stock) would provide a special 75% and 100% exclusion rates for gains realized from specific qualified small business stock. This will not apply to taxpayers who have an AGI equal to, or greater than, \$400,000. The baseline 50% exclusion would remain available for all taxpayers as part of Sec. 1202 (a)(1).



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CCMS Physician Wellness Program receives \$20,000 Contribution, Offers Service to Non-Member Physicians

Collier County Medical Society

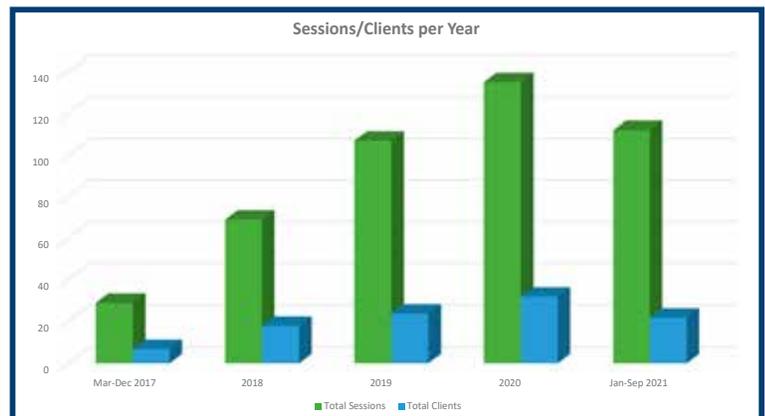
This fall, the Southwest Florida Physicians Association (SWFPA) contributed \$20,000 to support the Collier County Medical Society Physician Wellness Program, the 4th year SWFPA has supported this initiative. These contributions help the Wellness Program sustain the health and well-being of community physicians, which in turn helps them care for their patients and can increase the number of physicians practicing in Southwest Florida.

The Physician Wellness Program features confidential, convenient, cost-free access to professional psychological services for all Medical Society physician members. Since the Program's inception in February 2017 through September 2021, CCMS has provided over 450 psychological sessions to a total of over 100 physicians.

During the COVID-19 pandemic, CCMS has also extended these services to physicians in the county who are not currently members. Physicians who would like to participate can visit ccmsonline.org/physician-wellness to learn more.

"The CCMS Physician Wellness Program is critical in addressing the growing concern of physician burnout, particularly during the pandemic," said Dr. Alejandro Perez-Trepichio, board president of the Medical Society. "Supporters like SWFPA are integral in helping us maintain this service for our community, for which we are very grateful."

From difficulties with the healthcare system and work/life balance, to traumatic events, litigation, and difficult patients or colleagues, whatever the issue, the Wellness Program services provide a safe harbor to address normal life difficulties and the challenges of a medical career, receive coaching on managing stress and trauma, and reclaim satisfaction in physicians' careers and personal lives.





Physician Wellness Program

Helping You Take Care of You

How it Works

As an exclusive benefit to all CCMS members, CCMS provides you up to 6 sessions per year at no charge with doctorate-level, clinical psychologists.

- View participating psychologists at ccmsonline.org/physician-wellness.
- Call the PWP **private appointment line, 239-208-3984** and identify yourself as a CCMS member. Receive same-day responses during business hours or next-morning response after hours.
- See the psychologist within 72 hours to 1 week, possibly sooner for urgent needs, with evening and early morning hours potentially available.
- Use the sessions to help you overcome difficulties, tap into your natural resilience, answer questions, or simply talk.
- Participating physicians have no financial responsibility - the psychologists bill CCMS directly with de-identified data.

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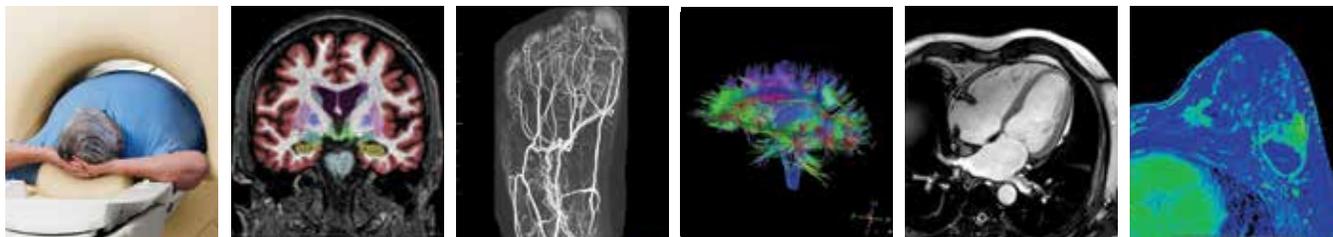
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