

ISSUE	TMA PLATFORM <i>HEALTHY VISION 2010 GOALS</i>	2007 LEGISLATION	GOAL ACHIEVED
The Uninsured	<p>Support use of Medicaid dollars as a financing tool to extend private coverage for low-income parents and to reduce the number of uninsured children.</p> <p>Support efforts to initiate and maintain local public-private collaborations</p>	<p><i>SB 10 would maximize state and federal dollars to help insure more low-income Texans and to restrain Medicaid costs by promoting prevention and healthier lifestyles. As finally adopted, provisions of the bill will:</i></p> <p>Allow the Health and Human Services Commission (HHSC) to seek federal permission to design benefit packages tailored for different categories of Medicaid recipients with assurance that benefits will not be reduced, only enhanced</p> <p>Create the Texas Health Opportunity Pool — using hospitals’ uncompensated-care money — to subsidize low-income adults’ purchase of health insurance through their employers;</p> <p>Promotes use of local and regional three share initiatives to help expand coverage to employees of small employers</p> <p>Direct HHSC to create positive incentive programs such as smoking cessation or weight loss programs that would promote healthier lifestyles among Medicaid clients;</p> <p>If cost-effective, pilot a Medicaid Health Savings Account for adult patients.</p> <p>Encourage HMOs and other Medicaid health care payment plans to provide more preventive health services to their enrollees.</p> <p>Establish a legislative committee on health and long-term care insurance to study mechanisms to reduce Texans’ reliance on Medicaid by providing incentives to employers to provider health insurance, long-term care insurance, or both, to their employees.</p> <p>Direct HHSC to evaluate expanding the Integrated Care Management (ICM) pilot to additional areas for Medicaid patients who are aged or have a disability.</p>	<p>Signed by Gov. Effective 9/1/07 except for Section 30 which is effective immediately</p>
Promote a Medical home for Medicaid and CHIP recipients by enacting	<p>Restore the 2.5 percent cut in physician fees enacted in 2003.</p> <p>Increase fees by an additional 20 percent</p>	<p>To fulfill the <i>Frew vs. Hawkins</i> lawsuit, HB 15 includes \$1.7 billion in state and federal funds -- \$706.7 million general revenue – <u>to improve preventive and specialty care services</u></p>	<p>Signed by Gov. Effective Immediately</p>

<p>competitive reimbursement</p>	<p>in 2008-09. Support integrating Medicaid well-child care services (Texas Health Steps) into the patient's medical home.</p> <p>Restore 12 months continuous coverage for children's Medicaid and CHIP.</p>	<p><u>for children by increasing physician Medicaid fees 25 percent for patients under the age of 21.</u> It also allocates monies to improve outreach, transportation services, case management, and to promote strategic initiatives such as mobile dental units</p> <p>HB 1, the general appropriations act, <u>allocates a 10 percent reimbursement increase for adult Medicaid services.</u></p> <p>SB 10 stipulates any package developed for children must include at least the services required by the Early Periodic Screening Diagnosis and Treatment (EPSDT) program;</p> <p>HB 109 Rep. Sylvester Turner (D-Houston) and Sens. Kip Averitt (R-Waco) and Leticia Van de Putte (D-San Antonio) restores many of the enrollment and eligibility restrictions placed on the Children's Health Insurance Program (CHIP) in 2003. Compromise extends 12 months coverage to children in families earning at or below 185 percent of poverty. More than 120,000 children should gain insurance as a result. Higher income families will be subject to an electronic income review every six months. If nothing had changed, the child would stay enrolled. If the electronic check found a change, then the family would have 30 days to respond.</p>	<p>Signed by Gov. Effective 9/1/07</p> <p>Signed by Gov. 6/15/08 Effective immediately</p>
<p>Medicaid Reform</p>	<p>Test new initiatives such as personal health accounts to promote and reward prevention and healthier lifestyles</p> <p>Evaluate effectiveness of existing Medicaid reforms to determine what is working and which should be continued, amended, or terminated.</p>	<p>SB 10, see above under the "uninsured section," includes a variety of initiatives to improve patient care and reduce costs within Medicaid, including promoting preventive health, piloting, if cost-effective, voluntary health savings accounts for adult Medicaid clients, and encouraging more Medicaid patients to enroll in private health insurance if available.</p> <p>Supported HB 2042 by Rep. Dawnna Dukes (D-Austin) that would provide an electronic database of physicians and health care professionals participating in Medicaid.</p> <p>Supported SB 1144 by Sen. Robert Deuell, MD (R-Greenville) to require Medicaid HMOs to define and report "medical loss ratios."</p> <p>Supported HB 3261 by Rep. Norma Chavez (D-El Paso) to require HHSC to allow use of electronic signatures in Medicaid as a means to reduce paperwork burdens</p>	<p>Signed by Gov. Effective 9/1/07</p> <p>Signed by Gov. Effective 9/1/07</p> <p>Modified version added to SB 10</p> <p>Signed by Gov. Effective 9/1/07</p>

<p>Physician Workforce/GME</p>	<p>Fund newly established state formulas for GME at adequate levels</p> <p>Reinvest state funds in Medicaid GME and restore GME program's ability to draw down federal dollars</p> <p>Fund medical school expansion Expand State Physician Education Loan Repayment Program</p>	<p>HB 1 allocated nearly \$63 million for GME to support Texas medical schools, a 68 percent increase over the biennium. Additionally, primary care residency programs received \$23 million through the Texas Higher Education Coordinating Board. Medical school funding increased to \$705 million as a result of expansions. The base rate actually dropped 1.3 percent. This funding included \$48 million for El Paso's medical school.</p> <p>SB 1095 by Sen. Carlos Uresti (D-San Antonio) authorizes a study that will look into the feasibility of taking a percentage of physician licensing fees to create more residency programs and/or increase the number of medical residents.</p>	<p>Signed by Gov. Effective 9/1/07</p> <p>SB 1095 was added to SB 10, the Medicaid reform bill</p>
<p>Medical Liability</p>	<p>Protect 2003 health care liability reforms</p> <p>Expand TMB's jurisdiction to include oversight of physician's testimony in liability cases</p>	<p>Prevented SB 468 by Sen. Rodney Ellis (D-Houston) from getting foothold. The measure would lower the emergency standard for liability from "willful and wanton" to "simple negligence with clear and convincing standard.</p> <p>HB 3281 by Rep. Phil King (R-Weatherford) would amend statute to clarify that claimants may recover medical or health care expenses incurred actually paid or incurred by or on behalf of the claimant.</p>	<p>TMA blocked SB 468</p> <p>Governor Vetoed HB 3281</p>
<p>Retail Health Clinics</p>	<p>Subject health clinics to adequate regulation</p> <p>Ensure NP and PAs provide only services within their education, training, and skills</p>	<p>Blocked passage HB 1096 by Rep. Rob Orr (R-Burleson) that would have reduced the amount of oversight required by a physician and eliminated the requirement for a physician to be on site.</p>	<p>TMA blocked HB 1096</p>
<p>Responsible Ownership</p>	<p>Promote transparent transactions, governance, and ownership by physicians, allied health professionals and hospitals</p> <p>Oppose efforts to limit investment opportunities for physicians to own facilities, equipment, and services</p>	<p>Blocked SB 1101 by Robert Duncan (R-Lubbock). It would have required a physician, when referring a patient for a diagnostic test, to disclose any ownership interest in the imaging facility or equipment. The bill would have required extensive reporting and financial disclosure for facilities that provide imaging services. Facilities also would have paid an annual fee of up to \$500 for collecting and reporting this data.</p> <p>Blocked SB 290 by Senator Nelson that would have amended definition of "niche" hospital to "specialty" hospital and conform definition to federal standard. It also required onerous utilization and financial data reporting for hospitals and ASCs. The measure would use some of the franchise tax revenue from facilities to establish a new grant program for hospitals, ASCs, and other facilities that provide indigent care.</p>	<p>TMA blocked SB 1101</p> <p>TMA blocked SB 290</p>

Corporate Practice of Medicine	Prevent erosion of the prohibition by opposing bills that allow hospitals to directly employ physicians	Nearly a dozen “local” bills were filed that contained language allowing hospital districts to employ physicians. TMA opposed these bills and worked closely with legislators to amend the language, replacing “employ” with “contract with”.	All bills with bad language were either amended to address concerns or failed
TMB: Physician Licensure and Discipline	Provide adequate funding to allow TMB to expedite physician’s licenses	<p>Increase Texas Medical Board staff to reduce the time needed to license a new physician. <u>Increased funding \$1.98 million this year. Approved TMB request of \$3.4 million for the next biennium.</u> However, TMB must improve average processing time of a new physician license in 51 days. Blocked a proposal to pay for additional funding with increased license fees for physicians. TMB also will undergo an abbreviated Sunset review process over the next year to monitor its progress towards improved licensures processing time and other performance measures.</p> <p>HB 1973 by Representative Delisi and sponsored by Senator Nelson requires the TMB executive director to seek more efficient ways to process the applications and to report a needs assessment on the licensure process each year to the governor, Legislative Budget Board, and relevant legislative committees.</p>	<p>Signed by Gov. Effective 9/1/07</p> <p>Signed by Gov. Effective 9/1/07</p>
Worker’s Compensation	<p>Establish independent reviews of worker’s compensation carriers’ process for making medical decisions</p> <p>Increase non-network worker’s compensation fees so that they least cover the cost of patient treatment</p>	<p>HB 2004 by Rep. Helen Giddings (D-Dallas) would require a doctor who reviews a workers’ compensation case to be trained in a professional specialty appropriate to the care the injured worker has received.</p> <p>HB 1003 by Representative Giddings would require an independent review organization that uses physicians to perform reviews of health care services in workers’ compensation cases to use only physicians licensed to practice in Texas.</p> <p>HB 1006 Representative Giddings requires a utilization review agent or insurance carrier that uses physicians to provide reviews of workers’ compensation cases to use only physicians licensed in Texas.</p> <p>HB 1005 by Representative Giddings would improve the payment process of a worker’s compensation claims. A physician would not forfeit his or her right to reimbursement if the claim for payment is timely filed, but erroneously filed</p>	<p>Signed by Gov. Effective 9/1/07</p> <p>Signed by Gov. Effective 9/1/07</p> <p>Signed by Gov. Effective 9/1/07</p> <p>Signed by Gov. Effective immediately</p>

	<p>Reduce administrative hassles by simplifying preauthorization and limiting retrospective denials.</p> <p>Regulate “rental networks” to prohibit trading and sharing discounts without physician knowledge and consent</p>	<p>with the wrong insurer. The bill also allows extension of the deadline by agreement of the parties or in catastrophic situations.</p> <p>HB 888 by Representative Giddings would make health insurance carriers responsible for paying for the costs of obtaining copies of an injured employee's medical records for use by an ombudsman in the workers' compensation system.</p> <p>HB 724 by Representative Solomons would improve the dispute resolution process for workers' compensation claims. Reinstates SOAH for higher value claims.</p> <p>HB 34 by Representative Solomons prohibits kickback payments and inducements regarding worker's compensation claims.</p> <p>HB 472 by Representative Solomons would close the loophole under which voluntary networks have been operating. The original intent of the legislation passed in 2005 was to allow a deviation from the fee guideline to treat an individual injured worker in a non-network situation if the carrier was having difficulty securing necessary medical treatment within the fee guidelines.</p>	<p>Signed by Gov. Effective immediately</p> <p>Signed by Gov. Effective immediately</p> <p>Signed by Gov. Effective 9/1/07</p> <p>Signed by Gov. Effective immediately, except Sub Sections a) and b) are effective 1/1/2008</p>
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Health Insurance Reform	<p><i>Network Adequacy</i> Establish adequate network standards; Require health insurers to develop adequate networks; and oppose government-imposed price controls, including those based on “usual and customary” rates.</p>	<p>SB 1731 by Sen. Robert Duncan (R-Lubbock) would ensure that employers, their employees, and Texas patients have access to health care information about medical service costs and patient out-of-pocket expenses. The bill is an important first step toward ensuring transparency in the health care market.</p>	<p>Signed by Gov. Effective 9/1/07</p>
	<p><i>Transparency</i> Require health insurance to disclose accurate, current, and honest information to employers and employees on co-pays, deductibles, and health plan networks. Oppose any measure requiring transparency that does not treat all health entities — health insurance companies, hospitals, pharmacies and physicians equally.</p>	<p>SB 1832 by Senator Duncan would provide for disciplinary action and penalties if a "person" (both individual and entity) fails to disclose that they did not perform or directly supervise anatomical path services. TMA helped to broker a compromise</p>	<p>Signed by Gov. Effective 9/1/07</p>
	<p><i>Smart Cards</i> Require health plans to disclose pertinent patient information at the time medical services are provided; and promote real-time adjudication</p>	<p>HB 522 by Beverly Woolley (R-Houston) requires study and pilot project with health plans to issue patient ID cards using smart card-type technology.</p>	<p>Signed by Gov. Effective immediately</p>
	<p><i>Standardized Contracts</i> Establish standardized health insurance contracts for physicians; and</p> <p>Prohibit health insurance companies from selling their negotiated contract rates to other plans</p>	<p>HB 1594 by Rep. John Zerwas, MD, (R-Richmond) would require the health plan to pay physicians who are applying for credentialing if they join a medical group already in the network. TMA believes the bill would save some patients from being balanced billed when they thought they were seeing in-network physicians.</p>	<p>Signed by Gov. Effective 9/1/07</p>
	<p><i>Expedited Credentialing</i> .</p>	<p>HB 2015 by Rep. John Smithee (R-Amarillo) will ensure that employers can evaluate employee health care expenditures. Employers will have access to claims and loss information in a manner that is consistent with federal laws and that balances an individual's right to privacy.</p> <p>HB 2252 by Rep. Larry Taylor (R-Friendswood) would allow health plans to provide enrollees access to wellness-type services such as gym memberships and smoking cessation programs.</p>	<p>Signed by Gov. Effective 9/1/07</p> <p>Signed by Gov. Effective immediately</p>

<p>Scope</p>		<p>Eighty-eight bills were filed this session that would expand the scope of practice for practically every allied health professional. TMA and Patient's <i>First</i> worked together to block all allied-health professional bills. Not one bill to expand the scope of practice passed.</p> <p>TMA fought to remove a provision in SB 82 by Sen. Leticia Van de Putte (D-San Antonio) that would have authorized chiropractors to conduct UIL physicals. The bill would require CPR training for students and coaches, University Interscholastic League (UIL) physical exams, and automated external defibrillators at training and sports events.</p>	<p>Signed by Gov. Effective 9/1/07</p>
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PUBLIC HEALTH & PREVENTION			
Obesity and Worksite Wellness	<p>Establish minimum physical activity standards in elementary through high schools, and assure full compliance of physical activity laws. Codify the Texas School Nutrition policy into Texas law.</p> <p>Encourage health plans to promote healthy lifestyles by encouraging members to seek diagnosis and treatment for weight-related conditions (<i>see health insurance reforms</i>)</p>	<p>SB 530 by Senator Nelson and sponsored by Rep. Rob Eissler (R-The Woodlands). The bill would increase physical education (PE) in grades K-5 and middle school. The bill also requires an annual physical fitness assessment of students in grades K-5 and middle school, and makes the Texas Education Agency responsible for implementation. The version passed allows structured activity during recess for elementary grades to count as PE. SB 72 creating a Worksite Wellness Advisory Council that includes a TMA member was amended to the bill.</p> <p>HB 1297 by Representative Delisi would create a statewide worksite wellness advisory committee to assist in public and private companies on implementation of program. It also created a worksite wellness program for state employees.</p> <p>SB 415 Sen. Eddie Lucio (D-Brownsville) creates an advisory council to help direct the Risk Assessment for Type II Diabetes (program), and increases the level of information participating schools receive from the program</p> <p>SB 556 by Sen. Eddie Lucio (D-Brownsville) would create the interagency obesity council with the commissioner of agriculture, commissioner of state health services, and commissioner of education. The council would be responsible for a report about programs in the state that are active in preventing and treating obesity.</p>	<p>Signed by Gov. Effective immediately</p> <p>Signed by Gov. Effective 9/1/07</p> <p>Signed by Gov. Effective immediately</p> <p>Signed by Gov. Effective immediately</p>
Cancer Prevention	<p>Fund a comprehensive, statewide tobacco prevention and cessation program.</p> <p>Provide funding for the Texas Council on Cardiovascular Disease and Stroke.</p>	<p>Supported HB 14 and House Joint Resolution 90 by Reps Keffer and Delisi, and sponsored by Senator Nelson. The bill would create the Cancer Prevention and Research Institute of Texas using existing resources from the Texas Cancer Council. The Institute would allocate at total of \$300 million a year for research, including \$30 million for tobacco prevention programs. HJR 90 authorizes the issuance of general obligation bonds for the institute.</p>	<p>Signed by Gov. Effective upon adoption of constitutional amendment</p>
Mental Health	<p>Support legislation promoting mental health parity Increase funding for public mental health services</p>	<p>HB 1 fully funds the DSHS mental health crisis services request, allocating \$82 million in additional dollars over the biennium.</p>	<p>Signed by Gov. Effective 9/1/07</p>

<p>Immunizations</p>	<p>Support increased physician reimbursements for vaccines in both the public and private sector.</p> <p>Allow reporting of adult immunizations to the ImmTrac immunization registry, and change the ImmTrac consent process to be “opt-out” rather than the current “opt-in.”</p>	<p>SB 811 by Sen. Kyle Janek, MD (R-Houston) would require DSHS to allow physicians in the federal Vaccines for Children Program to select any influenza vaccine from the federal list.</p> <p>HB 1059 by Rep. Tan Parker (R-Flower Mound) would require DSHS to prepare a list of required and recommended vaccinations for school entry (including the influenza vaccine) for posting on school districts’ Web sites. The information is required in English and Spanish. The bill also requires that information be posted on how to get an exemption from immunizations.</p> <p>SB 1186 by Senator Nelson would require that immunization records obtained during times of emergency to be included in the state’s immunization registry, ImmTrac. SB 1186 was attached to SB 11 the homeland security bill.</p> <p>Gov. Rick Perry’s mandate to immunize sixth-grade girls with HPV vaccine challenged by both chambers. HB 1098 rescinds governor’s mandate. Supported HB 1379 by Rep. Joe Deshotel (D-Beaumont) for a public outreach campaign on HPV.</p>	<p>Signed by Gov. Effective 9/1/07</p> <p>Signed by Gov. 5/15/07 Effective immediately</p> <p>Signed by Gov. 06/06/07</p> <p>HB 1379 Signed by Gov. 5/11/07 Effective immediately</p>
<p>Patient Safety</p>		<p>SB 288 by Senator Nelson establishes an Advisory Panel on Health Care-Associated Infections at DSHS. The purpose of the advisory panel is to guide the implementation, development, and evaluation of a health care-associated infection rate reporting system. Requires each health-care facility to report the health-care associated infection rate to the DSHS quarterly. DSHS is required to publish these rates for each health-care facility on the department's website and in a written report.</p> <p>SB 1879 by Sen. Tommy Williams (R-The Woodlands) would add three more drug schedules (III-V) to the DPS Official Prescription program. TMA worked with bill author to modernize the process, including the electronic monitoring of prescriptions for controlled substances and dangerous drugs; require early cooperation and coordination between law enforcement and licensing boards in investigations and sanctions; and create an advisory panel with physician and pharmacist representatives to help guide and advise DPS on implementing the new systems</p>	<p>Signed by Gov. Effective 9/1/07</p> <p>Sent to Gov. 5/29/07</p>

<p>Health Information Technology</p>	<p>Continue to support the concept of improving health care delivery through the effective use of information technology.</p> <p>Support financial assistance from government and/or private payers to encourage physicians to acquire HIT.</p> <p>Support state funding for development of local health information exchange initiatives.</p> <p>Support development of standards to ensure interoperability of various electronic health record products.</p>	<p>HB 1066 by Representative Delisi would allow more doctors to voluntarily take advantage of electronic sharing of data. It also sets the stage for data exchanges where patient insurance verification, coverage, physicians network coverage, and eventually, real-time claims adjudication becomes a reality.</p> <p>HB 2610 by Representative Delisi, which would modernize the Medicaid system by implementing health information technology was attached to SB 10 and passed</p> <p>HB 3471 by Representative Delisi that would create a pilot program to provide health information technology, including electronic health records, to high-volume primary care physicians participating in Medicaid. HB 3471 was attached to SB 10 and passed.</p>	<p>Signed by Gov. Effective 9/1/07</p> <p>Both HB 2610 and HB 3471 were added to SB 10.</p>
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Newborn Screening		n/a	
Stem Cell	<p>Oppose the use of somatic cell nuclear transfer technology for the specific purpose of producing a human child.</p> <p>Support biomedical research on multipotent stem cells (including embryonic, adult, and cord blood stem cells). Encourage strong public support of federal funding for this research, which a recent TMA survey shows a majority of Texas voters support.</p> <p>Support the use of somatic cell nuclear transfer technology in biomedical research.</p> <p>Continue to monitor developments in stem cell research and related technologies.</p>	<p>Eight bills were filed that ranged from a ban on human cloning to establishing a stem cell research program.</p> <p>Only one bill, HB 1703 by Rep. Charlie Howard (R-Sugar Land) made it to the House calendar but was not taken up. HB 1703 would prohibit the transfer of an embryo except in the case of an adoption.</p>	No stem cell legislation was passed that is harmful to organized medicine
Advanced Directives	<p>Pass legislation that promotes advance care planning and the completion of advance directives.</p> <p>Financially support pilot programs in urban and rural counties to implement systematic advance care planning in a variety of chronic care sites.</p> <p>Create a single page physician order sheet that ensures a patient's wishes will actually follow the patient</p>	Legislation that would have rewritten state law on continuing medical treatment for a terminally ill patient failed. SB 439 by Senator Deuell and Representative Delisi made several changes, including giving families a minimum of 21 days to transfer a relative to another facility once a hospital's ethics committee has decided further treatment is harmful to the patient. The current statute, which remains in effect, gives families 10 days.	Failed to pass in final days of session
Taxes	Protect tax deductions physicians and health care providers received in 2006. Ensure that any tax clean-up legislation affects health care in positive manner.	Fought to keep HB 3928 by Representative Keffer – the tax clean up bill, free of amendments that would effect tax deductions. The final bill passed instituted a stair-stepped tax rate which reduced the businesses tax for companies with gross incomes of \$300,000 to \$900,000.	Signed by Gov. Effective 1/1/08

Miscellaneous			
Abortion		Abortion bills failed. SB 785 by Sen. Florence Shapiro (R-Plano) requiring physicians to report abortion complications to the Texas Department of State Health Services or face criminal penalties was killed on a point of order. SB 920 by Sen. Dan Patrick (R-Houston) requiring a physician to perform an obstetric ultrasound on the woman who is seeking an abortion was later pulled down so that subsequent bills on the calendar could be heard	No abortion bills passed that was harmful to medicine