2020 AUDIT TRAIL

Action Items Adopted or Referred by the Texas Medical Association House of Delegates

Awards/nominations, amendments to the Constitution and Bylaws, and policy review recommendations are not included.

FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS:

BOT Report 9 2020 – Online Communications Policy for TMA Physician Leaders. That TMA adopt the Online Communications Policy for Texas Medical Association Physician Leaders. **Adopted as amended.**

REFERRED TO: Add to policy compendium.

STATUS: 295.017 Online Communications Policy for TMA Physician Leaders added to TMA Policy Compendium.

WIM Report 1 2020 – Women in Medicine Operating Procedures Changes. That TMA: (1) adopt the section's operating procedures; and (2) approve the section's name change from "Women in Medicine Section" to "Women Physicians Section." Amend the section's operating procedures to reflect this change, and amend Chapter 3, House of Delegates, Section 3.25, 3.255 Women in Medicine Section, to reflect this change. **Adopted.**

REFERRED TO: (1) Office of the EVP and (2) Council on Constitution and Bylaws

STATUS: (1) Women Physicians Section Operating Procedures have been filed with the Office of the EVP; and (2) The TMA Bylaws have been amended to reflect the section's name change from "Women in Medicine Section" to "Women Physicians Section."

C-SPH Report 1 2020 – Recommendation for the Laurance N. Nickey, MD Award. That TMA: (1) create the Laurance N. Nickey, MD, Lifetime Achievement Award; and (2) the recipient be selected by the Council on Science and Public Health and be awarded every three to five years. **Adopted.**

REFERRED TO: Council on Science and Public Health

STATUS: (1) The Council on Science and Public Health created the Laurance N. Nickey, MD, Lifetime Achievement Award; and (2) The Council on Science and Public Health plans on calling for nominations, sorting through applications, and selecting the next Laurance N. Nickey, MD, Lifetime Achievement Award recipient in three to five years since the last award in 2020, which will be in 2023-2025.

C-OL Report 1 2020 – Physicians Dispensing of Prescriptions, Resolution 107-A-19. That policy 95.034, Legislation to Allow Physicians to Dispense Pharmaceuticals, be reaffirmed in lieu of Resolution 107-A-19. **Adopted.**

REFERRED TO: Add to policy compendium.

STATUS: 95.034 Legislation to Allow Physicians to Dispense Pharmaceuticals reaffirmed in Policy Compendium.

BOT Report 10 2020 – Establish a Coalition of Medical Societies to Protect Competition and sustainability in the Health Insurance Marketplace, Resolution 106-A-19. That TMA not adopt Resolution 106-A-19, Establish a Coalition of Medical Societies to Protect Competition and Sustainability in the Health Insurance Marketplace. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See BOT Report 16 2021 in Handbook.

BOT Report 12 2020 – Physicians in Employed Settings. That TMA: (1) pilot a forum for physicians in employed settings, combining virtual communications with in-person programming at TexMed 2021; and (2) approve the evaluation and implementation of priorities and services, with assignment to appropriate councils, committees, and staff units. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See BOT Report 17 2021 in Handbook.

BOC Report 4 2020 – Licensure Status on TMA Membership Applications, Resolution 109-A-19. That TMA not adopt Resolution 109-A-19, Licensure Status on TMA Membership Applications. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See BOC Report 3 2021 in Handbook.

CM-M Report 2 2020 – New Telemedicine TMA Dues Category. That TMA: (1) create a new telemedicine membership category at one half of TMA full active dues; and (2) if approved, that the TMA Board of Trustees direct the Council on Constitution and Bylaws to recommend the necessary bylaw amendments. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See CM-M Report 1 2021 in Handbook.

Resolution 101 2020 – The Creation of an Independent Physician Section. That: (1) TMA take steps to create a section dedicated to help meet the unique needs of physicians in private practice who reside in this state; and (2) the Texas Delegation to the American Medical Association take a similar resolution to the AMA House of Delegates for consideration. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 101 2021 in Handbook.

Resolution 102 2020 – Expansion of TMA Ambassador Program. That: (1) TMA express its gratitude for the Ambassador Program; and (2) TMA allocate additional resources so the Ambassador Program is able to add at least two new continuing medical education topics each year to its list of presentations that are currently available. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 102 2021 in Handbook.

Resolution 103 2020 – A Systematic and Precise Method for AMA Public Endorsements of Proposed Legislation. That the Texas Delegation to our AMA introduce a resolution to the AMA House of Delegates that calls upon AMA to (1) avoid giving general, nonspecific public endorsements of large, omnibus national health care legislation; (2) instead, develop and adopt a more precise endorsement mechanism that can better inform the public of the specific provisions within the proposed legislation, the strength of any underlying evidence, and the AMA position of support or opposition; and (3) maintain an emphasis on the most problematic elements of a bill, present or omitted, that AMA finds to be likely detrimental to the quality or sustainability of our health care system, freedom of choice and practice. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 103 2021 in Handbook.

Resolution 104 2020 – The Term Physician Should Be Used Rather Than Provider. That: (1) TMA, in its publications, policies, and conferences, shall cease using the term "provider" to describe physicians, substituting "physician," "resident," "fellow" or other term that recognizes the education, training, and experience of its members; (2) TMA encourage physicians, its local components, and the media to use the term "physician" instead of "provider" when describing physicians; and (3) TMA refer the process of creating a formal position paper for the use of the term "provider" to the most suited committee or council. **Referred for action with report back.**

REFERRED TO: TMA Board of Trustees

STATUS: In lieu of adopting resolution 104, the board reaffirmed existing TMA policy 245.002. Policy 245.002 reaffirmed in Policy Compendium.

See BOT Report 11 2021 in Handbook.

Resolution 105 2020 – Supporting Proportionate Representation of Special Interest Groups. That: (1) TMA study the proportionate representation of special interest groups such as LGBTQ+ and underrepresented minorities among active osteopathic and allopathic TMA physician members; and (2) TMA create mechanisms like advisory committees or special interest subcommittees that increase interest and involvement in organized medicine among individuals who fall into special interest group strata on both a state and a county medical society level. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** Withdrawn by authors.

Resolution 106 2020 – Physician and Medical Student Promotion in Exchange for Gifts on Social Media. That: (1) TMA amend policy 9.6.2 Gifts to Physicians from Industry; and (2) TMA inform physician members of appropriate social media marketing practices related to this amendment through the relevant member channels. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** Withdrawn by authors.

Resolution 107 2020 – Educating Physicians on the Rights of Immigrant Patients. That: (1) TMA advocate for the adoption by health care facilities of policies that protect the rights of immigrants when seeking care, such as designation of private areas of the clinic, and discourage routine collection of patient immigration status information; and (2) TMA support the education of physicians, health care providers, and patients about their rights when seeking medical care, such as their right to refuse to answer questions from immigration agents and to insist that their lawyer be present if they are questioned. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 346 2021 in Handbook.

Resolution 108 2020 – For the Creation of a Physician-Led Public Outreach and Education Organization to Defend the Integrity of the Medical Profession and Advocate for Sustainable, Evidence-Based Healthcare Policy. That: (1) TMA, in collaboration with other medical societies, create and support a permanent, physician-led, independently funded public outreach entity to use multiple media platforms (conventional, online, and social media) to engage the public, share information, promote an educated dialogue, advocate for evidenced-based, incremental, and sustainable health care policy and defend the integrity of the medical profession; and (2) the Texas Delegation to the American Medical Association carry a similar resolution to the AMA House of Delegates which calls upon the AMA to support the aforementioned permanent, physician-led, independently funded public outreach entity. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 104 2021 in Handbook.

FROM REFERENCE COMMITTEE ON MEDICAL EDUCATION AND HEALTH CARE QUALITY:

C-ME Report 1 2020 – Amendment to Policy 185.023 Support of Rural. That policy 185.023 be amended to support TMA advocacy for a minimum of $1 million in state funding in the 2022-23 state budget to allow the state's Rural Resident Physician Grant Program to become operational. **Adopted.**

REFERRED TO: Add to policy compendium and Council on Legislation.

STATUS: 185.023 Support of Rural Residency Training and State Grant Program for Promoting Rural Training Tracks amended in Policy Compendium. TMA is communicating these new policies to state legislators through letters and one-pagers during the 2021 Texas Legislative Session.

C-ME Report 3 2020 – Opposition to Diversion of Medicare Funding for Graduate Medical Education From Physicians to Training Programs for Midlevel Practitioners. That: (1) TMA adopt new policy opposing diversion of Medicare funding for graduate medical education to training programs for midlevel practitioners; and (2) the Texas Delegation to the American Medical Association take a resolution to the AMA House of Delegates to adopt policy that opposes the diversion of Medicare funding for graduate medical education from physicians to training programs for advanced practice registered nurses and physician assistants. **Adopted as amended.**

REFERRED TO: (1) Add to policy compendium; and (2) Texas Delegation to the AMA

STATUS: (1) 205.039 Opposition to Diversion of Medicare Funding for GME to Training Programs for Midlevel Practitioners added to Policy Compendium; and (2) TMA's Council on Medical Education communicated this policy to the AMA House of Delegates at the Special November Meeting 2020 through online testimony.

CM-PDHCA Report 1 2020 – Support for Interest-Free Deferment of Education Loans for Residents in Training. That TMA adopt new policy supporting interest-free deferment of education loans for residents in training. **Adopted.**

REFERRED TO: Add to policy compendium.

STATUS: 205.040 Support for Interest-Free Deferment of Education Loans for Residents in Training added to Policy Compendium.

Joint Report 1 2020 – Initial Assessment and Treatment Recommendations by Specialists, Resolution 108-A-19. That Resolution 108-A-19, Initial Assessment and Treatment Recommendation by Specialists, be referred for further study to the Council on Health Care Quality and the Interspecialty Society Committee with a report back at TexMed 2021. **Adopted.**

REFERRED TO: Council on Health Care Quality and Interspecialty Society Committee

STATUS: See C-HCQ Report 1 2021 in Handbook. The council recommends not adopting Resolution 108-A-19.

C-ME Report 4 2020 – Amendments to Policy 200.047 Clinical Training Resources for Texas Medical. That policy 200.047, Clinical Training Resources for Texas Medical Students, be amended. **Adopted.**

REFERRED TO: Add to policy compendium and Council on Legislation.

STATUS: 200.047 Clinical Training Resources for Texas Medical Students amended in Policy Compendium. TMA is communicating these new policies to state legislators through letters and one-pagers during the 2021 Texas Legislative Session.

C-ME Report 5 2020 – Amendment of Policy 320.007 Town Gown Medical School Funding. That policy 320.007, Town Gown Medical School Funding, be amended. **Adopted.**

REFERRED TO: Add to policy compendium.

STATUS: 320.007 Town Gown Medical School Funding amended in Policy Compendium.

C-ME Report 7 2020 – Referral of Res. 211-A-19, The Integration of LGBTQ Health Topics into Medical Education. That TMA adopt new policy in lieu of Resolution 211-A-19. **Adopted as amended.**

REFERRED TO: Add to policy compendium and Council on Medical Education.

STATUS: 265.031 Promoting Education of Sexual Orientation and Gender Identity Health Issues in Academic Health Centers added to Policy Compendium. TMA sent a letter to Texas medical school deans to inform them of this new TMA policy.

C-ME Report 6 2020 – Referral of Resolution 202-A-18 Addressing Gender Bias in Undergraduate Medical Education and Implicit Bias Training. That TMA adopt new policy in lieu of Resolution 202-A-18. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See C-ME Report 1 2021 in Handbook.

Resolution 201 2020 – Augmented Intelligence (AI) in Health Care. That (1) the TMA Council on Socioeconomics, TMA Committee on Health Information Technology, and TMA Council on Medical Education collaboratively study the effects of augmented intelligence (AI) on health care in Texas; and (2) TMA ensure this effort includes guidance on how physicians may be affected and how physicians may prepare for the challenges and the opportunities AI creates. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 421 2020 in Handbook.

Resolution 202 2020 – Admission of Deferred Action for Childhood Arrivals (DACA) Students in Texas Medical Schools. That TMA encourage Texas medical schools to implement admissions policies that allow admission of DACA students, for as long as the DACA program is intact. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 201 2021 in Handbook.

Resolution 203 2020 – Supporting Implicit Bias Training for Perinatal Physicians. That TMA advocate for and support the use of implicit bias training for perinatal physicians in order to improve maternal health outcomes. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 202 2021 in Handbook.

Resolution 204 2020 – Promoting Careers in Geriatrics Among Medical Students. That: (1) TMA recognize and support the need for more geriatricians by providing medical students educational information concerning geriatrics and its opportunities to encourage them to become involved in geriatrics; and (2) TMA support the efforts of medical schools in fostering interest in geriatrics through interest groups and shadowing opportunities. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 209 2021 in Handbook.

Resolution 205 2020 – Service Animal Assisted Therapy in Healthcare. That: (1) TMA encourage physicians to use Americans With Disabilities Act material concerning service animals in their inpatient and outpatient settings as a part of their patients' therapeutic plans; and (2) TMA support the provision of resources in the community to individuals with service animals to inform them how their service animals can be part of a therapeutic plan to better treat their medical needs. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 203 2021 in Handbook.

Resolution 206 2020 – Amending the Mental Health Question on Physician Licensure Application to Reflect Current Impairment. That: (1) TMA support policy change as it relates to the Texas Medical Board licensure process, such that only current or active mental health conditions need be reported; and (2) TMA support policy and judicial decisions in line with the American Medical Association, such that physicians are not required to disclose previous treatment for mental health conditions but are evaluated solely on performance and current impairment. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 210 2021 in Handbook.

FROM REFERENCE COMMITTEE ON SCIENCE AND PUBLIC HEALTH:

C-SPH Report 4 2020 – Requirement for Food Allergy Posters and Employee Training in Food Establishments, Resolution 304-A-19. That in lieu of adopting Resolution 304-A-19 that: (1) TMA encourages statewide efforts to increase the general public's food allergen awareness in all food service establishments, including dissemination of information on the list of major food allergens, the risk of an allergic reaction, methods to prevent cross-contamination in food preparation, and the signs and symptoms associated with anaphylaxis with instructions to call 911; and (2) TMA supports efforts to strengthen food service employee training provided by the Texas Department of State Health Services on food allergy awareness, and to include information on the list of major food allergens, methods to prevent cross-contamination in food preparation, and the signs and symptoms associated with anaphylaxis with instructions to call 911. **Adopted.**

REFERRED TO: Add to TMA policy compendium.

STATUS: 260.115 Requirement for Food Allergy Posters and Employee Training in Food Establishments added to Policy Compendium.

CM-C Report 1 2020 – Addressing Cancer Health Disparities. That: (1) TMA adopt new policy addressing cancer health disparities; and (2) TMA convene a cross-component workgroup to study and develop policy on disparities in health care. **Adopted.**

REFERRED TO: (1) Add to policy compendium; and (2) Committee on Cancer

STATUS: (1) 50.012 Addressing Cancer Health Disparities added to Policy Compendium; and (2) TMA will hold an initial meeting of workgroup

representatives from interested councils and committees in Summer 2021 to complete the research required to develop comprehensive policy on disparities in health care.

Joint Report 2 2020 – Regulation of Electric Scooters, Resolution 308-A-19. That: (1) TMA develop a policy for electronic scooters like TMA Policy 55.021 Bicycle Helmets; (2) TMA support the use of geofencing in cities where electric scooters are used to reduce speeds and therefore the impact of collisions; (3) TMA develop and support policy that prevents the use of electric scooters while under the influence of drugs or alcohol. Such policy should include holding electric scooter users to motor vehicle blood-alcohol-content standards, making e-scooter users eligible for a driving under the influence charge when applicable, and supporting state or city councils implementation of curfew hours by turning off scooters, for example, from midnight to 5 a.m. on weekends, to prevent riding while intoxicated; (4) TMA support the use of brightly colored, neon, or reflective materials on electric scooters to make them more visible to those operating motor vehicles in the vicinity; (5) TMA expand its opposition to the use of electronic handheld devices while operating a motor vehicle to include electric scooters. Electric scooters should build infrastructure compatible with using an electronic map hands-free if that is a consumer need; (6) TMA support regulating only one rider at a time on scooters to ensure riders can hold the handlebars; and (7) TMA support parking fines or impounding when riders block the sidewalk or other pedestrian routes with scooters. **Adopted.**

REFERRED TO: Council on Science and Public Health

STATUS: The Council on Science and Public Health is currently developing a policy for electronic scooters, to potentially include electronic bikes and other electronic modes of transportation, for submission at TexMed 2022.

C-SPH Report 3 2020 – Improving Medical Clearance Policies for Traumatic Brain Injury Patients, Resolution 303-A-19. That: (1) TMA support and promote the Texas Medical Advisory Board process by increasing physician awareness and TMA member participation on the Medical Advisory Board to ensure adequate representation, and support potentially needed expansion of this important public service to Texas; (2) TMA promote physicians' awareness of their ability to report their patients to law enforcement or the Department of Public Safety with concerns regarding their patient's ability to safely drive or possess firearms; and (3) TMA promote a review of the funding of the Medical Advisory Board by the Texas Legislature to assess the potential for expanding the scope of this key public service. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See C-SPH Report 2 2021 in Handbook.

C-SPH Report 5 2020 – Allow the Possession and Administration of an Epinephrine Auto-Injector in Certain Entities, Resolution 305-A-19. That: (1) TMA monitor and confer with the Texas Department of State Health Services as it convenes the new Food Allergy Ad Hoc Committee, as well as develop and share information for members on the role of this new ad hoc group; (2) TMA members be informed of opportunities to be engaged in, monitor, and contribute to the important work of the standing DSHS Stock Epinephrine Advisory Committee; (3) That TMA members be made aware of entities in their communities that may seek physician support in developing standing orders and providing prescriptions for unassigned auto-injectors in various settings; and (4) TMA develop communications for physicians on the expansion of access to unexpired auto-injectors in various public settings. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See C-SPH Report 3 2021 in Handbook.

Joint Report 3 2020 – Regulatory Recommendations for Bed Bugs, Resolution 307-A-19. That: (1) TMA support the joint statement by the Centers for Disease Control and Prevention and the Environmental Protection Agency (EPA), which defines bed bugs as a pest of significant public health importance and

recognizes that bed bugs are a continuing problem for residents in the state of Texas; (2) TMA encourage the further development of effective and affordable pest treatment options and expanded access to current evidence-based options approved by EPA or other reputable entities; (3) TMA supports better public and physician education on bed bug identification, treatment, and threats to public health; (4) TMA supports additional research on bed bug incidence to the extent that is practical and feasible and in line with methods used for similar public health pests; and (5) TMA encourages municipal efforts to implement measures based on the published integrated pest management approaches and on other evidence-based examples for bed bug treatment practices. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Joint Report 1 2021 in Handbook.

Resolution 301 2020 – Advocating Against Electronic Nicotine Delivery Systems (ENDS). That: (1) TMA educate its members on the various aspects of e-cigarette use through ongoing CME and articles in Texas Medicine Today; (2) TMA advocate for legislation that bans the sale of flavored, mint, and menthol tobacco products including both e-cigarette products and combustible products; (3) TMA advocate against social media companies using influencers to advertise electronic nicotine delivery systems; and (4) TMA advocate against the sale of e-cigarettes and their component products and accoutrements at retail clinics. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 312 2021 in Handbook.

Resolution 302 2020 – Elimination of Human Abuse and Persecution. That: (1) TMA urge the Texas Legislature to make laws to protect physicians from persecution in passing confidential information without personal liability to various governmental agencies; (2) TMA encourage physicians to make inquiry into patients' well-being a matter of routine medical practice; and (3) TMA urges physician to document instances of alleged abuse or persecution in the patient's medical records. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 313 2021 in Handbook.

Resolution 303 2020 – Use of Human Tissue for Beneficial Applications. That TMA study and make active recommendations for a safe harbor in Texas allowing certified entities that have nonfetal tissue and non-whole-organ human tissue waste from a consenting adult patient to use the tissue strictly for research purposes and clinical diagnostics. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 316 2021 in Handbook.

Resolution 304 2020 – Improving Physician Access to Immigrant Detention Facilities. That: (1) TMA advocate for community physician access to provide medical care in both U.S. Customs and Border Protection and U.S. Immigration and Customs Enforcement immigrant detention facilities; and (2) TMA advocate for the right of community physicians to contact health care providers working in the immigrant detention facilities, in accordance with HIPAA, to ensure continuity of care for patients transferred to other health care facilities or released from custody. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 322 2021 in Handbook.

Resolution 305 2020 – Suicide Prevention Education in Medical School. That: (1) TMA support integrating validated suicide prevention training programs into the curriculum of preclinical students in Texas medical schools in accordance with Association of American Medical Colleges interpersonal, intrapersonal, and science competences for medical students, and Liaison Committee on Medical Education and Commission on Osteopathic College Accreditation standards; and (2) TMA recognize the importance of studying suicide identification and prevention training programs in order to develop the most efficacious method of training for Texas students. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 207 2021 in Handbook.

Resolution 306 2020 – Facilitating Brain and other Postmortem Tissue Donation for Research and Educational Purposes. That: (1) TMA support the production and distribution of educational materials regarding the importance of postmortem brain tissue donation for the purposes of medical research and education; (2) TMA encourage the inclusion of additional information and consent options for brain tissue donation for research purposes on appropriate donor documents; (3) TMA encourage all persons to consider consenting to brain and other tissue donation for research purposes; and (4) TMA encourage efforts to develop and improve logistical frameworks for the procurement and transit of postmortem tissue for research and educational purposes. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 208 2021 in Handbook.

Resolution 307 2020 – Decommissioning Existing and Not Constructing New Wastewater Treatment Plants in or Near Flood Plains and Waterways. That TMA support the need for local, county, and state governmental entities to decommission existing and not construct new wastewater treatment plants in or near flood plains and waterways. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 317 2021 in Handbook.

Resolution 308 2020 – Recurrent Flooding in Texas Must Be Resolved. That TMA support the need for local, county, and state governmental entities to commit the necessary resources and responsibility to effectively eliminate recurrent flooding in Texas. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 318 2021 in Handbook.

Resolution 309 2020 – Education and Action to Arrest the Effects of Climate Change on Health. That: (1) TMA educate its members, Texas and federal policymakers, and the public on the scientific evidence about the causes and the impact of climate change on the health of Texans, the seriousness of these threats, and nonpartisan evidence-based remedies; (2) TMA advocate for nonpartisan evidence-based remedies for climate change and include in its communications on budgetary priorities the future needs of state preparedness for the effects of climate change on human health, such as increased ferocity of natural disasters and more frequent infectious disease outbreaks by vector-borne diseases and dangerous new viruses; and (3) the substance of the education and advocacy shall be managed through the established mechanisms of the TMA Council on Science and Public Health and the Council on Legislation. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 323 2021 in Handbook.

Resolution 310 2020 – Access to Direct-acting Antiviral Therapy for Texas Medicaid Beneficiaries Infected with Hepatitis C. That TMA create policy using the following language: The Texas Medical Association supports and will advocate for removing the requirement that a Texas Medicaid beneficiary infected with hepatitis C virus have liver fibrosis before being eligible to receive direct-acting antiviral therapy. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 301 2021 in Handbook.

Resolution 311 2020 – Advocating for the Improvement of Access to Mental Health Services Among Minority Teens. That: (1) TMA advocate for culturally informed mental health outreach and services to increase utilization by minority youths in schools, including advocating for an increase in the number of minority mental health professionals; (2) TMA advocate for school districts to incorporate best practices to

reduce biases including those against minority students facing mental health and behavioral disorders; and (3) TMA advocate for increased data collection of mental health intervention outcomes among minority adolescents. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 302 2021 in Handbook.

Resolution 312 2020 – Support for the Texas-CARES Program. That: (1) TMA shall investigate options, identify strategies, and support ongoing efforts to sustain the Texas Cardiac Arrest Registry to Enhance Survival (Texas-CARES) Program in order to collect data on out-of-hospital cardiac arrest (OHCA) incidence, 9-1-1 response, emergency medical services (EMS) treatment, and patient outcomes; (2) TMA work with state, regional, and local EMS organizations, universities, hospitals, public health entities, communities, and the Texas Legislature to support the Texas-CARES registry and quality improvement program in order to maximize survival after OHCA; (3) TMA work to ensure that the state of Texas shall own the data collected by the Texas CARES registry; (4) TMA support adding sudden cardiac arrest as a reportable condition in Texas; and (5) the Texas Delegation to the American Medical Association carry a similar resolution to the AMA House of Delegates for consideration. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 319 2021 in Handbook.

Resolution 313 2020 – Advocating for Increased Capacity of Local State Mental Health Facilities and Coordination of Behavioral Health Services. That: (1) TMA advocate for increased funding and capacity for in-patient psychiatric beds throughout Texas with a priority emphasis in areas that lack local access to mental health facilities; (2) TMA policy 215.019 Public Mental Health Care Funding be amended; and (3) TMA policy 55.033 Children's Mental and Behavioral Health be amended. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 419 2021 in Handbook.

Resolution 314 2020 – Required Platelet Products at a Facility in Maternal Levels of Care Designation. Resolution TMA that work with appropriate authorities at the Texas Department of State Health Services in reevaluating the requirement for platelets on site at all facilities providing maternal care with a designation of level of care II through IV and remove this onerous requirement. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 324 2021 in Handbook.

Resolution 315 2020 – Designating Texas Hospitals as Sensitive Locations. That: (1) TMA oppose U.S. Immigration and Customs Enforcement from operating in hospitals; (2) TMA advocate for state legislation that designates hospitals as sensitive locations where U.S. Immigration and Customs Enforcement cannot operate; and (3) TMA encourage hospitals to publicize their status as sensitive locations to interested parties. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 303 2021 in Handbook.

Resolution 316 2020 – Concurrent Prescribing of Opioid Antagonists with Opioid Prescriptions. That: (1) TMA support concurrent prescribing (coprescription) of naloxone (or other opioid antagonists) with prescriptions and refills of opioids in alignment with the Centers for Disease Control and Prevention naloxone coprescription guidelines; (2) TMA support the implementation of an automatic opioid-opioid antagonist coprescription risk index support tool within electronic health record (EHR) management systems; and (3) the TMA Committee on Health Information Technology research and recommend pragmatic implementation of automatic opioid-opioid antagonist coprescription suggestions within HER management systems to EHR vendors. **Tabled to 2021.**

STATUS: **TABLED TO 2021**

Resolution 317 2020 – Employee Rights to Lactation Accommodation. That: (1) TMA develop model legislation extending employee lactation accommodation rights to employees of private companies and companies of fewer than 50 staff members; (2) TMA amend policy 140.008; (3) TMA develop model legislation extending employee lactation accommodation rights to employees of private companies and companies of fewer than 50 staff members. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 325 2021 in Handbook.

Resolution 318 2020 – Updating Texas Medical Association Teenage Sexual Health Guidelines. That: (1) TMA encourage its members to engage with their local
27 communities and local school boards to develop comprehensive sexual education programs for
28 adolescents that do not teach abstinence as the only effective practice to reduce the risk of unintended
29 pregnancy or sexually transmitted infections; and (2) TMA amend policy 55.016, Sexuality Education. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 304 2021 in Handbook.

Resolution 319 2020 – Supporting an Opt-Out Organ, Eye, and Tissue Donation System in Texas. That: (1) TMA adopt new policy to support an opt-out organ, eye, and tissue donation system in Texas; and (2) TMA amend Policy 280.010 Physician Role in Promoting Organ and Tissue Donation and Transplantation. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 305 2021 in Handbook.

Resolution 320 2020 – Maternal Health and Postpartum Depression Screening. That: (1) TMA encourage implementation of postpartum depression screenings as routine protocol for perinatal and postnatal women in health care settings; and (2) TMA promote education regarding postpartum depression screenings to primary care physicians who are in contact with perinatal and postpartum women. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 306 2021 in Handbook.

Resolution 321 2020 – Saving Energy, Reducing Costs and Increasing Efficiency in Medical Practices. That: (1) TMA adopt and recommend energy conservation guidelines for Texas medical practices; (2) TMA partner with the My Green Doctor initiative and promote its guidelines to physicians and health care providers in Texas; and (3) TMA promote education for green practices for physicians and health care providers in Texas. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 307 2021 in Handbook.

Resolution 322 2020 – Recommendation for the Use of Low Titer Group O Whole Blood for Hemorrhagic. That: (1) TMA support the use of low titer group O whole blood as the optimal blood product in hemorrhagic shock for use in the prehospital setting; and (2) TMA support the use of low titer group O whole blood as the optimal blood product in hemorrhagic shock for use in the hospital setting. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** Withdrawn by authors.

Resolution 323 2020 – Recognizing the Effect of Climate Change on Public Health. That TMA concur with the scientific consensus that the Earth is undergoing adverse global climate change with anthropologic contributions, and acknowledge that climate change will increasingly affect public health, with

disproportionate impacts on vulnerable populations such as the children, elderly, and people of low socioeconomic status. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 353 2021 in Handbook.

Resolution 324 2020 – Mandatory Waiting Period for Firearm Purchases. That TMA advocate for mandatory waiting periods following the purchase of firearms to reduce firearm-related injuries and deaths. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 308 2021 in Handbook.

Resolution 325 2020 – Promoting and Improving Health Literacy. That: (1) TMA recognize that inadequate patient health literacy is a barrier to effective medical diagnosis and treatment; (2) TMA recommend the adoption of a health literacy policy at all health care institutions that should aim to improve physician and other health care professional communication and educational approaches to patient visits; and (3) TMA encourage the allocation of public and private funds for research on health literacy as well as the development of low-cost community and health system resources focused on improving health literacy. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 309 2021 in Handbook.

Resolution 326 2020 – Pediatric Iron Deficiency Anemia Treatment and Diagnosis Guidelines. That TMA support collaboration of qualified stakeholders to develop standard practice guidelines for diagnosis and treatment of childhood iron deficiency anemia that empower primary care physicians to exhaust treatment and care options within their scope before issuing subspecialty referrals. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 326 2021 in Handbook.

Resolution 327 2020 – Improving Access to Immediate Postpartum Long-Acting Reversible Contraception for Adolescents. That: (1) TMA supports increased funding for long-acting reversible contraceptives and other prescriptive contraceptives for women who do not qualify for services under the Healthy Texas Women Program and Texas Family Planning Program and who do not have reliable access to Title X funded clinics; (2) TMA supports and advocates for the reduction of the age at which a minor can access prescriptive contraceptives, including long acting reversible contraceptives, without parental consent from either a) 18 to 17, to match the Texas age of consent, or b) from 18 to 15, to accommodate the entire age group of adolescents who are at increased risk of teenage pregnancy within the state of Texas; and (3) TMA advocates for the expansion of the Texas "mature minor" doctrine described in TMA Policy 55.004 Adolescent Sexual Activity to include access to contraceptive options, such as prescriptive birth control methods (i.e. oral contraceptives, shots, and intrauterine devices), and sexual health services (i.e. pap smears and treatment for urinary tract infections) without parental consent. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 310 2021 in Handbook.

Resolution 328 2020 – Lowering the Legal Age for Minors to Access Contraceptive Services. That: (1) TMA support lowering the legal age at which a minor can access contraceptives without a guardian or parental consent to at least the age of 17; and (2) TMA continue to support initiatives, programs, and funding that eliminate barriers to adolescents accessing reproductive health care. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 311 2021 in Handbook.

Resolution 329 2020 – Flu Vaccinations in Immigrant Holding Facilities at the Border. That: (1) TMA support legislation increasing vaccine availability in immigrant holding facilities; and (2) TMA acknowledge

the importance vaccinations for the health of immigrants in holding facilities on the border, which can also directly affect the health of Texas citizens. **Referred for action with report back.**

REFERRED TO: TMA Board of Trustees.

STATUS: After recommendations from the Council on Science and Public Health, in lieu of adopting Resolution 329 in its entirety, the board approved adopting the second resolve of Resolution 329, "That our TMA acknowledge the importance of vaccinations for the health immigrants in holding facilities on the border, which can also directly affect the health of Texas citizens."

The board approved also that the TMA delegation to the AMA support AMA's efforts calling for better federal oversight to provide appropriate infectious disease prevention and control, including vaccinations for immigrants in holding facilities.

135.027 Vaccinations in Immigrant Holding Facilities at the Border added to TMA Policy Compendium.

See BOT Report 12 2021 in Handbook.

Resolution 330 2020 – Expanding Access to Regularly-Scheduled Dialysis for All Individuals with ESRD. That: (1) TMA support existing municipal, county, and state programs that allow undocumented immigrants with end-stage renal disease (ESRD) to receive regularly scheduled dialysis; (2) TMA support universal access to nonemergency, regularly scheduled dialysis as a humane and cost-effective standard of care for all individuals with ESRD, regardless of immigration status, for whom dialysis is appropriately indicated; and (3) TMA collaborate with relevant stakeholders to identify and implement ways to achieve regularly scheduled dialysis as a standard of care for all individuals with ESRD in Texas. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 327 2021 in Handbook.

Resolution 331 2020 – Incorporating Helmet Safety Education to Texas Elementary Schools. That TMA amend policy 55.021 Bicycle Helmets to encourage physicians to be informed about the safety of helmet use for elementary school children cyclists, promote awareness, and share with local school health and safety advisory committees evidence-based, best practices regarding helmet safety education for schoolchildren. **Referred for action with report back.**

REFERRED TO: TMA Board of Trustees

STATUS: The board referred Resolution 331 to the Council on Science and Public Health. The council recommended, and the board adopted, amending TMA Policy 55.021 Bicycle Helmets to the following language:

TMA Policy 55.021 Bicycle Helmets: The Texas Medical Association supports the use of bicycle helmets certified by the U.S. Consumer Products Safety Commission, by Texans of all ages and passage of a law mandating approved helmet use for all cyclists. TMA encourages physicians to be informed about the benefits of helmet use, particularly for elementary school-age cyclists, and to promote evidence-based, best practices regarding helmet safety education to school and community safety advisory committees.

55.021 Bicycle Helmets amended in TMA Policy Compendium. See BOT Report 16 2021 in Handbook.

FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

BOT Report 11 2020 – Principles for Community-Based Accountable Care Organization. That: (1) TMA adopt Principles for Community-Based Accountable Care Organizations; and (2) TMA actively promote use of a community-based accountable care organization(s) as the foundation of any future Medicaid 1115 waiver. **Adopted.**

REFERRED TO: (1) Add to TMA policy compendium (2) Workgroup on Value-Based Initiatives and Select Committee on Medicaid, CHIP, and the Uninsured

STATUS: (1) 115.021 Principles for Community-Based Accountable Care Organizations added to Policy Compendium; and (2) The Workgroup on Value-Based Initiatives and Select Committee on Medicaid, CHIP, and the Uninsured have presented the principles to the Texas Health and Human Services Commission, state lawmakers, and external stakeholders with an interest in the model. TMA will continue to advocate for inclusion of the model as part of its efforts to ensure low-wage Texans and their families have access to meaningful, comprehensive health care coverage.

CM-RH Report 1 2020 – Studying Financial Barriers of Rural Hospitals, Resolution 414-A-19. That: (1) TMA reaffirm support for existing TMA policy 190.032 Medicaid Coverage and Reform and redouble its efforts to reduce Texas' rate of uninsured during the 2021 legislative session; (2) TMA highly prioritize replenishing funding for the State Physician Education Loan Repayment Program, as 2018-19 budget cuts to this program prevent an estimated 94 physicians from receiving loan repayment funding each year and prevent many underserved communities from benefiting from increased access to physician services; (3) TMA make a high priority adding $1 million to the state budget for 2022-23 to start the Rural Resident Physician Grant Program, HB 1065; (4) TMA support step-down hospital formation by expanding the bed capacity and service requirements used to qualify a hospital for Medicaid and Medicare payments; (5) TMA support elimination of the Medicare physician payment reductions because of sequestration; (6) TMA support elimination of the Medicare critical access hospital 96-hour condition of payment regulation; (7) TMA support expansion of Medicare critical access hospital (CAH) designation requirements, increase funding for CAHs, and/or study why CAH designation doesn't always save rural hospitals; and (8) TMA support increasing funding for Prospective Payment System rural hospitals under Medicare. **Adopted.**

REFERRED TO: (1) Add to TMA policy compendium; and (2)-(8) Council on Legislation and Council on Socioeconomics and Committee on Rural Health

STATUS: (1) 190.032 Medicaid Coverage and Reform reaffirmed in Policy Compendium; and (2)-(8) Since adoption of Report CM-RH 1 at TexMed 2020, TMA collaborated with rural health stakeholders, including the Texas Academy of Family Physicians and Texas Organization of Rural and Community Hospitals, to advocate for implementation of the report's recommendations to address the high risk of rural hospital closures in Texas and improve physician practice viability. During the 2021 legislative session, TMA will advocate for legislation to advance the association's rural health policy, including reducing Texas' uninsured rate, maintaining and expanding telehealth and telemedicine flexibilities, enhancing broadband access, funding physician loan repayment and educational grant programs, and improving rural hospital and physician payments.

CM-HIT Report 1 2020 – Data Migration Responsibilities of Electronic Health Records Vendors in Client Contract Termination, Resolution 411-A-19. That the Texas Delegation to the American Medical Association take a resolution to AMA formally requesting AMA assistance with model contract language and regulatory relief through electronic health record (EHR) vendor certification that ensures EHR vendors are contractually required to deliver the patient's complete medical record in a discrete, industry-standardized, nonproprietary format that can be imported into the new EHR at no cost to the physicians. **Adopted.**

REFERRED TO: Texas Delegation to the AMA

STATUS:

BOT Report 13 2020 – Compensation to Physicians for Activities Other Than Direct Patient Care. That TMA advocate for significant legislative and/or regulatory reforms to lessen (1) the negative impact of state-regulated health plan prior authorization requirements on patients and (2) the burden of state-regulated health plan prior authorization requirements on physician practices. **Adopted.**

STATUS: **TABLED TO 2021.** See BOT Report 18 in Handbook.

C-SE Report 1 2020 – Opposition to New Federal Public Charge Definition. That: (1) TMA adopt new policy opposing revisions to the federal definition of public charge that prevent legal immigrants or their children from using local, state or national health, nutrition, and housing services, including Medicaid or the Children's Health Insurance Program; (2) TMA continue to advocate that the new federal rules be rescinded to protect the health of all Texans; and (3) TMA develop resources to help physicians accurately and concisely convey to their patients what the federal rules relating to public charge do and do not say. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See C-SE Report 3 2021 in Handbook.

CM-PPA Report 3 2020 – Legislative Changes Regarding Vacating Orders. That TMA seek legislation that would provide that: (1) should an administrative law judge find that the Texas Medical Board (TMB) failed to meet its burden of proof on charges that served as the basis for a temporary suspension or restriction of a physician's license, TMB shall overturn and vacate the temporary suspension or restriction as soon as practicable and dismiss the case; (2) the effect of an overturned and vacated temporary suspension or restriction, unless specifically appealed by TMB to district court, shall be that the suspension or restriction never happened and never should have happened; and (3) any mention of charges against a physician related to the temporary suspension or restriction shall be removed from the physician's TMB profile, any related report to the National Practitioner Data Bank voided, and the case dismissed, unless and until a court of law reverses the administrative law judge's findings of facts and conclusion of law. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See CM-PPA Report 3 2021 in Handbook.

Resolution 401 2020 – Insurance Coverage Transparency. That: (1) TMA for legislation requiring commercial insurance carriers to provide accurate information regarding the patient's cost-sharing liability and the insurance plan's liability when a medical office or facility provides the diagnosis codes and Current Procedural Terminology codes via phone or the internet; (2) TMA advocate for legislation requiring commercial insurance carriers to provide updated information at the time of insurance eligibility verification regarding factors that may result in the claim being denied (e.g. the insurance carrier is waiting for the primary policyholder to verify that he or she does not have other health insurance coverage); (3) TMA advocate for legislation requiring commercial insurance carriers to respond to telephone inquiries regarding the patient's cost-sharing liability by providing accurate information both verbally and via a fax confirmation; (4) TMA advocate for legislation penalizing commercial insurance carriers (via fines and the

publication of statistics showing the number of complaints regarding noncompliance by each insurance carrier) for instances where the above information is inaccurate or not provided in a timely manner; and (5) the Texas Delegation to the American Medical Association carry a similar resolution to the AMA House of Delegates. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 428 in Handbook.

Resolution 402 2020 – Need for and Funding of Level I and II Trauma Centers. That TMA work with state officials to determine the number of Level I and Level II trauma centers necessary to support communities of various sizes throughout Texas and to provide necessary funding to make Level I and Level II trauma centers viable with adequate funding for all other service lines. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 408 2021 in Handbook.

Resolution 403 2020 – Taxes on Medical Billing Services. That: (1) TMA oppose the imposition of service and use taxes on processes that are not actually part of delivering a medical service; and (2) TMA work with the Texas Comptroller of Public Accounts and state legislators to resolve and clarify that medical billing, including outsourced billing services, is not the adjudication or practice of insurance, and thus should not be subject to insurance-related sales taxes. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 409 2021 in Handbook.

Resolution 404 2020 – Individual Physicians Be Paid While Awaiting Credentialing Approval. That: (1) TMA adopt as policy that individual physicians should be paid the contracted rate while awaiting approval of their credentials by a health plan; and (2) TMA advocate for legislation that individual physicians be paid by health plans for their services while they are awaiting formal approval of their credentials. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 410 2021 in Handbook.

Resolution 405 2020 – Physicians to Retain Payment During Credentialing. That: (1) TMA adopt as policy that physicians should not be required to refund the contracted rate should credentialing be denied by a health plan; and (2) TMA advocate to amend, by changing "may recover" to "may not cover," Texas Insurance Code, Title 8, Health Insurance and Other Health Coverages, Subtitle F. Physicians and Health Care Providers, Chapter 1452 Physician and Provider Credentials, Sect. 1452.106 Effect of Failure to Meet Credentialing Requirements, to state that "the managed care plan issuer may not recover from the applicant physician or the physician's medical group an amount equal to the difference between payments for in-network benefits and out-of-network benefits." **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 411 2021 in Handbook.

Resolution 406 2020 – Physicians' Salary Survey. That TMA work with an established and credible human resources or placement firm to develop, implement, and publish a physicians' salary survey available to TMA members only that takes into account a variety of factors that affect salary including, but not limited to, specialty, demographics, practice type and size, geographic location, and different types of contractual payment arrangements. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 109 2021 in Handbook.

Resolution 407 2020 – Compensation to Physicians for Activities Other Than Direct Patient Care. That TMA adopt policy that payers – insurance companies and managed care companies, including companies managing governmental insurance plans – must compensate physicians for the time physicians and their staff spend on services outside of direct patient care (noncare services) such as authorization and preauthorization

for coverage and payment for prescriptions, laboratory tests, radiology tests, procedures, surgeries, hospitalizations, and physician visits, as well gathering, compiling, and submitting medical records and data. Such compensation shall be promptly paid in full by payers to physicians at a level commensurate with the education, training, and expertise of the physician and at a rate comparable to that of the most highly trained professionals. The physician shall bill the payers for time spent by the physician and his or her staff in performing noncare services including, but is not limited to, time spent filling out forms, reviewing the patient's medical record, gathering patient-related data, making telephone calls (including time spent negotiating "phone trees" and hold time), documenting in the patient's medical record, communicating with the patient, altering treatment plans (such as changing medications to comply with formularies), printing, copying, and faxing. Upon receiving such a bill, the payers shall pay the physician promptly, with significant interest penalties assessed for delay in payment. Because noncare services benefit the payers, compensation owed to physicians for these services should not be billable to patients. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 413 2021 in Handbook.

Resolution 408 2020 – Contracted Health Plans Must Apply the Same Level of Benefits Concerning Patient Responsibility. That: (1) TMA create policy that health plans in a binding contract with a physician must apply the same level of benefits concerning patient responsibility (copay, coinsurance) regardless of the contracted physician or provider rendering the service; and (2) TMA take this issue to the state legislature for potential statutory action; and (3) the Texas Delegation to the American Medical Association carry a similar resolution to the AMA House of Delegates for policy development and legislative action. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 414 2021 in Handbook.

Resolution 409 2020 – School Physicals Should Be Conducted by Physicians or Their Supervised Designee. That TMA advocate for legislative changes to the Texas Education Code as described in TMA Policy 55.056 requiring that athletic preparticipation physical examinations for school-age children be conducted only by licensed allopathic or osteopathic physicians, or appropriately supervised physician assistants or advanced practice nurses licensed in Texas. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 348 2021 in Handbook.

Resolution 410 2020 – Utilization Review, Medical Necessity Determination, Prior Authorization Decisions. That: (1) TMA urge physicians to bring their concerns regarding decisions made by physicians working for insurance companies to the attention of the Texas Medical Board and Texas Department of Insurance, as these decisions affect patient outcome, and that TMA create a clearinghouse of all complaints against insurance companies and insurance doctors and aggregate this data; and (2) the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates, urge the AMA House of Delegates to adopt similar policy, and urge the AMA Council on Ethical and Judicial Affairs to devise ethical opinions similar to the TMA Board of Councilors' opinions on medical necessity determination and utilization review. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 107 2021 in Handbook.

Resolution 411 2020 – Prior Authorizations. That TMA work to limit the use of prior authorizations to only treatments not supported by the medical literature. **Referred for action with report back.**

REFERRED TO: TMA Board of Trustees

STATUS: The board referred this resolution to the Task Force on Prior Authorization. The task force met twice in 2020 to discuss the need for a wide variety of prior authorization reforms. The task force's legislative recommendations

have been incorporated into TMA's legislative agenda for the 87th Session of the Texas Legislature. While the task force has not pursued directly the resolve in Resolution 411, it has taken a multi-pronged approach directed at reducing the number and burden of prior authorizations in Texas. The board approved that in lieu of Resolution 411, TMA continue to pursue these ongoing legislative reforms formulated by the Taskforce on Prior Authorization to decrease the burden and negative impact of prior authorization related to state-regulated health plans.

See BOT Report 14 2021 in Handbook.

Resolution 412 2020 – Step-Edit Therapy Contributes to Denial of Care and Has Not Demonstrated Improved Patient Outcomes or Overall Cost Savings. That: (1) TMA urge our legislators to review and make transparent the "fail-first" policy of step-edit therapy and study how it affects patient outcomes; and (2) TMA ask the American Medical Association to review the ethical implication of step-edit therapy and make further recommendations on its use. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 420 2021 in Handbook.

Resolution 413 2020 – Caps on Insulin Copayments with Insurance. That TMA support limiting the copayments insured patients pay
38 per month for prescribed insulin. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 401 2021 in Handbook.

Resolution 414 2020 – Postpartum Maternal Healthcare Coverage Under Children's Insurance. That TMA will work with relevant stakeholders to support coverage of and payment for postpartum maternal health care for at least 12 months postpartum under the newborn child's health insurance plan, including Children's Medicaid and Children's Health Insurance Program plans for women who are otherwise uninsured or ineligible for Medicaid. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 402 2021 in Handbook.

Resolution 415 2020 – Promotion of LGBTQ+ friendly and Gender-Neutral Options on Medical Documentation and Intake Forms. That: (1) TMA amend the wording of TMA Policy 265.028 to support inclusion of a patient's biological sex; current gender identity; sexual orientation; preferred gender pronoun(s); preferred name; and clinically relevant, sex-specific anatomy in medical documentation and related forms, including in electronic health records, in a culturally sensitive and voluntary manner; (2) TMA amend the wording for TMA Policy 265.028 to advocate for the incorporation of recommended best practices of LGBTQ+ friendly and gender-neutral medical documentation into electronic health records and other health information technology products at no additional cost to physicians; and (3) TMA, with input from the TMA LGBTQ+ Health Workgroup and appropriate medical and community-based organizations, promote among our membership these recommendations pertaining to medical documentation and related forms, including in electronic health records. **Tabled to 2021.**

STATUS: **TABLED TO 2021**

Resolution 416 2020 – Interstate Medical Malpractice Tort Protection for Physicians Treating Patients in Neighboring States. That: (1) TMA recognize that the appropriate forum for medical liability suits against physicians is the state in which care is rendered; and (2) The Texas Delegation to the AMA take this resolution with the added language below to AMA: That our AMA recognize that access to care for patients

seen by out-of-state physicians may be diminished when there is uncertainty about the appropriate legal forum for medical liability claims. **Referred for action with report back.**

REFERRED TO: TMA Board of Trustees

STATUS: The board referred Resolution 416 to the Council on Socioeconomics. The council discussed how this resolution applies nationally and recommended rewording the language in the second resolve to call on the AMA to take action and create a model bill for other states to consider. The council also recommended rewording the language in the first resolve for readability:

RESOLVED, The Texas Medical Association recognize that the appropriate legal forum for medical professional liability claims is in the state where the patient received the medical care rendered; and be it further ~~forum for medical liability suits against physicians is the state in which care is rendered; and be it further~~

RESOLVED, The Texas Delegation to the AMA take this resolution with the added language below to AMA:
That our AMA create model legislation and support corrective legislation to assure that the appropriate legal forum for medical liability claims is in the state where the patient received the medical care rendered. ~~Recognize that access to care for patients seen by out-of-state physicians may be diminished when there is uncertainty about the appropriate legal forum for medical liability claims.~~

Acting upon the recommendation of the council, the board approved adopting the resolution language as amended.

170.014 Interstate Medical Malpractice Tort Protection for Physicians Treating Patients in Neighboring States added to Policy Compendium.

See BOT Report 15 2021 in Handbook.

Resolution 417 2020 – Insurance Promotion of Preventive Care Services via Incentive-Based Programs. That: (1) TMA advocate for health insurance companies to adopt cash based incentive programs like the Medicare Incentives for Prevention of Chronic Disease program to promote usage of preventive care services; and (2) TMA support further research on health care initiatives that can increase usage of preventive care services by individuals. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 403 2021 in Handbook.

Resolution 418 2020 – Paid Parental Leave. That: (1) TMA promote awareness and education for physicians, legislators, and the public on the importance of adequate parental leave, especially paid leave, in ensuring good maternal and infant health outcomes and promoting the health and well-being of the family; (2) TMA support federal, state, local, and private parental leave policies that provide adequate time to give birth, recover, and breastfeed, and allow for parental bonding following the birth or adoption of a child; (3) TMA support policies that provide at least 12 weeks of paid parental leave following the birth or adoption of a child; (4) TMA support that paid parental leave policies incorporate funding mechanisms that do not put an undue burden on solo or small business owners; and (5) TMA evaluate how internal policies for employees should be updated to provide paid parental leave following the birth or adoption of a child. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 430 in Handbook.

Resolution 419 2020 – Placing Medicaid Expansion on a Statewide Voting Ballot. That: (1) TMA advocate for the inclusion of Medicaid expansion initiatives on a statewide ballot to allow eligible Texas voters to decide; and (2) TMA encourage a reopened dialogue on the topic of Medicaid expansion as an avenue to reduce the high rate of uninsured individuals in Texas. **Referred for action with report back.**

REFERRED TO: TMA Board of Trustees

STATUS: Regarding placing Medicaid expansion on a statewide voting ballot: Texas law does not allow voters to bring ballot initiatives forward for consideration. Instead, the Texas Legislature must pass a constitutional amendment for voters to have the opportunity to consider the question. The board approved that TMA continue its advocacy efforts on Medicaid expansion, and that Resolution 419 not be adopted.

See BOT Report 13 2021 in Handbook.

Resolution 420 2020 – Training Requirements Imposed by Insurance Companies Preventing Patients' Access to Quality Medical Care. That: (1) TMA urge insurance companies to cease and desist from requiring physicians to spend time – in addition to their extensive professional training – in training in each companies' requirements for patient care; (2) TMA urge the Texas Medical Board to condemn such practice by insurance companies as beyond the companies' purview of physician training responsibilities; (3) TMA urge the Texas insurance commissioner to investigate the appropriateness of insurance companies imposing on physicians the onerous and unnecessary burden of web-based or otherwise administered training; and (4) TMA urge the Texas Legislature to take adequate measures to prevent insurance companies from interfering with the education of physicians by engaging in the wasteful exercise of requiring physicians to train in the companies' preferences, objectives, and/or goals. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 404 2021 in Handbook.

Resolution 421 2020 – Physician Societies to Create a Self-Funded, Balanced and Nonpartisan Center for the Study of Healthcare Reform. That: (1) TMA, in collaboration with other medical societies, create and support a permanent, physician-led, independently funded "center" for the balanced, nonpartisan study of health care reform. This entity will maintain and advertise for an online platform to provide a balanced critique upon the strengths and limitations of general and specific policy proposals, health care reports, and national health care systems for the benefit of the general public; and (2) the Texas Delegation to the American Medical Association carry a similar resolution to the AMA House of Delegates, calling upon AMA to support the aforementioned permanent, physician-led, independently funded center for balanced, nonpartisan study of health care reform. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 416 2021 in Handbook.

Resolution 422 2020 – Develop Guidelines for Proper Oversight and Collaboration of Mid-Level Providers by Physicians. That: (1) TMA educate physicians and disseminate to them information on basic tenets of proper physician oversight and supervision of midlevel practitioners and encourage physicians to bring to the attention of the Texas Medical Board physicians who are not providing supervision as required per the delegation of duties; and (2) the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates, urging it to develop national guidelines for proper oversight and collaboration of midlevel practitioners by a physician. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 206 2021 in Handbook.

Resolution 423 2020 – A Push for Mobile-First Design Principles within Medical IOT (Internet of Things) Interfaces. That: (1) TMA recognize and encourage mobile-first designs within our health care systems IOT (internet of things) vendors; (2) TMA encourage a mobile-first design goal among hospital administrations within their own local scope of health care systems; and (3) TMA be aware of rising trends in patient informational technology and adjust future legislation accordingly with respect to previously written TMA policy and future technological trends. **Tabled to 2021.**

STATUS: **TABLED TO 2021**

Resolution 424 2020 – Adoption of Principles of Physician Value-Based Decision-Making in Medical Practice and Professionalism. That: (1) TMA adopt the American Medical Association policy Value9 Based Decision-Making in the Health Care System H-450.938; and (2) TMA adopt policy encouraging physicians to practice value-based decisionmaking, to the best of their ability, as a core tenet of physician professionalism. **Tabled to 2021.**

STATUS: **TABLED TO 2021**

Resolution 425 2020 – Plastic Surgery Board-Certification. That: (1) TMA support efforts to inform patients of the difference in training requirements between American Board of Plastic Surgery (ABPS) board-certified plastic surgeons and individuals board certified through self-designated medical boards; and (2) TMA reaffirm its commitment to advocate for appropriate scope of practice by discouraging non-ABPS-certified individuals from advertising themselves as board-certified plastic surgeons and performing plastic surgery procedures. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** Withdrawn by authors.

Resolution 426 2020 – Results and Regulation of Freestanding Birthing Centers and at Home Birthing Services. That: (1) TMA work with state agencies to study the results, regulation, and quality review mechanisms of freestanding birthing centers and at-home birthing services; and (2) TMA determine if additional regulations and public education are needed. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 336 2021 in Handbook.

Resolution 427 2020 – Adjustments to Hospice Dementia Enrollment Criteria . That: (1) TMA collaborate with the American Medical Association in advocating for the Centers for Medicare & Medicaid Services (CMS) to adjust the secondary hospice enrollment criteria for dementia. Specifically, CMS should incorporate dementia patients who are Functional Assessment Staging Test Stage 6e, who, or their families on their behalf, have chosen not to receive medications or interventions for acute illnesses; and (2) TMA collaborate with AMA in advocating for CMS to expand the coverage and availability of other, novel provisions of care for dementia patients, such as expanding the Medicare Care Choices model that allows palliative services to be provided in the home setting, as a bridge to hospice care. **Tabled to 2021.**

STATUS: **TABLED TO 2021.** See Resolution 422 2021 in Handbook.

2019 AUDIT TRAIL

Action Items Adopted or Referred by the Texas Medical Association House of Delegates

Awards/nominations, amendments to the Constitution and Bylaws, and policy review recommendations are not included.

FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS:

Board of Councilors Report 6 – Sunset Policy Review: That: (1) policies 245.010, Physician Discrimination, 160.019, Temporary Texas License for Medical Opinion and Testimony, and 160.012, Antitrust Laws, be retained; (2) policies 195.029, Registry for Advance Directives, and 105.017, Privacy of Medical Records, be deleted; and (3) policy 165.004, Government Competency Checks, be retained as amended. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: (1) Policies 245.010, 160.019, and 160.012 reaffirm ed in TMA Policy Compendium; (2) policies 195.029 and 105.017 deleted from TMA Policy Compendium; and (3) policy 165.004 amended in TMA Policy Compendium.

Board of Trustees Report 14 – Inactive County Medical Societies: That TMA: (1) define an active county medical society as one that provides the following annually: (a) a list of the reporting year's elected officers and delegates with their terms of office; (b) a list of the reporting year's meetings with attendance noted; (c) confirmation of the county medical society annual membership dues rate; and (d) evidence of filing county medical society annual federal nonprofit tax returns, such as IRS Form 990; (2) allow county medical societies with 50 or fewer members to reduce the number of required officers to three: president, president-elect, and secretary/treasurer; and (3) refer Board of Trustees Report 14-A-19 to the Council on Constitution and Bylaws for recommended bylaws amendments to implement recommendations 1 and 2. **Adopted.**

REFERRED TO: Council on Constitution and Bylaws

STATUS: See C-CB Report 2 2020 in Handbook.

Board of Trustees Report 15 – Sunset Policy Review: Recommendation that policies 105.018, Fraud and Abuse Initiative, and 160.018, Statute of Limitations for Administrative Violations, be retained. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policies 105.018 and 160.018 reaffirmed in TMA Policy Compendium.

Council on Constitution and Bylaws Report 1 – Inactive Specialty Societies: That TMA amend Chapter 3, House of Delegates, Section 3.20, Composition, Subsection 3.227, Specialty societies qualifying for delegate representation and renumber the listing accordingly. **Adopted.**

REFERRED TO: Council on Constitution and Bylaws

STATUS: Updated TMA Bylaws to reflect amendments adopted by the house.

Committee on Physician Health and Wellness Report 1 – Policy Review and Amendment to Committee Charge: That: (1) Policy 95.014, Drug Screening of Physicians, be deleted; and (2) TMA Bylaws Section 10.621, Committee on Physician Health and Wellness be amended. **Adopted.**

REFERRED TO: (1) Add to TMA Policy Compendium and (2) Council on Constitution and Bylaws

STATUS: (1) Policy 95.014 deleted from TMA Policy Compendium; (2) Updated TMA Bylaws to reflect amendments adopted by the house.

Committee on Physician Health and Wellness Report 2 – Sunset Policy Review: That Policy 265.019, Physician Behavior Standards, be retained. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 265.019 reaffirmed in TMA Policy Compendium.

Patient-Physician Advocacy Committee Report 2 – Sunset Policy Review: That policy 245.009, Disciplinary Investigation Reporting, be retained. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 245.009 reaffirmed in TMA Policy Compendium.

Council on Practice Management Services Report 1 – Patient-Centered Medical Responsibilities (Resolution 101-A-18): That the Texas Medical Association (1) support a patient-centered medical record checkup campaign encouraging individuals to ensure they have an up-to-date medical record summary that is accessible in a disaster; and (2) applaud House Concurrent Resolution No. 143, designating May 1 as Texans Medical Record Checkup Day, adopted by the 86th Texas House of Representative. **Adopted as amended.**

REFERRED TO: (1) TMA Communications Division and Council on Health Promotion (2) No action needed for item 2

STATUS: (1) TMA Communications wrote and distributed a news release to media outlets statewide in late-April, promoting Texans Medical Record Checkup Day (May 1) and the need for patients to understand how they can obtain their medical record summaries via their physicians' online portal.
TMA also will solicit a physician author for a Me And My Doctor blog post to educate the public about this issue.
TMA Communications also ran an infographic in the April Texas Medicine magazine and in Texas Medicine Today, informing physicians about this issue and the importance of patients understanding this process.
(2) No action needed for item 2.

Council on Practice Management Services Report 3 – Establish a Standing Committee on Health Information Technology: That: (1) TMA establish a standing Committee on Health Information Technology, and (2) TMA Bylaws Chapter 10, Committees, Section 10.52 be amended to include a new section for the Council on Practice Management Services, with a new subsection, 10.521, Committee on Health Information Technology to read as follows, and the remainder of the chapter be renumbered accordingly. **Adopted.**

REFERRED TO: Council on Constitution and Bylaws and TMA President

STATUS: (1) Standing Committee on Health Information Technology has been appointed. (2) Updated TMA Bylaws to reflect amendments adopted by the house.

Council on Socioeconomics Report 4 – Establishing a Standing Committee on Medicaid, CHIP, and the Uninsured: That: (1) the select committee on Medicaid, CHIP, and the Uninsured be made a standing committee called the Committee on Medicaid, CHIP, and the Uninsured, reporting to the Council on Socioeconomics; (2) the number of members of the committee be set at 15 to allow broad representation to address the programs and activities of the committee; and (3) That TMA Bylaws Chapter 10, Committees, Section 10.53 be amended to include a new subsection, 10.531, Committee on Medicaid, CHIP, and the Uninsured, and to renumber the remainder of the chapter accordingly. **Referred.**

REFERRED TO: Board of Trustees

STATUS: Discussion continues about how to structure the committee.

Council on Science and Public Health Report 6 – Task Force on Behavioral Health: That: (1) The Task Force on Behavioral Health be designated a subcommittee of the Council on Science and Public Health, renaming the task force as the Subcommittee on Behavioral Health; and (2) TMA amend the charge of the council in the TMA Bylaws Section 9.808. **Adopted.**

REFERRED TO: (1) Council on Science and Public Health and (2) Council on Constitution and Bylaws

STATUS: (1) The Subcommittee on Behavioral Health has been designated as a subcommittee of the Council on Science and Public Health. The subcommittee had their first meeting at Winter Conference 2020 and continues to work on its assigned charges by the Council on Science and Public Health. (2) Updated TMA Bylaws to reflect amendments adopted by the house.

Texas Delegation to the AMA Report 3 – Texas Delegation Operating Procedures Changes: That the TMA House of Delegates approve an amendment to the Texas Delegation's Operating Procedures, 5.0 Delegate Review Committee. **Adopted.**

REFERRED TO: Texas Delegation to the AMA

STATUS: Texas Delegation Operating Procedures updated.

Resolution 101-A-19 – Saturday-Sunday Meeting Schedule for the Texas Medical Association (Lone Star Caucus): That: (1) All meetings of TMA be moved to a Saturday-Sunday format from the current Friday-Saturday format; and (2) this resolution be referred to the Board of Trustees to study the feasibility and economic impact on physicians and the association and report back to the House of Delegates in 2020. **Referred.**

REFERRED TO: Board of Trustees

STATUS: See BOT Report 8 2020 in Handbook.

Resolution 102-A-19 – Written Testimony at TMA Reference Committees (Lone Star Caucus): That the Texas Medical Association House of Delegates reference committees may receive testimony prior to the meeting of the House of Delegates for resolutions and recommendations assigned to the reference committees from any member of the Texas Medical Association. The speakers of the House of Delegates shall determine an appropriate process to receive, compile, and make available this testimony. **Adopted as amended.**

REFERRED TO: Speakers, HOD Staff, Council on Constitution and Bylaws and TMA Technology Department

STATUS: TMA members may submit written testimony on resolutions and reports for the House of Delegates virtual annual meeting through the TMA website. These submissions will be posted online for all members to read prior to Annual Session, and reference committee members will be notified of each submission. See SPKR Report 2 2020 in Handbook.

Resolution 103-A-19 – Gratitude for Continuing Medical Education Courses (Lone Star Caucus): That the TMA House of Delegates express its gratitude for the continuing medical education courses offered to TMA members courtesy of TMA Insurance Trust. **Adopted.**

REFERRED TO: No action needed for Resolution 103-A-19

STATUS: No action needed for Resolution 103-A-19

Resolution 104-A-19 – Alternate Delegates May Address the House of Delegates (Lone Star Caucus): That alternate delegates to the TMA House of Delegates be allowed to address the house on matters pending before the House of Delegates without being credentialed as a delegate and that under these circumstances may suggest but cannot make any changes to the content of any resolution or recommendation being considered by the House of Delegates. **Referred for action.**

REFERRED TO: Board of Trustees

STATUS: The board approved that Resolution 104-A-19 not be adopted, and that the speakers develop language regarding rights and privileges for delegates and alternate delegates for inclusion in the TMA House of Delegates Standing Rules for adoption by the house at the 2020 meeting. See SPKR Report 2 2020 in Handbook.

Resolution 105-A-19 – Pharmacies Practicing Medicine (Harris County Medical Society): That (1) the Texas Medical Association work with the state legislature to pass a law declaring that pharmacies in Texas may not require physicians to disclose any patient medical records information as a condition for filling a prescription; (2) TMA work with the Texas Medical Board and the Texas State Board of Pharmacy to prevent pharmacists from engaging in conduct that is defined as "the practice of medicine," including, but not limited to, alteration of medication, dosage, duration, frequency, or quantity of a prescription while in the execution of their duties; and (3) that pharmacists may not rely on corporate policy as justification to usurp the orders of a physician lawfully acting under the Texas Medical Practice Act. **Adopted as amended.**

REFERRED TO: Add to TMA Policy Compendium. Council on Legislation and Office of the General Counsel

STATUS: 30.039 Pharmacists Practicing Medicine added to TMA Policy Compendium.

Resolution 106-A-19 – Establish a Coalition of Medical Societies to Protect Competition and Sustainability in the Health Insurance Marketplace (Harris County Medical Society): That (1) TMA, in collaboration with other state and specialty medical societies, create and provide support for a permanent coalition that, through political advocacy and public outreach, advocates for incremental health care reform that preserves patient choice, physician autonomy, competition in the health insurance marketplace, and sustainability within the health care system; (2) TMA, in collaboration with other medical societies, search out and provide support for a distinct entity whose purpose is to study the current health care system and compare it to other systems as a means to develop and support model state and national legislation that is responsible, incremental, and sustainable; (3) TMA, in collaboration with other medical societies, search out and provide support for a distinct entity whose function is to educate the public on issues pertinent to potential health care legislation. This entity will promote greater public awareness of the benefits of competition in health care and the health insurance marketplace; and (4) the Texas Delegation to the American Medical Association carry this resolution to the AMA House of Delegates. **Referred for study and report back.**

REFERRED TO: Board of Trustees

STATUS: See BOT Report 10 2020 in Handbook.

Resolution 107-A-19 – Physician Dispensing of Prescriptions (Harris County Medical Society): That physicians licensed by the Texas Medical Board (TMB) be allowed to prescribe, dispense, and sell prescriptions, over-the-counter medications, and medical devices to patients in Texas with regulation only by TMB. **Referred for study and report back.**

REFERRED TO: Council on Legislation

STATUS: See C-OL Report 1 2020 in Handbook.

Resolution 108-A-19 – Initial Assessment and Treatment Recommendation by Specialists (Young Physician Section): That TMA recognize that the best practice of patient care dictates that it is the responsibility of the physician to develop the diagnosis and treatment in the evaluation of a patient, while it is recognized under limited circumstances that an initial evaluation may be conducted by a nurse practitioner or physician assistant. **Referred for study and report back.**

REFERRED TO: Council on Health Care Quality and Interspecialty Society Committee

STATUS: See Joint Report 1 2020 in Handbook.

Resolution 109-A-19 – Licensure Status on TMA Membership Applications (Tarrant County Medical Society): That a county medical society board of censors' examination of an applicant be limited only to the applicant's licensure status with the TMB; the membership application be updated to reflect the examination of only the applicant's licensure status (when applicable); and TMA bylaws be amended accordingly. **Referred for study and report back.**

REFERRED TO: Board of Councilors

STATUS: See BOC Report 4 2020 in Handbook.

Resolution 110-A-19 – Blue Cross and Blue Shield of Texas Charitable Requirements as a Not-for-Profit Corporation (Texas Academy of Family Physicians): That the Texas Medical Association (1) express its disappointment to Blue Cross Blue Shield of Texas on its decision to contract with a foreign-based, multinational health care firm to open 10 primary care medical centers in Dallas and Houston; (2) conduct a comprehensive study of these market developments, with appropriate stakeholders, to develop a data-driven strategy to include any public policy options that assure fair business practices and enforceable protections from predatory behavior and adverse patient consequences, and that empowers physicians to compete and thrive in Texas' health care markets. **Adopted as amended.**

REFERRED TO: (1) TMA President and (2) Council on Socioeconomics

STATUS: (1) Dr. Fleeger sent letter to Blue Cross Blue Shield of Texas.
(2) The board approved a recommendation asking that the TMA Council on Socioeconomics convene a group of leadership on how best to pursue a proposal for an economic study to include representatives from the Board of Trustees, Council on Legislation, Council on Socioeconomics, Council on Practice Management Services, Dallas County Medical Society, and Harris County Medical Society. If a determination is made to move forward, representatives from the impacted specialty societies (TAFP, ACP Texas, TSP, and TRS) should be included in the study. Conducting a comprehensive study requires hiring a consulting firm as TMA does not have the internal resources. Due to additional internal staffing constraints a budget request will be submitted soon but is delayed.

Resolution 111-A-19 – Opposing Legislation that Mandates Physician Discrimination (Travis County Medical Society, Texas Pediatric Society, and Texas Chapter of the American Academy of Pediatrics): That TMA support removal of "opposite sex" as a requirement for affirmative defense to prosecution within the Texas Penal Code and that TMA oppose legislation or regulation that mandates physicians and other health professionals discriminate against or limit access to health care for a specific patient population. **Adopted.**

REFERRED TO: Council on Legislation, add to TMA Policy Compendium, and Communications Staff

STATUS: 60.010 Opposing Legislation that Mandates Physician Discrimination added to TMA Policy Compendium.
The September 2019 issue of *Texas Medicine* magazine included an article titled, "Following an Unethical Law," regarding Section 21.11 of the Texas Penal Code. The article called for the removal of the "opposite sex" language in the law as a defense against prosecution under the Texas Penal Code.

Resolution 112-A-19 – Equal Pay for Equal Work (Dallas County Medical Society): That (1) the Texas Medical Association adopt policy to oppose discrimination in physician compensation and promote the principle of equal pay for equal work; (2) TMA create: (a) implicit bias training for all physicians and (b) an education campaign to unify TMA around improving conditions for women physicians; (3) TMA policy containing references to "sex" or "gender" reflect proper usage of the words. The AMA Journal of Ethics suggests "sex" be used when referencing the biological differences between males and females and "gender" be used when referencing the complex psychosocial self-perceptions, attitudes, and expectations people have about members of both sexes; (4) TMA establish a Women in Medicine Section whose purpose is to: (a) strengthen engagement and representation of female physicians in organized medicine through the development of relevant policy, programming, and services, and (b) closely monitor gender equity in

medicine; and (5) TMA Bylaws, Chapter 3, House of Delegates, Section 3.25, Sections, be amended as follows: 3.25 Sections. 3.255 Women in Medicine Section: The House of Delegates shall have a section named the Women in Medicine Section. Any TMA physician member may become a member of the section, and female physicians who are TMA members are members of the section automatically. The section shall have the authority to elect one voting delegate to serve in the House of Delegates. The section shall elect an alternate delegate who may serve as provided in 3.32. The section will be directed by an elected governing council and governed by operating procedures approved by the House of Delegates. The operating procedures shall provide the purposes, organization, and procedures of the Women in Medicine Section. **Adopted as amended in lieu of CM-M Report 2-A-19 and CSE Report 3-A-19.**

REFERRED TO: (1) and (3) Add to TMA Policy Compendium; (2)(a) Council on Practice Management Services; (2)(b) Council on Health Promotion and Women in Medicine Section; (4) Board of Trustees; and (5) Council on Constitution and Bylaws

STATUS: (1) 245.023 Equal Pay for Equal Work added to TMA Policy Compendium. (2) A cross-divisional team comprised of TMA staff from the following departments met and performed extensive market research to identify existing implicit bias training programs and resources: Communications, Human Resources, Medical Education, Membership Development, Practice Management Education, and Public Health. The team organized a matrix detailing each programs' overview, objectives, and available CME. Staff will continue to research programs and identify which program(s) can assist physicians in satisfying implicit bias training needs and requirements. The newly formed Women Physicians Section has identified physicians to work alongside members of the Council on Health Promotion to develop "an education campaign to unify TMA around improving conditions for women physicians." (3) 60.011 References to Sex and Gender in TMA Policy added to TMA Policy Compendium. (4) The Women in Medicine inaugural meeting was held during the 2019 TMA Fall Conference. The section will monitor gender equity in medicine. (5) TMA Bylaws, Chapter 3, House of Delegates, Section 3.25 Sections, has been amended to include the Women in Medicine Section and charge. See WIM Report 1 2020 in Handbook.

FROM REFERENCE COMMITTEE ON MEDICAL EDUCATION AND HEALTH CARE QUALITY:

President Report 2-A-19 – Improving the Quality Payment Program and Preserving Patient Access: That: (1) TMA strongly advocate for Congress to make participation in the Merit-Based Incentive Payment System and alternative payment models under the Quality Payment Program completely voluntary; (2) TMA strongly advocate for Congress to eliminate budget neutrality in the Merit-Based Incentive Payment System and finance incentive payments with supplemental funds that do not come from Medicare Part B payment cuts to physicians and other clinicians; (3) TMA call on the Centers for Medicare & Medicaid Services to provide a transparent, accurate, and complete Quality Payment Program Experience Report on an annual basis so the association can analyze the data to advocate for additional exemptions, flexibilities, and reductions in reporting burdens, administrative hassles, and costs; (4) TMA establish formal policy that the Centers for Medicare & Medicaid Services increase the low-volume threshold for the 2020 Quality Payment Program and future years of the program for all physicians but continue to offer them the opportunity to opt in or voluntarily report; (5) TMA establish formal policy that the Centers for Medicare & Medicaid Services preserve patient access by exempting small practices (1-15 clinicians) from required participation in the Merit-Based Incentive Payment System but continue to offer them the opportunity to opt in or voluntarily report; and (6) the Texas Delegation to the American Medical Association ask the AMA House of Delegates to adopt similar policy and calls to action. **Adopted.**

REFERRED TO: (1) (2) and (3) Council on Health Care Quality; (4) and (5) Add to TMA Policy Compendium; and (6) Texas Delegation to the AMA

STATUS: (1)-(3) The Council on Health Care Quality submitted a formal comment letter to the Centers for Medicare & Medicaid Services with recommendations to improve the Quality Payment Program (QPP) and its Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model tracks. (6) The Texas Delegation submitted a resolution to the 2019 Annual Session of the AMA House of Delegates with similar recommendations. However, because two QPP resolutions by other state medical associations were referred for study and report back at the 2019 Interim Session of the AMA House of Delegates, TMA's QPP resolution was referred for study as well. At the 2019 Interim Session, the AMA Board of Trustees presented a comprehensive report on the QPP, but TMA found the recommendation to be inadequate. The report was ultimately referred back to the AMA Board of Trustees for further consideration, with new recommendations likely to come in June 2020. (4) and (5) 195.038 Improving the Quality Payment Program and Preserving Patient Access added to TMA Policy Compendium.

Committee on Continuing Education Report 2-A-19 – Sunset Policy Review: That Policy 205.030, Commercial Support Regarding Unrestricted CME Funding, be retained. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 205.030 reaffirmed in TMA Policy Compendium.

Council on Medical Education Report 1-A-19 – Sunset Policy Review: That policies 185.018, Mitigating the Texas Physician Shortage and 200.031, Medical School Admissions, be retained. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policies 185.018 and 200.031 reaffirmed in TMA Policy Compendium.

Council on Medical Education Report 2-A-19 – Support of Expanded Eligibility for Inpatient Medicaid GME Funding to Teaching Hospitals: That TMA adopt new policy: (1) TMA supports expansion of the eligibility for the state's inpatient Medicaid graduate medical education (GME) supplemental payments to include additional types of teaching hospitals. These monies can play a critical role in incentivizing hospitals to maintain and expand existing residency programs, as well as develop new programs. TMA recognizes that this growth is needed to maintain an adequate GME capacity that will accommodate the growing number of medical school graduates. (2) TMA supports the specific use of the additional Medicaid GME payments for the support of GME programs. TMA supports the proposed Medicaid GME expansion initiatives developed by the Texas Health and Human Services Commission, including: extending eligibility for the inpatient Medicaid GME supplemental payments to teaching hospitals owned and managed by non-state governmental entities, such as cities or counties; extending eligibility of teaching hospitals owned and managed by non-governmental organizations, such as private hospitals; and updating the inpatient Medicaid GME add-on payments to teaching hospitals based on current costs. **Adopted.**

REFERRED TO: Council on Medical Education and add to TMA Policy Compendium

STATUS: 200.056 Support of Expanded Eligibility for Inpatient Medicaid GME Funding to Teaching Hospitals added to TMA Policy Compendium.

TMA sent letters in 2019 supporting the administrative rules drafted by HHSC to extend Medicaid GME eligibility to non-state government and private teaching hospitals and tracked the progress in implementing the new rules. TMA also supported state legislation in the 2019 State Legislative Session for updating the inpatient Medicaid GME add-on payments to teaching hospitals based on current costs.

Council on Medical Education Report 3-A-19 – Fixing the Inequity in Medicare GME Funding for Texas Teaching Hospitals Compared to Other States: That TMA adopt new policy: TMA supports equity in the "hospital-specific per resident base year cost amount" used by the Centers for Medicare & Medicaid Services to determine Medicare GME funding for teaching hospitals in Texas. Achieving equity in Medicare GME payments is particularly important to states with high population growth rates, such as Texas, to further enable expansion of the state's GME capacity to meet the state's growing demand for physicians' services. This payment equity is needed for teaching hospitals that have Medicare GME funding caps as well as new teaching hospitals that are in their Medicare GME cap-building phase. TMA urges the AMA to act on AMA Policy D-305.973(c) to make the Medicare direct medical education per resident figure more equitable across teaching hospitals while ensuring adequate funding of all residency programs. **Adopted.**

REFERRED TO: Council on Medical Education and add to TMA Policy Compendium

STATUS: 200.057 Inequity in Medicare GME Funding for Texas Teaching Hospitals added to TMA Policy Compendium.
A letter was sent to AMA to urge action on AMA Policy D-305.973(c).

Council on Medical Education Report 4-A-19 – Study of Projected Need for More Medical Schools in Texas: That TMA adopt new policy: TMA recognizes that medical schools require extraordinary resources to meet national accreditation standards and to maintain educational excellence. With the increasing number of medical schools under development in Texas, it is in the best interest of the state for a comprehensive study to be done on the projected need for additional medical schools. The study should be commissioned by the Texas Higher Education Coordinating Board, similar to this agency's work in 2002, which evaluated the projected need the people of Texas have for physicians' services and the need for opportunities in the state to become a physician. TMA supports the coordinating board's use of the study in evaluating future proposals for the establishment of new medical schools in the state. **Adopted.**

REFERRED TO: Council on Medical Education and add to TMA Policy Compendium

STATUS: 200.058 Projected Need for More Medical Schools in Texas added to TMA Policy Compendium.
A letter was sent to the Texas Higher Education Coordinating Board asking for consideration to be given toward conducting an updated study of the projected need for more medical schools in the state.

Council on Medical Education Report 5-A-19 – Medical Students in Natural Disaster/Emergency Situations and Related Liability Coverage (Resolution 108-A-18): That Policy 200.055, Maximizing Participation of Medical Students in Natural Disaster and Emergency Situations, be amended. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 200.055 amended in TMA Policy Compendium.

Council on Medical Education Report 6-A-19 – Study of Unmatched Candidates for U.S. Residency Programs (Resolution 205-A-18): That TMA: (1) adopt new policy on Maximizing Match Rates for Candidates to U.S. Residency Programs; and (2) amend the title of Policy 30.036, New Licensing Category for Assistant Physicians. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: (1) 200.059 Maximizing Match Rates for Candidates to U.S. Residency Programs added to TMA Policy Compendium; and (2) Policy 30.036 amended in TMA Policy Compendium.
TMA surveyed Texas medical schools to identify the number of fourth-year medical students in 2019 who did not match to a residency position and to track outcomes for students who did not match in 2018. Statewide summaries were provided to the medical schools.

Council on Health Service Organizations Report 1-A-19 – Supportive Palliative Care Policy: That TMA develop policy to advocate for legislation that defines "supportive palliative care" as a distinct and different term from "hospice palliative care" under Texas Health and Safety Code Chapter 142. **Adopted.**

REFERRED TO: Council on Legislation and add to TMA Policy Compendium

STATUS: 85.018 Supportive Palliative Care added to TMA Policy Compendium.

Council on Health Service Organizations Report 2-A-19 – Identification Bracelets for Patients With Hearing Loss (Resolution 312-A-18): That TMA approve Resolution 312-A-18 as policy, a recommendation for medical care settings, especially hospitals and emergency departments, to provide identification bracelets on patients with hearing loss indicating their hearing status. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: 265.029 Identification Bracelets for Patients with Hearing Loss added to TMA Policy Compendium.

Council on Health Service Organizations Report 3-A-19 – Sunset Policy Review: That policies 20.008, Minimum Disaster Preparedness Standards for Assisted Living, and 20.007, Behavior Evaluation in Long Term Care Facilities, be retained. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policies 20.008 and 20.007 reaffirmed in TMA Policy Compendium.

Committee on Physician Distribution and Health Care Access Report 1-A-19 – Improving Access to Care in Medically Underserved Areas through Project ECHO and the Child Psychiatry Access Project Model: That: (1) TMA adopt new policy on Improving Access to Care Through Project ECHO and Promoting Awareness of Potential Benefits of the Child Psychiatry Access Project Model for Texas; and (2) the Texas Delegation to the AMA be directed to advocate for promoting awareness and greater implementation of the Project ECHO and Child Psychiatry Access Project models among both academic health centers and community-based primary care physicians; work with stakeholders to identify and mitigate barriers to broader implementation of the models in the US; monitor whether payers offer additional payment or incentive payments for physicians who engage in clinical practice improvement activities as a result of their participation in Project ECHO programs and if confirmed, promote awareness among physicians; support broadband connectivity in all rural areas; and encourage the U.S. Department of Health

and Human Services to publish its findings on the potential benefits of the Project ECHO model, as required by the federal ECHO Act of December 2016 (P.L. 114-270, 114th Congress) at the national level. **Adopted.**

REFERRED TO: (1) Add to TMA Policy Compendium and (2) Texas Delegation to the AMA

STATUS: (1) 290.010 Improving Access to Care in Rural and Medically Underserved Areas added to TMA Policy Compendium.
TMA met with leadership of Texas academic health centers to promote the expansion of Project ECHO in the state and to monitor the implementation of the Child Psychiatry Access Network (CPAN). TMA also advocated in favor of state legislation to establish the CPAN which was successful
(2) A resolution to the AMA was adopted in 2019 that sought new policy to promote awareness and participation in Project ECHO. The AMA Academic Physicians Section then held an informational session on Project ECHO at the 2019 Interim Meeting.

Resolution 201-A-19 – Alternative Maintenance of Certification (MOC) Pathways to Comply with Antitrust Rulings (Harris County Medical Society): That any facility or medical staff in Texas that has complied with Texas law in requiring maintenance of certification (MOC) must accept proof of MOC from one of multiple recertifying entities. **Reaffirmed TMA Policy 175.021 in lieu of adoption of Resolution 201.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: 175.021 Maintenance of Certification Requirement reaffirmed in TMA Policy Compendium.

Resolution 202-A-19 – Clarification of Physician Protection from Maintenance of Certification (MOC) in Facility Bylaws (Harris County Medical Society): That: (1) unless statutorily exempted, every facility in Texas must conduct a vote (over a timeframe of two to four weeks) of the entire medical staff, regardless of medical staff appointment category, prior to including or allowing to remain in the medical staff bylaws any requirement of MOC; (2) regardless of the existence of any system-wide medical staff bylaws, MOC requirements and voting shall be facility-specific, with each facility providing proof of receipt of a notice to each physician when the facility plans to conduct such a vote; and (3) this vote must ignore any wishes of the facility system, administration, or medical staff representatives and under no circumstances should there be any reprisals against any physician by the facility system, administration, or medical staff representatives over any activity involving matters pertaining to MOC. **Adopted.**

REFERRED TO: Council on Legislation and add to TMA Policy Compendium

STATUS: 175.027 Physician Protection from Maintenance of Certification in Facility Bylaws added to TMA Policy Compendium.

Resolution 203-A-19 – Restrictions to Requirements of Maintenance of Certification (MOC) (Harris County Medical Society): That the Texas Medical Association oppose mandatory maintenance of certification. **Adopted as amended.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: 175.028 Requirements of Maintenance of Certification added to TMA Policy Compendium

Resolution 205-A-19 – Eliminating Professional and Colloquial Use of the Term "Mental Retardation" by Physicians in a Clinical Setting (Medical Student Section): That (1) the Texas Medical Association recommend physicians adopt the term "intellectual disability" instead of "mental retardation"; and (2) the Texas Delegation carry this, or a similar resolution, to the American Medical Association that the term "mental retardation" be replaced with more widely accepted terminology by all United States physicians in a clinical setting. **Adopted as amended.**

REFERRED TO: (1) Division of Communications and add to TMA Policy Compendium and (2) Texas Delegation to the AMA

STATUS: (1) 90.003 Intellectual Disability added to TMA Policy Compendium; Three *Texas Medicine Today* stories and a *Blogged Arteries* post have been published on this subject:
https://www.texmed.org/Template.aspx?id=50695
https://www.texmed.org/Template.aspx?id=50789
https://www.texmed.org/Template.aspx?id=50933
https://www.texmed.org/Template.aspx?id=51062
(2) AMA Resolution 024-A-19 was adopted. Policy H-70.912: RESOLVED, That our American Medical Association recommend that physicians adopt the term "intellectual disability" instead of "mental retardation" in clinical settings.

Resolution 206-A-19 – Consideration for Care of Individuals with Autism Spectrum Disorder (ASD) (Medical Student Section): That the Texas Medical Association (1) support the provision of resources in the community to individuals with autism and to their families in order to provide a more comprehensive spectrum of primary and preventative care to individuals with autism; and (2) encourage physicians to promote existing resources in order to better accommodate patients with ASD in rural or underserved communities. **Adopted as amended.**

REFERRED TO: Council on Health Promotion, Committee on Medical Home and Primary Care, Committee on Rural Health, and add to TMA Policy Compendium

STATUS: 260.111 Autism Spectrum Disorder added to TMA Policy Compendium.

TMA staff completed the following activities to promote resources developed by the Committee on Medical Home and Primary Care and the Committee on Rural Health.

- Created a page on the TMA website with resources for physicians to easily access and share with patients and their families (www.texmed.org/Autism);
- Created a campaign to educate TMA members about the webpage and how it can be utilized to benefit their patients and their families; and
- Published a story, "Addressing Autism: Giving Physicians Tools," in the December 2019 issue of Texas Medicine, featuring physician experts who work with patients with autism spectrum disorder. (www.texmed.org/AddressingAutism/)

Resolution 209-A-19 – Promoting Health Insurance and Health Policy Education Prior to Residency (Medical Student Section): That the Texas Medical Association support and promote the availability of educational resources for medical students on the business of medicine and health policy. **Adopted as amended.**

REFERRED TO: Add to TMA Policy Compendium and Medical Student Section, Resident and Fellow Section.

STATUS: 200.056 Business of Medicine Education for Medical Students added to TMA Policy Compendium.
TMA has multiple resources of educational materials on insurance and health policy. These materials are currently available and free to members. In order to make this information more readily accessible, the information can all be found on the student page of the TMA website. Additionally, TMA hosts a lecture series for TMA student chapters which provides live presentations on their individual campuses. Educational topics include Managed Care/HMO/PPO, Medical Economics, the Importance of Politics in Medical Careers, and many more. Efforts to promote these resources are ongoing and include informational items in TMA-Medical Student Section business meeting packets and on PowerPoint slides projected during business meetings, reminders in chapter update emails, and in the student version of TMA's daily newsletter, *Texas Medicine Today*.

Resolution 210-A-19 – Recommendation for Hemorrhage Control Training of Health Care Professionals (Medical Student Section): That the Texas Medical Association (1) support initiatives that promote training in hemorrhage control, such as Stop the Bleed®; and (2) support the inclusion of hemorrhage control supplies in first aid kits in public spaces. **Adopted as amended.**

REFERRED TO: (1) Committee on Emergency Medical Services and Trauma and (2) Add to TMA Policy Compendium

STATUS: (1) The Committee on Emergency Medical Services and Trauma has worked with the Texas College of Emergency Physicians to support medical students promoting hemorrhage control training, including collaborating with TMA communications to educate physicians and the public about the 2019 Stop the Bleed campaign. Forthcoming initiatives also include a story in the April Texas Medicine about the initiative and working with medical student leaders of Lone Star Survivors, a local hemorrhage control training program, to submit a blog article for Me and My Doctor in order to increase public knowledge of training opportunities. The committee will continue to work on this ongoing initiative. (2) 100.031 Hemorrhage Control Supplies in First Aid Kits added to TMA Policy Compendium. HB 496 passed in the 2019 Texas Legislature, supporting hemorrhage control supplies in public schools. The Committee on Emergency Medical Services and Trauma is working to support the implementation efforts of Representative Gervin-Hawkins, the author of the bill, and the Texas Education Agency. Texas Medicine ran a story regarding Resolution 210 in April 2020 regarding both components of the charge for outreach purposes.

Resolution 211-A-19 – The Integration of LGBTQ Health Topics Into Medical Education (Medical Student Section): That TMA: (1) support the integration of LGBTQ health care topics into undergraduate and graduate medical education; and (2) work with the appropriate parties to develop best practices for the integration of LGBTQ health care education into undergraduate and graduate medical education as well as CME. **Referred with a report back.**

REFERRED TO: Council on Medical Education and Council on Science and Public Health

STATUS: See C-ME Report 7 2020 in Handbook.

Resolution 212-A-19 – Improve Physician-Hospital Relations (Harris County Medical Society): That the Texas Medical Association (1) study ways to protect the relationship of physicians and their patients after inpatient hospital referrals and report back to the TMA House of Delegates at its annual 2020 meeting; and (2) study ways to improve the representation of all practice types of physicians through hospital medical staff bylaws to include the business associate agreement, if any. **Adopted as amended.**

REFERRED TO: Council on Health Service Organizations

STATUS: See C-HSO Report 1 2020 in Handbook.

Resolution 213-A-19 – Complying with Value-Based Care Quality Measures for Medication Adherence (Elizabeth Torres, MD): That TMA work with payers to identify standard methodologies that address quality measure requirements for medication adherence in response to marketplace influences beyond the physician/providers control. **Adopted.**

REFERRED TO: Council on Health Care Quality and Council on Socioeconomics

STATUS: At the recommendation of the Council on Health Care Quality, TMA sent formal letters advocating for standard methodologies and improvements to value-based care quality measures for medication adherence. Formal letters were sent to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Center for Medicare and Medicaid Innovation, National Committee on Quality Assurance, Blue Cross Blue Shield of Texas, United Healthcare, Aetna, Humana, and Cigna. TMA further urged all payers and organizations to adopt formal policy that ensures the use of only those quality measures that physicians can reasonably influence and control, and that accurately reflect the quality of care they provide to their patients. In addition, at the urging of the Council on Socioeconomics, TMA's Payment Advocacy Department discussed medication adherence methodologies with payers during carrier meetings.

FROM REFERENCE COMMITTEE ON SCIENCE AND PUBLIC HEALTH:

Committee on Cancer Report 1-A-19 – Sunset Policy Review: That Policy 260.062, Indoor Tanning Salon Regulation, be deleted. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 260.062 deleted from TMA Policy Compendium.

Committee on Child and Adolescent Health Report 2-A-19 – Sunset Policy Review: That Policy 325.009, Child Abuse Prevention and Education, be deleted. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 325.009 deleted from TMA Policy Compendium.

Committee on Emergency Medical Services and Trauma Report 2-A-19 – Appropriate Physician Oversight of EMS Medical Practices (Resolution 302-A-18): That new TMA policy, the Texas Medical Association will advocate for the Texas emergency medical service (EMS) systems to provide adequate funding for physicians to play an active role in the provision of Medical Direction and Oversight. This includes adequate support staff to accomplish this goal with the level of involvement necessary to perform the duties required by the Texas Medical Board (TMB) and Department of State Health Services (DSHS); thus facilitating safe oversight and management of EMS medical practices, be adopted in lieu of Resolution 302-A-18. **Adopted.**

REFERRED TO: Council on Legislation and add to TMA Policy Compendium

STATUS: 100.032 Appropriate Physician Oversight of Emergency Medical Service Medical Practices added to TMA Policy Compendium.

Committee on Emergency Medical Services and Trauma Report 3-A-19 – Sunset Policy Review: That Policy 100.013, Trauma Funding, be retained and Policy 205.029, Hurricane Ike and The University of Texas Medical Branch, be deleted. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 100.013 reaffirmed and policy 205.029 deleted from TMA Policy Compendium.

Committee on Infectious Diseases Report 1-A-19 – Sunset Policy Review: That Policy 260.081, Bar Coding on Vaccines, be deleted. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 260.081 deleted from TMA Policy Compendium

Council on Practice Management Services Report 2-A-19 – Improving Health Technology Products to Address the Issues of Sex and Gender: That the Texas Delegation to the AMA introduce a resolution to the AMA House of Delegates asking AMA to adopt the following: (1) Research the problems related to the handling of sex and gender within health information technology (HIT) products and how to best work with vendors so their HIT products treat patients equally and appropriately, regardless of sexual or gender identity; and (2) Advocate for the incorporation of recommended best practices into electronic health records and other HIT products at no additional cost to physicians, and investigate the use of personal health records to reduce physician burden in maintaining accurate patient information instead of having to query everyone regarding sexual orientation and gender identify at each encounter. **Adopted.**

REFERRED TO: Texas Delegation to the AMA

STATUS: AMA Resolution 242-A-19 was adopted. Policy H-315.967: RESOLVED, That our American Medical Association research the problems related to the handling of sex and gender within health information technology (HIT) products and how to best work with vendors so their HIT products treat patients equally and appropriately, regardless of sexual or gender identity; and be it further RESOLVED, That our AMA investigate the use of personal health records to reduce physician burden in maintaining accurate patient information instead of having to query each patient regarding sexual orientation and gender identity at each encounter; and be it further RESOLVED, That our AMA advocate for the incorporation of

recommended best practices into electronic health records and other HIT products at no additional cost to physicians.

Council on Science and Public Health Report 1-A-19 – Extreme Risk Protection Orders and Gun Violence (Resolution 314-A-18) – That (1) TMA Policy 260.015, Firearms, be amended to read: The Texas Medical Association recognizes gun violence as a public health issue requiring the promotion of evidence-based strategies in Texas. Medical professional organizations should speak out about the prevention of firearm-related injuries and deaths, and TMA calls on physicians to support: (a) The primary prevention of firearm morbidity and mortality through educating Texans about firearm safety and the potential hazards of firearm ownership, recognizing that physicians have an unencumbered right to inquire of and inform patients and their families about the risks of firearms and in particular the risk to children; (b) Promotion of the Texas Hunter Education and certification program developed by the Texas Department of Parks and Wildlife; (c) Providing anticipatory guidance in the clinical setting on the dangers of firearm ownership in an informational, nonjudgmental manner, encouraging firearm owners to adhere to best practices for reducing the risk of accidental or intentional injuries or deaths by ensuring firearms are not accessible to children; adolescents; or people with mental, behavioral, or substance use disorders; (d) Strict enforcement of federal and state gun control laws and mandated penalties for crimes committed with a firearm, including illegal possession; (e) The use of trigger locks (such as can be provided by www.projectchildsafe.org) and locked gun cabinets to help prevent unintentional discharge; and (f) Unfettered study of issues involving firearms and public health and safety, and Texas' participation in national surveillance studies on violence in the United States, ensuring the state has timely, accurate data on firearm-related mortality and morbidity to guide Texas' public health prevention activities (Res. 28S, p 176, A-93; Substitute CPH Rep. 3-A-08; amended CSPH Rep. 5-A-18); (2) That the Task Force on Behavioral Health develop information for physicians on the prevention and assessment of suicide risk and promote awareness of mental health first-aid training for physicians and office staff, and of state statute on the sharing of information on patients at risk; (3) That TMA advocate for a protective order process to allow for the implementation of risk-based protective orders to address those reported to be at high risk of violence to others or self-harm; (4) Policy 325.002, Family Violence, be amended to read: The Texas Medical Association believes that physicians should be aware of the resources available in their community such as information provided by the Texas Family Violence Council and information on family protective orders developed by the Office of the Attorney General to inform and support victims of domestic violence. Physicians should make this information available in their waiting rooms or have their office staff provide it. The association should provide physicians with information on the symptoms of domestic violence and abuse, and physicians should record information on domestic violence in the patient's medical file (CPH, p 129, A-92; amended CPH Rep. 3-A-10). **Adopted as amended.**

REFERRED TO: (1) and (4) Add to TMA Policy Compendium; (2) Council on Science and Public Health; (3) Council on Legislation; and (1)-(4) Council on Health Promotion

STATUS: (1) Policy 260.015 amended in TMA Policy Compendium; (4) Policy 325.002 amended in TMA Policy Compendium. (2) The Subcommittee on Behavioral Health, formerly the Task Force on Behavioral Health, convened during Winter Conference 2020 to begin its work on this charge. The subcommittee planned to present a TMA Distinguished Speaker Series presentation scheduled for April 23, 2020 on suicide prevention and will feature Drs. Neavel, Dr. Kim, and Dr. Roaten as panelists, along with a carefully vetted youth with lived experience of suicidality. This event was cancelled due to COVID-19, but is being targeted for a reschedule in early September.
(1) – (4) *Texas Medicine Today* story outlining this entire new policy published Aug. 13, 2019, in the aftermath of the El Paso mass shooting.

https://www.texmed.org/TexasMedicineDetail.aspx?id=51249. Published "Firearms Safety: A Growing Public Health Threat," in September 2019 issue of Texas Medicine. (www.texmed.org/FirearmsTM0919/). Published "Report Positions TMA Response to Firearms Violence," in Aug. 13, 2019, issue of Texas Medicine Today, following the mass shooting at the El Paso Walmart. (www.texmed.org/FirearmsResponse/)
(4) The Council on Health Promotion is working with the National Sports Shooting Foundation, which is responsible for Project ChildSafe, the trigger lock program mentioned in section (1)(e) of the report, and the Texas Parks and Wildlife Department's Texas Hunter Education Program to promote the organizations' firearms safety materials and the availability of free trigger locks through nearly 400 local law enforcement agencies across Texas.

Council on Science and Public Health Report 2-A-19 – Support of Evidence-Based Medicine, Resolution 107-A-17: That Policy 265.018, Evidence-Based Medicine, be amended. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 265.018 amended in TMA Policy Compendium.

Council on Science and Public Health Report 3-A-19 – Raising the Minimum Purchase Age for Guns (Resolution 313-A-18): That: (1) Resolution 313-A-18 not be adopted; (2) language from AMA policy H-145.990, Parental Education on Prevention of Firearm Accidents in Children, be adopted as new TMA policy; and (3) Policy 245.021, Patient-Doctor Privileged Communication, be reaffirmed. **Adopted.**

REFERRED TO: (1) Resolution 313-A-18 was not adopted; (2) and (3) Add to TMA Policy Compendium

STATUS: (2) 260.112 Parental Education on Prevention of Firearm Accidents in Children added to TMA Policy Compendium; (3) Policy 245.021 reaffirmed in TMA Policy Compendium.

Council on Science and Public Health Report 4-A-19 – Early Childhood Adversity and Health: That (1) the Texas Medical Association identify adverse childhood experiences (ACEs) as a public health issue and advance TMA activities to increase awareness and understanding of ACEs among TMA members and the public, and ensure physicians have information on resources for screening patients, payment for care, and local resources and services for their patients; (2) TMA, in coordination with other state entities, convene a summit with physicians and other health professionals, community leaders, and representatives of public health and high risk populations to identify priorities for addressing ACEs. This includes identifying barriers physicians face in screening and caring for children and adults, gaps in services and resources in public programs and communities, evidence-based programming, access to data for assessment, and understanding the unique needs of specific populations; and (3) TMA advocate for public health initiatives and activities that provide effective support and care for children and adults exposed to trauma. **Adopted as amended.**

REFERRED TO: (1) and (3) Add to TMA Policy Compendium; (2) Council on Science and Public Health

STATUS: (1) and (3) 55.062 Early Childhood Adversity and Health added to TMA Policy Compendium (2) Council on Science and Public Health and the Subcommittee on Behavioral Health planned on collaborating with University of Texas Systems Pediatric Brain Health Summit, originally scheduled for March 23-24, 2020, to engage TMA physicians in a

specialized breakout session with keynote expert in ACEs Dr. Jack P. Shonkoff, from Harvard T.H. Chan School of Public Health. This event was postponed due to COVID-19.

Council on Science and Public Health Report 5-A-19 – Sunset Policy Review: That (1) policies 260.019, Protective Headgear for Equestrian Sports, and 260.022, Swimming Pool Safety, be retained; (2) policies 95.031, Controlled Substance Registrations, 95.032, Minimum Pharmacy Disaster Standards, 100.017, Emergency Preparedness Re Chemical and Bio-Terrorism Physician Education, 260.051, Helmet Requirement for Motorcycle Riders, 260.041, Ephedrine, 260.059, Texas Poison Center Network, and 260.082, Reducing the Health Burden of Air Pollution in Texas, be deleted; and (3) policies 95.023, Direct-to-Consumer Advertising of Prescription Drugs and Implantable Devices, 260.003, Poison Control Center Enhancements, 260.080, Vaccine Delivery, 260.083, Promotion of Health Lifestyles – Reducing the Population Burden of Cardiovascular Disease by Reducing Sodium Intake, 280.035, ST-Elevation Acute Myocardial Infarction (STEMI), and 260.103, Disaster Preparedness Planning and Response be retained as amended. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: (1) Policies 260.019 and 260.022 reaffirmed in TMA Policy Compendium; (2) Policies 95.031, 95.032, 100.017, 260.051, 260.041, 260.059, and 260.082 deleted from TMA Policy Compendium; and (3) Policies 95.023, 260.003, 260.080, 260.083, 280.035, and 260.103 amended in TMA Policy Compendium.

Resolution 301-A-19 – Distribution and Display of Human Trafficking Aid Information in Public Places (Lone Star Caucus, Lubbock County Medical Society): That: (1) TMA adopt as policy that readily visible signs, notices, posters, placards, or other readily available educational materials providing information about reporting human trafficking activities or providing assistance to victims and survivors be permitted in local clinics, emergency departments, or other medical settings; (2) TMA, through its website or internet presence, provide downloadable materials displaying the National Human Trafficking Hotline number to aid in displaying such information in local clinics, emergency departments, or other medical settings and advocate that other recognized medical professional organizations do the same; (3) TMA urge both state and federal governments to make changes in laws to advocate the broad posting of the National Human Trafficking Hotline number in areas such as local clinics, emergency departments, and other medical settings; and (4) our Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates for consideration. **Adopted.**

REFERRED TO: (1) Add to TMA Policy Compendium; (3) and (4) Texas Delegation to the AMA; and (1)-(3) Council on Science and Public Health

STATUS: (1) 260.113 Distribution and Display of Human Trafficking Aid Information in Public Places added to TMA Policy Compendium. (1)-(4) TMA Human Trafficking webpage created: https://www.texmed.org/humantrafficking/. This webpage includes the latest resources and downloadable materials on human trafficking for practices and clinics; training and education resources for health professionals; and links to CME courses to recognize, screen, and take appropriate action to combat human trafficking.
(3) In November 2019, a small group of TMA member physicians, with the backing of the council, provided feedback on a draft Texas Health and Human Services Commission (HHSC) training that is currently under development on human trafficking. The training produced by HHSC will be offered to all physicians in Texas to fulfill the new statewide CME

requirements of HB 2059 by 9/1/2020. The physician workgroup and the council has been working with TMA advocacy to prepare for making amendments to state policy regarding HB 2059 and the unprecedented requirement that the human trafficking CME must go through HHSC for approval. (3) and (4) AMA Resolution 023 was adopted. Policy H-440.814: RESOLVED, That our American Medical Association adopt as policy that readily visible signs, notices, posters, placards, and other readily available educational materials providing information about reporting human trafficking activities or providing assistance to victims and survivors be permitted in local clinics, emergency departments, or other medical settings; and be it further RESOLVED, That our AMA, through its website or internet presence, provide downloadable materials displaying the National Human Trafficking Hotline number to aid in displaying such information in local clinics, emergency departments, or other medical settings and advocate that other recognized medical professional organizations do the same; and be it further RESOLVED, That our AMA urge the federal government to make changes in laws to advocate for the broad posting of the National Human Trafficking Hotline number in areas such as local clinics, emergency departments, and other medical settings

Resolution 302-A-19 – Statement of Personhood Measures (Dallas County Medical Society): That the Texas Medical Association, regarding any personhood measure, advocate and inform on proposed public policy measures related to reproductive health based on evidence-based medicine, which promotes the safety and effective treatment of patients, and preserves access to comprehensive reproductive care including assisted reproductive services. **Adopted as amended.**

REFERRED TO: Committee on Reproductive, Women's, & Perinatal Health

STATUS: This resolution provides guidance to the council and will be used to shape any future TMA comment needed if and when the topic of reproductive health is raised in public policy debate or discussion. The council will monitor future personhood measures to advocate and inform on proposed public policy measures related to reproductive health based on evidence-based medicine, which promotes the safety and effective treatment of patients, and preserves access to comprehensive reproductive care including assisted reproductive services.

Resolution 303-A-19 – Improving Medical Clearance Policies for Traumatic Brain Injury Patients (Dallas County Medical Society): That: (1) TMA reaffirm its policy stating that it strongly supports current national and Texas gun law and regulations relating to medical need and public safety, and advocates for legislation that more strongly implements these laws due to public health concerns; (2) TMA advocate for amending Texas law to clearly include prohibiting symptomatic TBI patients from obtaining or retaining a license to carry a firearm until medical clearance; (3) TMA create policy, advocate for, and support legislation that expands to all people the medical clearance requirements and firearm purchasing restrictions in Texas' license-to-carry law; (4) TMA advocate for legislation that would promote and emphasize the need and importance of physician reporting of all patients who have prohibitive conditions, including symptomatic TBI patients, to the Texas Medical Advisory Board; (5) TMA advocate for expansion of and investment into the Medical Advisory Board so it is better known by physicians, easier to use, and explicit regarding the medical conditions that may require reporting to it; (6) TMA advocate for legislation that expands the Medical Advisory Board's oversight of possibly impaired individuals with gun licenses to all possibly impaired gun owners; and (7) that the Texas Delegation to the AMA carry any newly adopted policy related to TBI and access to firearms to AMA. **Referred for study.**

REFERRED TO: Council on Science and Public Health, Office of the General Counsel, and Council on Legislation

STATUS: See C-SPH Report 3 2020 in Handbook.

Resolution 304-A-19 – Requirement for Food Allergy Posters and Employee Training in Food Establishments (Harris County Medical Society, Louise H. Bethea, MD, Texas Allergy, Asthma & Immunology Society): That TMA: (1) provide advocacy support to the Texas Allergy, Asthma & Immunology Society's efforts as the society seeks the passage of legislation mandating, not just recommending, that all food service establishments display a poster related to food allergen awareness in an area of the establishment accessible primarily to its employees. This poster must include the risk of an allergic reaction, a list of the major food allergens, methods to prevent cross-contamination in food preparation, and signs and symptoms associated with anaphylaxis with instructions to call 911; and (2) advocate for a mandate that food service employees be required, on a biennial basis, to be trained in food allergy awareness with information on which foods – milk, eggs, wheat, soy, shellfish, fish, peanuts, and tree nuts – cause the most reactions; trained in the prevention of cross-contamination in food preparation; and trained in the signs and symptoms associated with anaphylaxis with instructions to call 911. The training programs can be completed online or in class form and should be certified by a nationally recognized organization and approved by the Texas Department of Health and Human Services. **Referred for study with report back.**

REFERRED TO: Council on Legislation and Council on Science and Public Health

STATUS: See C-SPH Report 4 2020 in Handbook.

Resolution 305-A-19 – Allow the Possession and Administration of an Epinephrine Auto-Injector in Certain Entities (Harris County Medical Society, Louise H. Bethea, MD, Texas Allergy, Asthma & Immunology Society): That: (1) epinephrine auto-injectors be allowed to be placed in public places in areas accessible as determined by the entity. Those entities include amusement parks, camps, institutions of higher education, food service establishments, sports venues, concerts, state government entities, retail facilities, churches, synagogues, youth centers, and any other entity the Texas Executive Commissioner, by rule, designates as an entity that would benefit from the possession and administration of epinephrine auto-injectors; (2) an employee or volunteer with these entities be trained on an annual basis by an approved source to administer an epinephrine auto-injector to a person reasonably believed to be experiencing anaphylaxis on the premises of the entity; (3) policies relating to epinephrine auto-injectors be established by the Texas Executive Commission; and (4) a trained person who in good faith initiates treatment using an epinephrine auto-injector under the rules established by the state be immune from civil or criminal liability, as will the entity or business and those associated with the prescribing, dispensing, and administration of the epinephrine auto-injectors. **Referred.**

REFERRED TO: Council on Legislation and Council on Science and Public Health

STATUS: See C-SPH Report 5 2020 in Handbook.

Resolution 306-A-19 – Opposition to Limiting the Physician's Role in the End-of-Life Process (Harris County Medical Society): That the Texas Medical Association oppose any efforts to limit the physician's compassionate and ethical role in the end-of-life process. **Adopted as amended.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: 85.019 Physician's Role in End-of-Life Process added to TMA Policy Compendium.

Resolution 307-A-19 – Regulatory Recommendations for Bed Bugs (Wendell H. Williams III, MD): That: (1) TMA consider bed bugs as a public health issue; (2) the resolution be referred to the appropriate TMA council, committee, or body to seek a mechanism for the collection, study, and public reporting of data on the impact of bed bugs on the public health of Texans; (3) the resolution be referred to the appropriate TMA council, committee, or body to collaborate with the Texas Association of City and County Health Officials to develop guidelines for local health authorities using an Integrated Pest Management approach to bed bugs; (4) TMA in collaboration with the Texas Department of State Health Services support regulatory changes that encourage the reporting, treatment, and study of bed bugs in state-supported living centers; (5) TMA seek legislation to address the public health issue of bed bugs in Texas, most especially when affecting vulnerable populations or inhabitants of multifamily dwelling units (MDUs); and (6) the Texas Delegation carry this resolution, or a similar one, to the American Medical Association to develop public health recommendations and seek regulatory or legislative action for this growing national public health issue, especially in regard to the collection, study, and public reporting of data on the impact of bed bugs; the effect of bed bug infestations on MDUs; and the U.S. Department of Housing and Urban Development's role in bed bug management. **Referred for study.**

REFERRED TO: Council on Science and Public Health

STATUS: See Joint Report 3 2020 in Handbook.

Resolution 308-A-19 – Regulation of Electric Scooters (Bexar County Medical Society): That TMA: (1) work with the Texas Department of Public Safety (DPS) to have electric scooters regulated as bicycles and require operators to follow traffic laws as bicycle operators; (2) work with DPS to place an age restriction on electric scooter operators to limit the use of these scooters by children too young to understand traffic laws and to allow only one operator per scooter; and (3) work with DPS to require the use of helmets when operating electric scooters and to add safety features so that car drivers can see them. **Referred for study.**

REFERRED TO: Council on Science and Public Health and Committee on Emergency Medical Services and Trauma

STATUS: See Joint Report 2 2020 in Handbook.

Resolution 309-A-19 – Factoring Adolescent Sleep Patterns into Middle and High School Start Times (Medical Student Section): That TMA encourage physicians to be informed on the biologic sleep needs of adolescents, promote awareness of this need to the community, and communicate with local school health advisory committees to share evidence-based, best practices regarding health promotion, including the benefits of later school start times for adolescents. **Adopted.**

REFERRED TO: Council on Health Promotion and add to TMA Policy Compendium

STATUS: 55.061 Adolescent Sleep Patterns and School Start Times added to TMA Policy Compendium.

TMA communications has placed multiple blog posts on the public-facing "Me And My Doctor" blog about adolescents' need for adequate sleep. At least one such TMA post refers to (and links to) the American Academy of Pediatrics' recommendation regarding later school start times. The TMA Committee on Child and Adolescent Health also is aware of the issue of adolescents' sleep needs, including the benefits of later school start times.

Local districts have jurisdiction over such decisions, and many Texas school districts already adjust class schedules per these recommendations.

Resolution 310-A-19 – Amending TMA Policy 315.031, Restricting the Sale of Electronic Cigarettes to Minors (Medical Student Section): That Policy 315.031, Restricting the Sale of Electronic Cigarettes to Minors, be amended. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 315.031 amended in TMA Policy Compendium.

Resolution 311-A-19 – Identifying Trauma and Mental Health Susceptibilities in Schools (Medical Student Section): That TMA advocate for school-based systems of mental health care that provide an integrated system of educator training, referral to treatment, and clear access to providers. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: 215.023 Identifying Trauma and Mental Health Susceptibilities in Schools added to TMA Policy Compendium.

Resolution 312-A-19 – Opposition to Increasing Work Requirements for the Supplemental Nutrition Assistance Program (SNAP) (Medical Student Section): That the Texas Medical Association recognizes the importance of the benefits of the Supplemental Nutrition Assistance Program (SNAP) to support the nutrition and health of many Texans and will caution state leadership when work requirements compromise the health benefits provided through participation in SNAP. **Adopted as amended.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: 260.114 Work Requirements for the Supplemental Nutrition Assistance Program added to TMA Policy Compendium.

Resolution 313-A-19 – Physicians Counseling Patients About the Risks of Direct-to-Consumer Genetic Testing (Medical Student Section): That the Texas Medical Association support establishing policies that promote educating the public about potential risks and benefits created by direct-to-consumer genetic testing. **Adopted as amended.**

REFERRED TO: Council on Legislation and add to TMA Policy Compendium

STATUS: 105.020 Physicians Counseling Patients About the Risks of Direct-to-Consumer Genetic Testing added to TMA Policy Compendium.

Resolution 315-A-19 – Notification of Generic Drug Manufacturing Changes (Harris County Medical Society): That (1) the Texas Medical Association work with Texas legislators to ensure that each patient is expressly notified at the time of dispensing by the pharmacy or pharmacy benefit manager of a change in the manufacturer of his or her generic medication; and (2) the Texas Delegation to the American Medical Association present a similar resolution to the AMA House of Delegates for consideration. **Adopted as amended.**

REFERRED TO: (1) Council on Legislation and (2) Texas Delegation to the AMA

STATUS: (2) AMA Policy H-115.974 was reaffirmed in lieu of AMA Resolution 130-A-19.

Resolution 316-A-19 – Determinants of Health (Harris County Medical Society): That the Texas Medical Association (1) educate physicians about the social determinants of health for the purpose of assisting physicians to better understand their impact on patient health outcomes and wellbeing; (2) educate state and federal policy makers, business leaders, and governmental and commercial payors about the influence of social determinants of health on overall health care quality and health care costs; (3) collaborate with innovative public and private partnerships to address social determinants of health and advocate for their adoption by state policy makers; and (4) advocate that governmental and commercial payors modify existing performance and quality programs reflect the higher expected health care utilization and cost of population at greater risk of exposure to social determinants of health and appropriately risk adjust physician compensation to reflect these higher costs. **Adopted as amended.**

REFERRED TO: Add to TMA Policy Compendium and Council on Health Care Quality and Council on Socioeconomics

STATUS: 265.030 Social Determinants of Health added to TMA Policy Compendium. TMA has undertaken numerous initiatives related to Social Determinants of Health (SDOH), including: 1) offered continuing medical education on SDOH at the general session at Fall Conference 2019 to educate physicians on their impact on health outcomes; 2) partnered with The Physicians Foundation and The Health Initiatives to conduct a study on SDOH; 3) advocated that the Quality Payment Program (QPP) by the Centers for Medicare & Medicaid Services adopt new policies to implement risk adjustment methodologies related to SDOH and account for social risk factors in Medicare payment; 4) advocated that Texas Medicaid pursue a federal waiver to broadly implement SDOH initiatives within the Medicaid program, including payment for physicians and health systems that implement strategies to address SDOH; 5) actively participated in an SDOH Learning Collaborative convened by a large health foundation, Texas Medicaid, and Medicaid managed care plans; and 6) met with commercial health plan representatives to discuss how plans use SDOH data in their value-based payment initiatives. Additionally, TMA has testified before multiple state legislative and interim hearings on the need to better address SDOHs as part of Texas' efforts to improve health outcomes while lowering health care costs. Over the next year, advocacy and education relating to SDOH will remain a high priority.

FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

Committee on Rural Health Report 1-A-19 – Expand Availability of Broadband Internet Access to Rural Texas: That TMA advocate for the expeditious expansion of broadband connectivity to all rural areas of Texas. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: 275.006 Broadband Internet Access to Rural Texas added to TMA Policy Compendium.

Committee on Rural Health Report 2-A-19 – Sunset Policy Review: That Policy 100.016, Texas Department of State Health Services Emergency Medical Services Local Projects Grant Program, be retained. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 100.016 reaffirmed in TMA Policy Compendium.

Council on Socioeconomics Report 1-A-19 – Health Plan Claim Auditing Programs: That: (1) TMA policy 65.008 be amended; and (2) the Texas Delegation take a resolution to the AMA House of Delegates at its 2019 Annual Meeting asking for adoption of this policy and advocacy. **Adopted.**

REFERRED TO: (1) Add to TMA Policy Compendium and (2) Texas Delegation to the AMA

STATUS: (1) Policy 65.008 amended in TMA Policy Compendium (2) The Texas Delegation introduced Resolution 716 at the June 2019 AMA House of Delegates annual meeting. Existing AMA policy was reaffirmed in lieu of the resolution.

Council on Socioeconomics Report 2-A-19 – Sunset Policy Review: That: (1) policies 40.005, AMA Private Sector Advocacy, 55.055, Increase Enrollment of Children in Health Insurance Plans, 130.019, Emergency Medical Treatment and Active Labor Act, 145.025, Out-of-Network Payments, 145.026, Expanding Coverage to Children, 145.027, 160.017, Utilization Review, 190.029, Health Care Coverage Legislative Initiatives, 235.029, Franchise Tax Issues, 325.008, Insurance Discrimination Against Victims of Family Violence, and 335.014, Workers' Compensation Delivery System be retained; and (2) policies 120.010, Principles for Evaluating Health System Reform and 180.033, Payment for After-Hours Non-Emergent Care, be retained as amended. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: (1) Policies 40.005, 55.055, 130.019, 145.025, 145.026, 145.027, 160.017, 190.029, 235.029, 325.008, and 335.014 reaffirmed in TMA Policy Compendium; and (2) Policies 120.010 and 180.033 amended in TMA Policy Compendium.

Resolution 401-A-19 – Participation in Government Programs When Receiving Payment for Uncompensated Care (Lone Star Caucus): That: (1) all Texas health care facilities receiving federal or state funds for uncompensated care must also accept Medicare, Medicaid, TRICARE, CHIP, and federally subsidized health insurance via the Affordable Care Act from patients covered by these forms of insurance; and (2) some of the funds for uncompensated care now going to the hospitals in Texas be transferred to another part of the Texas Medicaid program and used to increase the payment rate for physicians who provide Medicaid services. **Adopted.**

REFERRED TO: Council on Socioeconomics

STATUS: (1) The Council on Socioeconomics is partnering with legislative staff to provide ongoing advocacy.
(2) The Select Committee on Medicaid has signed on to a letter with other groups to advocate amending and extending the 1115 waiver. They also advocated for physicians being paid commercial rates.

Resolution 402-A-19 – Prescription Monitoring Program Integration Into Electronic Medical Records (Lone Star Caucus): That the Texas Medical Association (1) advocate for prescription monitoring program integration into electronic medical records, at no cost to the physician, providing patient-specific information whenever a physician attempts to prescribe a controlled substance; and (2) advocate for the integration of the

PMP into Texas-based public health information exchanges (currently five), at no cost to the exchanges, so that physicians have one stop for obtaining patient's health information. **Adopted as amended.**

REFERRED TO: Committee on Health Information Technology and add to TMA Policy Compendium

STATUS: 95.046 Prescription Monitoring Program Integration Into Electronic Medical Records added to TMA Policy Compendium.
Section 82 of the Supplemental Budget Bill passed by the 86th (2019) Texas Legislature immediately appropriated $6 million to the Board of Pharmacy to 1) update the Prescription Monitoring Program (PMP) to the NarxCare platform; and 2) Purchase the user licenses for Appriss (Texas' PMP) for all prescribers and pharmacists. Most EHRs now have integrated the PMP into the physician's workflow so that patient-specific information is available when a physician launches a prescription. This comes at no cost to the physician. Additionally, health information exchanges can access and deliver PMP information to physicians at no additional cost to the physician or the HIE.

Resolution 403-A-19 – Prior Authorization Approval (Lone Star Caucus): That (1) the criteria for prior approval for patient referrals, tests, surgeries, procedures, and medications be available to all physicians at the time of the request for such action; (2) the types of patient referrals, tests, surgeries, procedures, and medications that typically require prior authorization be kept to a minimum, and such criteria be available to the physician and staff in a transparent manner; and (3) prior approval for patient referrals, tests, surgeries, procedures and medications be handled in a timely fashion, appropriate to facilitate treatment of the illness for which the test or intervention is being sought. **Adopted as amended.**

REFERRED TO: Council on Socioeconomics and add to TMA Policy Compendium

STATUS: 235.040 Prior Authorization Approval added to TMA Policy Compendium. (1), (2), and (3) The Council on Socioeconomics (CSE) is partnering with legislative staff to provide ongoing advocacy. The House Select Committee is analyzing changes to Medicaid. The Payment Advocacy department continues to do messaging to payers about prior authorization burdens during carrier meetings.

Resolution 404-A-19 – Medicare Part B Coverage of Vaccines (El Paso County Medical Society): That the Texas Medical Association advocate for the Centers for Medicare & Medicaid Services and other payers to include the zoster virus vaccine, hepatitis A vaccine, meningitis vaccine, and all future vaccines recommended by the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices and administration of these vaccines in both CMS and payer fee schedules. **Adopted as amended.**

REFERRED TO: Council on Socioeconomics and add to TMA Policy Compendium

STATUS: 135.026 Medicare Part B Coverage of Vaccines added to TMA Policy Compendium. TMA's medical economics division sent a letter to CMS regarding payment for vaccines.

Resolution 405-A-19 – Lower Drug Costs (Lone Star Caucus): That TMA advocate reducing the higher cost of medications by supporting negotiation of drug prices for Medicare and Medicaid. **Adopted.**

REFERRED TO: Council on Socioeconomics and add to TMA Policy Compendium

STATUS: 195.039 Lower Drug Costs added to TMA Policy Compendium. Texas currently negotiates pharmacy rebates for Medicaid. TMA monitors Medicaid's rebate program and will advocate for lower drug costs as the need arises. The council is engaged in ongoing Medicare advocacy when the opportunity arises.

Resolution 407-A-19 – Compensation to Physicians for Activities Other than Direct Patient Care (Harris County Medical Society): That the Texas Medical Association form a task force including members of Council on Legislation, Council on Socioeconomics, Council on Healthcare Quality and interested county medical societies to strategically prepare solutions for advocacy that address and mitigate the burden of prior authorization and that the task force bring a report back to the House of Delegates in 2020. **Adopted as amended.**

REFERRED TO: Board of Trustees

STATUS: See BOT Report 13 in Handbook.

Resolution 408-A-19 – Managing Patient-Physician Relations Within Medicare Advantage Plans (Harris County Medical Society): That (1) the Texas Medical Association adopt a policy that Medicare Advantage plans allow a primary care physician (PCP) to remove patients from his or her patient panel if the PCP has proven that he or she has been unable to establish a patient-physician relationship, despite repeated attempts; (2) the physician's Healthcare Effectiveness Data and Information Set (HEDIS) and other quality scores and ratings not be affected by those patients with whom the physician has been unable to establish a relationship, despite multiple documented attempts; and (3) the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates. **Adopted as amended.**

REFERRED TO: (1) and (2) Add to TMA Policy Compendium and (3) Texas Delegation to the AMA

STATUS: (1) and (2) 195.040 Patient-Physician Relations within Medicare Advantage Plans added to Policy Compendium, (3) the Texas Delegation introduced Resolution 715 at the June 2019 AMA House of Delegates annual meeting. Existing AMA policy was reaffirmed in lieu of the resolution.

Resolution 409-A-19 – Update Practice Expense Component of Relative Value Units (Harris County Medical Society): That the Texas Delegation to the American Medical Association submit a resolution to the AMA House of Delegates at the 2019 Annual Meeting requesting that the AMA pursue efforts to update resource-based relative value unit practice expense methodology so that it accurately reflects current physician practice costs, with report back at the AMA House of Delegates 2019 Interim Meeting. **Adopted.**

REFERRED TO: Texas Delegation to the AMA

STATUS: The Texas Delegation introduced Resolution 131 at the June 2019 AMA House of Delegates annual meeting. The resolution was referred for decision to the AMA Board of Trustees with a report back at the AMA House of Delegates 2019 Interim Meeting. The AMA board voted that in lieu of Resolution 131 the AMA conduct a pilot study to determine the best mechanism for gathering physician practice expense data, including the feasibility of fielding a new physician practice expense survey, and work with the Centers for Medicare & Medicaid Services to update the resource-based relative value practice expense methodology. Anticipation of the pilot

program is expected in 2020, and the AMA Health Policy Unit would be the lead on the pilot.

Resolution 410-A-19 – Laboratory Benefit Managers (Texas Society of Pathologists and Travis County Medical Society): That: (1) TMA support efforts to reduce laboratory benefit management policies that result in delays in patient care, reduced patient access, or increased patient costs without clinical justification; and (2) support any policies regarding laboratory benefit management arrangements that preclude any potential conflict of interest in programs adopted by health insurance payers to provide laboratory benefit management, including prohibition on the use of any laboratory benefit management entity financially affiliated with a clinical laboratory. **Adopted.**

REFERRED TO: Council on Socioeconomics and add to TMA Policy Compendium

STATUS: 155.012 Laboratory Benefit Managers added to TMA Policy Compendium. The council is working with legislative affairs to ensure that previous successes in preventing laboratory benefit managers from reducing access, delaying care, increasing cost and engaging in conflict of interest are not eroded. The council continues to work with specialty groups as additional advocacy opportunities arise.

Resolution 411-A-19 – Data Migration Responsibilities of Electronic Health Record Vendors in Client Contract Termination (Medical Student Section): That (1) the Texas Medical Association work with the American Medical Association and other state medical societies to develop model contract and business associate agreement (BAA) language that ensures electronic health record (EHR) vendors are required to deliver the patient's complete medical record in a discrete, industry-recognized, nonproprietary format that can be imported into the new EHR at no cost to the physicians; and (2) our TMA seek legislative and/or regulatory relief to require that physicians have access to their former EHR data while transitioning EHRs to ensure continuity of patient care, limit gaps in information exchange, and ensure physician ownership of data. **Adopted as amended.**

REFERRED TO: Committee on Health Information Technology and Office of the General Counsel

STATUS: See CM-HIT Report 1 2020 in Handbook.

Resolution 412-A-19 – Medical Necessity Tax Exemption for Feminine Hygiene Products (Medical Student Section): That: (1) TMA recognize feminine hygiene products as basic and essential health care necessities; and (2) TMA support the removal of the Texas sales tax on feminine hygiene products. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: 330.016 Tax Exemption for Feminine Hygiene Products added to TMA Policy Compendium.

Resolution 413-A-19 – The Benefits of Importation of International Pharmaceutical Medications (Medical Student Section): That the Texas Delegation to the American Medical Association ask the AMA to study the implications of prescription drugs importation for personal use and wholesale purchase across our southern and northern borders. **Adopted as amended.**

REFERRED TO: Texas Delegation to the AMA

STATUS: The Texas Delegation introduced Resolution 129 at the June 2019 AMA House of Delegates annual meeting. The resolution was combined with another similar resolution (115). The final decision of the AMA House of Delegates was to reaffirm existing AMA policies D-100.983 and D-100.985 and adopt new policy:

> AMA supports the personal importation of prescription drugs only if: a) patient safety can be assured; b) product quality, authenticity, and integrity can be assured; c) prescription drug products are subject to reliable, "electronic" track and trace technology; and d) prescription drug products are obtained directly from a licensed foreign pharmacy, located in a country that has statutory and/or regulatory standards for the approval and sale of prescription drugs that are comparable to the standards in the United States.

Resolution 414-A-19 – Studying Financial Barriers of Rural Hospitals (Medical Student Section): That the Texas Medical Association collaborate with other qualified organizations to identify root causes of rural hospital closures and the impact on communities with a report back to the House of Delegates in 2020. **Adopted as amended.**

REFERRED TO: Committee on Rural Health

STATUS: See CM-RH Report 1 2020 in Handbook.

Resolution 415-A-19 – Improving Buprenorphine Access for Opioid Substance Use Disorder Treatment (Medical Student Section): That the Texas Medical Association (1) support state efforts to increase the reimbursement rate of buprenorphine to better reflect its actual cost and medication-assisted treatment overhead costs to physicians; and (2) support the elimination of preauthorization requirements for insured patients with opioid use disorders seeking buprenorphine treatment. **Adopted as amended.**

REFERRED TO: Council on Legislation and add to TMA Policy Compendium

STATUS: 235.014 Buprenorphine Access for Opioid Substance Use Disorder Treatment added to TMA Policy Compendium.

Resolution 416-A-19 – Revising the Texas Department of Insurance Division of Workers' Compensation Designated Doctor Training and Education Process (Bexar County Medical Society): That TMA work with the Texas Department of Insurance Division of Workers' Compensation: (1) through the regulatory process to ensure that the TDI-DWC examination being given has questions that are accurate and have been validated; (2) to eliminate the requirement for physicians to repeat the course and exam process every two years; and (3) to develop less costly methods of obtaining and maintaining the appropriate level of education requirement to ensure that the Designated Doctors are using the Guides to the Evaluation of Permanent Impairment, 4th edition accurately and that injured workers are being evaluated fairly. **Adopted.**

REFERRED TO: Council on Socioeconomics

STATUS: The Council on Socioeconomics is partnering with legislative staff to provide ongoing advocacy.

2018 AUDIT TRAIL

Action Items Adopted or Referred by the
Texas Medical Association House of Delegates

Awards/nominations, amendments to the Constitution and Bylaws, and policy review recommendations are not included.

FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS:

Speakers Report 1 – Transparency in Elections in the House of Delegates (Resolution 109-A-17): That Resolution 109-A-17 be adopted as amended. **Adopted.**

REFERRED TO: Council on Constitution and Bylaws and Office of the EVP

STATUS: The Council on Constitution and Bylaws reviewed the report and the recommendations do not contravene the TMA Bylaws. On Recommendation 1, CCB revised the TMA Balloting Procedures resource document to reflect amendments to TMA Bylaws Chapter 7, Elections, Section 7.42, Balloting, Subsection 7.421, First ballot, and Subsection 7.422, Run-off ballot which were adopted at the 2018 annual session. The TMA Balloting Procedures resource document was posted to the TMA website and will be published in the Handbook for Delegates at each annual session.

Speakers Report 2 – Election of TMA Board of Trustees Members, Filling Vacancies by Special Election (Resolution 101-A-17): That: (1) each at-large and ex-officio member of the TMA Board of Trustees elected prior to TexMed 2018 continue to abide by the term of office and length of tenure provisions specified in the TMA Bylaws at the time the member first was elected to the board, regardless of future amendments to these bylaws provisions; and (2) TMA Policy 295.013, Election Process be amended. **Adopted.**

REFERRED TO: Council on Constitution and Bylaws and Office of the EVP

STATUS: The Council on Constitution and Bylaws reviewed the report and the recommendations do not contravene the TMA Bylaws. Amended 295.013 Election Process in TMA Policy Compendium.

Board of Trustees Report 12 – Sunset Review of TMA Standing Committees: That: (1) the following components be continued for three years: Interspecialty Society Committee, Committee on Membership, Committee on Physician Health and Wellness, Committee on Continuing Education, Committee on Physician Distribution and Health Care Access, Committee on Cancer, Committee on Child and Adolescent Health, Committee on Emergency Medical Services and Trauma, Committee on Infectious Diseases, and Committee on Reproductive, Women's, and Perinatal Health, Committee on Medical Home and Primary Care and the Committee on Rural Health; (2) the charge of the Patient-Physician Advocacy Committee be amended in Section 10.532 of the TMA Bylaws; and (3) the Patient-Physician Advocacy Committee, as amended, be continued for three years. **Adopted.**

REFERRED TO: Council on Constitution and Bylaws and Office of the EVP

STATUS: Updated TMA Bylaws to reflect amendments adopted by the house.

Board of Trustees Report 14 – TMA 2025: That TMA's 2025 strategic plan be approved. **Adopted.**

REFERRED TO: Division of Communication and Division of Membership and Business Development

STATUS: Updated and communicated.

Board of Councilors Report 4 – Support of Evidence-Based Medicine (Resolution 107-A-17): That Resolution 107-A-17 not be adopted. **Referred with a report back at A-19.**

REFERRED TO: Council on Science and Public Health

STATUS: See C-SPH Report 2-A-19.

Texas Delegation to the AMA Report 3 – Texas Delegation Operating Procedure Changes: That Section 3.0, Officers and Elected Positions, in the delegation's Operating Procedures be amended. **Adopted.**

REFERRED TO: Office of the EVP

STATUS: Texas Delegation Operating Procedures have been updated to reflect the amendments adopted by the house.

Medical Student Section Report 1 – Medical Student Section Operating Procedures Update: That the recommended amendments to the Medical Student Section Operating Procedures be approved. **Adopted.**

REFERRED TO: Office of the EVP

STATUS: Medical Student Section Operating Procedures have been updated to reflect amendments adopted by the house.

Young Physician Section Report 1 – Young Physician Section Operating Procedures Update: That the TMA Young Physician Section Operating Procedures be amended with necessary updates to clarify the election process and streamline meeting scheduling. **Adopted.**

REFERRED TO: Office of the EVP

STATUS: Young Physician Section Operating Procedures have been updated to reflect amendments adopted by the house.

Council on Science and Public Health Report 1 – Rejection of Discrimination (Resolution 304-A-17): That the Texas Medical Association does not discriminate, and opposes discrimination, based on race, religion, disability, ethnic origin, national origin, age, sexual orientation, sex, or gender identity; and (2) TMA supports physician efforts to encourage that the nondiscrimination policies in their practices, medical schools, hospitals, and clinics be broadened to include "race, religion, disability, ethnic origin, national origin, age, sexual orientation, sex, or gender identity" in relation to patients, health care workers, and employees. **Adopted as amended.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 60.008 Rejection of Discrimination to TMA Policy Compendium.

Resolution 101 – Patient-Centered Medical Record Responsibilities (Webb-Zapata-Jim Hogg County Medical Society): That the Texas Medical Association: (1) encourage appropriate organizations, e.g., disaster preparedness agencies, utility companies, and county health departments, to educate Texans on the importance of having access to or possession of an accurate summary of their medical record whenever and wherever it is needed, and (2) support a legislative proclamation that designates a Texans Medical Record Checkup Day at the beginning of hurricane and tornado season to encourage Texans to have access to or possession of an accurate summary of their medical record should it be needed. **Referred with a report back at A-19.**

REFERRED TO: Council on Practice Management Services, Ad Hoc Committee on HIT and Division of Public Affairs

STATUS: See C-PMS Report 1-A-19.

Resolution 103 – Internet-Based Notification of Patients When a Physician is Closing or Leaving a Practice (Travis County Medical Society): That the Texas Medical Association formally recommend to the Texas Medical Board amendment of the current provisions of 22 Texas Administrative Code §165.5(b)(2) as follows: "Notification shall be accomplished by: (A) posting a notice on the website of the physician, to be kept available for two years, or publishing notice in the newspaper of greatest general circulation in each county in which the physician practices or practiced; (B) placing a written notice in the physician's office; or (C) sending an email notice or postal letters to patients seen in the last two years notifying them of discontinuance of practice." **Adopted as amended.**

REFERRED TO: Office of the General Counsel and add to TMA Policy Compendium

STATUS: Added 245.022 Notification of Physician Closing or Leaving Practice to TMA Policy Compendium. TMA will work to ensure the development of a more timely and technology-based solution exist for physicians notifying their patients when closing or leaving a practice. TMA sent a letter to TMB requesting it review 22 Texas Admin Code, section 165.5(b)(2), and consider the recommendations found in Resolution 103.

Resolution 104 – Clarification of Guidelines for Online Prescribers in Texas (Travis County Medical Society): That: (1) the Texas Medical Association support national efforts to amend federal law and federal Drug Enforcement Administration regulations to allow for the e-prescribing of a medication, including a controlled substance, needed by a patient with a mental health or behavioral health diagnosis when an appropriate patient-physician relationship has been established through telemedicine and in accordance with state law and accepted standards of care; and (2) our Texas Delegation to the American Medical Association take this, or a similar, resolution to the AMA House of Delegates for consideration. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 95.044 Online Prescriber Guidelines to TMA Policy Compendium.

Resolution 105 – Revision of Section 165.155 (a) of the Texas Occupations Code, Solicitation of Patients (Bexar County Medical Society): That the Texas Medical Association work to pass legislation that would rewrite Section 165.155 of the Texas Occupations Code, in particular, part (a) of the section, in order to eliminate the great potential for selective regulatory abuse, to eliminate any competitive burdens that are now placed on some groups of physicians, and to eliminate the present situation where physicians are unknowingly breaking the law. **Referred for decision.**

REFERRED TO: Board of Trustees

STATUS: Since this subject matter is closely tied to medical ethics and implicates current TMA Board of Councilors ethics opinions and TMA Bylaws provisions regarding fee splitting, the board approved a recommendation to refer Resolution 105-A-18 to the TMA Board of Councilors. See BOT Report 10-A-19.

Resolution 106 – Creation of a TMA Ad Hoc Committee on the Power and Influence of the Texas Non-Profit Health Corporation (NPHC)/501A Organization (Bexar County Medical Society): That the Texas Medical Association study and make legislative recommendations on the effects of nonprofit health corporations (NPHCs)/5.01(a) organizations on the patients and physicians of Texas. **Adopted as amended with a report back at A-19.**

REFERRED TO: Council on Legislation and Office of the General Counsel

STATUS: TMA is pushing legislation (HB 1532 (Meyer)/SB 1985(Hughes)) which would establish a process at Texas Medical Board (TMB) to handle complaints of corporate interference and retaliatory practices.

Resolution 107 – Physician Protections When Reporting Violations of Nonprofit Health Corporations (Harris County Medical Society): That: (1) that the Texas Medical Association: (1) develop legislation that forbids retaliation by a nonprofit health corporation (NPHC) against any person working for the NPHC who files a complaint or reports a suspected violation of state or federal law; (2) develop legislation, or ask the Texas Medical Board (TMB) to adopt more robust rules providing TMB authority to accept, process, and dispose of complaints against a licensed NPHC; and (3) ask the Texas Medical Board to develop a complaint form to facilitate filing complaints against NPHCs. **Adopted as amended.**

REFERRED TO: Council on Legislation and Office of the General Counsel

STATUS: TMA is pushing legislation (HB 1532 (Meyer)/SB 1985 (Hughes)) which would establish a process at Texas Medical Board (TMB) to handle complaints of corporate interference and retaliatory practices.

Resolution 108 – Inclusion of Medical Students in Good Samaritan Laws and Policies for Disaster Settings (Medical Student Section): That the Texas Medical Association: (1) support medical students volunteering inside of their institutional affiliations during times of disaster and emergency, due to both the need for and the competency of medical students, as demonstrated by previous research and disaster situations; and (2) study the involvement of medical students in natural disaster and emergency situations in order to develop TMA policy regarding medical student roles in disaster situations. **Adopted as amended.**

REFERRED TO: Council on Medical Education and Office of the General Counsel

STATUS: Council on Medical Education conducted a study in conjunction with the Office of General Counsel and a report containing policy proposals was submitted to the house for consideration. See C-ME Report 5-A-19.

Resolution 109 – Liability Exemptions for Volunteer Medical Health Workers (Harris County Medical Society): That the Texas Medical Association develop legislation that establishes a statewide medical liability exemption for physicians and health care providers who work under the supervision of a physician who respond to a call for medical volunteers from a state or local governmental or medical entity. **Adopted as amended.**

REFERRED TO: Council on Legislation and Office of the General Counsel

STATUS: HB 1353 (Oliverson)/SB 752 (Huffman) provides additional liability protection for physicians that are volunteering their services to patients in times of disaster.

FROM REFERENCE COMMITTEE ON MEDICAL EDUCATION AND HEALTH CARE QUALITY:

Council on Medical Education Report 3 – Aligning Future Graduate Medical Education Capacity With Target Enrollments of New Texas Medical Schools: That TMA adopt new policy Aligning Future Graduate Medical Education Capacity With Target Enrollments of New Texas Medical Schools to read: (1) The Texas Medical Association supports an amendment to state law that would stipulate that public medical schools are required to submit a plan to meet the graduate medical education (GME) needs for the school's planned target class size. The GME plan is to be submitted to the Texas Higher Education Coordinating Board as part of its application for approval to offer a program leading to an MD or DO degree. If at any time a medical school substantially increases its class size after approval from the Texas Higher Education Coordinating Board to offer a program leading to an MD or DO degree, the Texas Medical Association believes the medical school then should be required to provide an updated GME plan to the board that reflects the subsequent increase in class size. TMA believes the Texas Higher Education Coordinating Board should make a determination as to what constitutes a substantial increase in class size for the purposes of this reporting requirement; (2) TMA believes it is in the best interest of the state that any medical school operating in the state, public or private, should plan for the GME needs of its graduates and that its plans should focus on the GME capacity needed for the school's target class size, with an emphasis on expanding care for patients by creating new GME positions rather than displacing GME programs already in existence. **Adopted as amended.**

REFERRED TO: Council on Legislation and add to TMA Policy Compendium

STATUS: TMA drafted language for SB 1378 (Buckingham, R-Lakeway)/HB 4039 (Turner, D-Grand Prairie) to implement this policy and advocated in support of the passage of this legislation during the 2019 Legislative Session. Added 200.052 Aligning Future Graduate Medical Education Capacity with Target Enrollments of New Texas Medical Schools to TMA Policy Compendium.

Council on Medical Education Report 4 – Physician Representation on Texas Higher Education Coordinating Board: That the Texas Medical Association adopt new TMA Policy: Physician Representation on the Texas Higher Education Coordinating Board. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium, Division of Public Affairs and Department of Medical Education

STATUS: Added 200.053 Physician Representation on the Texas Higher Education Coordinating Board to TMA Policy Compendium. TMA continues to work with state leadership to advocate for appointment of a physician to the board

Council on Practice Management Services Report 1 – Reducing Errors in Pharmacy (Resolution 307-A-17): That the Texas Medical Association: (1) support improving quality and patient outcomes through the collection and analysis of e-prescribing mishaps through reporting in a transparent and non-punitive manner; (2) participate in the National Council for Prescription Drug Program (NCPDP) to influence national standards for pharmacies and the e-prescribing process; and (3) provide education specific to e-prescribing best practices so that pharmacies receive accurate prescriptions the first time, reducing callbacks to the physician's office. **Adopted.**

REFERRED TO: Council on Practice Management Services and Ad Hoc Committee on HIT

STATUS: (1) TMA continues its support of ECRI as a member of its Partnership for Health IT Patient Safety and is affiliated with The Alliance for Quality Improvement and Patient Safety. These organizations focus on activities based on aggregated data collection to reduce errors in all health care settings, including the pharmacy. (2) Physicians have volunteered to work on NCPDP's task groups related to e-prescribing regulatory issues and the implementation of structured and codified sig. Staff attended the NCPDP conference in February to establish relationships and seek additional avenues of participation and influence. (3) TMA updated its e-prescribing page (www.texmed.org/e-prescribe) to include information on prescription quality; TMA developed an educational webinar on e-prescribing quality that is available free for members; and TMA will continue to develop resources related to e-prescribing quality to enhance patient safety.

Council on Practice Management Services Report 2 – HIT Policy Review and New Cyber Security Policy: That the Texas Medical Association: (1) amend Policies 95.029 and 265.012 to align with TMA's overall policy goals on the subject of HIT; (2) delete Policies 265.021 and 115.019; (3) extract a portion of Policy 265.012 on health information exchange as new stand-alone policy titled Health Information Technology – Health Information Exchange; and (4) adopt new TMA Policy: Health Information Technology – Cyber Security. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Amended 95.029 Health Information Technology – Electronic-Prescribing; amended 265.012 Health Information Technology – Electronic Health Records and Personal Health Records; deleted 265.021 Electronic Medical Records; deleted 115.019 Abolish Compulsory Electronic Health Records; amended 265.012 Health Information Technology – Electronic Health Records and Personal Health Records; added 265.026 Cyber Security Policy to TMA Policy Compendium.

Resolution 201 – Incorporating High-Value Care into Undergraduate and Graduate Medical Education in Texas (Medical Student Section): That the Texas Medical Association support the inclusion and integration of topics of health care value in medical education. **Adopted as amended.**

REFERRED TO: Council on Medical Education and add to TMA Policy Compendium

STATUS: Council sent a letter to the medical school deans to communicate TMA's support for incorporating topics of health care value in medical education and residency training. Added 200.054 Incorporating High-Value Care into Undergraduate and Graduate Medical Education in Texas to TMA Policy Compendium.

Resolution 202 – Addressing Gender Bias in Undergraduate Medical Education With Implicit Bias Training (Medical Student Section): That the Texas Medical Association: (1) support the implementation of implicit bias training for all Texas medical school faculty; and (2) advocate for the creation and implementation of formal mentorship programs at medical schools between residents, fellows, or attending physicians and female medical students for specialties in which women are underrepresented. **Referred.**

REFERRED TO: Council on Medical Education

STATUS: The Council on Medical Education is continuing to study this issue and will report back to the house at the A-20 meeting with a status update.

Resolution 203 – Freedom from Maintenance of Certification (Ori Z. Hampel, MD): That the Texas Medical Association: (1) take the position in its advocacy efforts that all requirements for maintenance of board certification in medical staff bylaws for Texas health-related facilities, institutions, and programs that fall within the differentiation prohibition of Senate Bill 1148 (2017) should be considered null and void effective Jan. 1, 2018; (2) take the position in its advocacy efforts that any requirements for maintenance of board certification in medical staff bylaws for Texas health-related facilities, institutions, and programs that fall within the differentiation prohibition of Senate Bill 1148 (2017) require the vote of the medical staff (or satisfaction of another exception under the law); (3) take the position in its advocacy efforts that any vote for requiring maintenance of board certification in medical staff bylaws for Texas health-related facilities, institutions, and programs that fall within the differentiation prohibition under Senate Bill 1148 taken before the effective date of the bill should be considered null and void effective Jan. 1, 2018; and (4) be actively and immediately engaged in the rule-making process of SB 1148. **Adopted as amended.**

REFERRED TO: Council on Legislation, Council on Health Service Organizations and add to TMA Policy Compendium

STATUS: Added 175.025 Freedom from Maintenance of Certification to TMA Policy Compendium. TMA has been working with Senator Buckingham on S.B. 1882 (companion bill HB 4258 by Rep. Murphy) in the current legislative session specifically on these issues.

Resolution 205 – Graduate Associate Physician (International Medical Graduate Section): That the Council on Medical Education study the issue of unmatched candidates for U.S. residency programs and to report back in 2019. **Adopted as substituted.**

REFERRED TO: Council on Medical Education

STATUS: The Council on Medical Education conducted a study on unmatched U.S. medical school graduates and submitted a report with policy proposals for consideration by the house. See CME Report 6-A-19.

FROM REFERENCE COMMITTEE ON SCIENCE AND PUBLIC HEALTH:

Council on Science and Public Health Report 2 – Addressing the Diaper Gap (Resolution 305-A-17): That the Texas Medical Association: (1) encourage physicians to screen for social and economic risk factors in order to support care plans and to direct patients to appropriate local social support resources; (2) provide information to members on community resources related to free and low-cost diapers and other basic material needs; and (3) recognize diapers, especially for adults, are a basic and essential health care necessity that helps to mitigate disease and illness and enables many to remain at home, and support efforts to remove the state sales tax applied to diapers. **Adopted.**

REFERRED TO: Council on Science and Public Health and add to TMA Policy Compendium

STATUS: Added 260.108 Addressing the Diaper Gap to TMA Policy Compendium. An update was provided to the Council on Science and Public Health on the approved policy. TMA is monitoring the legislation filed on taxation of essential personal products including diapers.

Council on Science and Public Health Report 3 – Vitamin D3 Supplementation (Resolution 320-A-17): That the Texas Medical Association adopt new policy on Appropriate Supplementation of Vitamin D. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 260.109 Vitamin D3 Supplementation to TMA Policy Compendium.

Council on Science and Public Health Report 4 – Implementing a Sugar-Sweetened Beverage Tax in Texas (Resolution 311-A-17): That the Texas Medical Association: (1) collaborate with the public health community to promote and support evidence-based interventions that will reduce obesity and its complications. These evidence-based interventions should include providing information and resources for physicians to support obesity screening and diagnostic tools for use in the primary care setting, physician payment for the evaluation and management of patients with obesity, and research on culturally appropriate education and public awareness to address obesity and its complications; and (2) amend TMA Policy 260.095. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 260.110 Implementing a Sugar-Sweetened Beverage Tax in Texas to TMA Policy Compendium; amended 260.095 Eligibility of Sugar-Sweetened Beverages for SNAP and Counseling.

Council on Science and Public Health Report 6 – Physician Role in Increasing Vaccination for HPV: That new TMA policy on Physician Role in Increasing Vaccination for HPV be adopted to read: In an ongoing effort to reduce the burden of preventable cancers associated with human papillomavirus (HPV) in Texas, TMA will: (1) Continue to educate physicians, monitor, and support implementation of interventions to improve the rate of HPV vaccination per Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommendations using the following evidence-based strategies: a. educate physicians, families, and patients on the key message that the HPV vaccine prevents cancer safely in women and men, b. recognize that physicians are leaders within the community and are critical in improving HPV vaccination rates, c. communicate that strong physician recommendation is the most important determinant of vaccine acceptance, d. strengthen communication through the utilization of the principles of successful management of vaccine hesitancy, HPV cancer survivor stories, and local/regional champions including trained community health workers, e. establish consistency in the messaging over the HPV vaccine's importance, effectiveness, and safety among all clinical/practice physicians and staff, f. utilize effective vaccine delivery strategies, which include reviewing the vaccine status of all patients at all visits, and using standing orders, simultaneous administration, i.e., "bundling" the vaccine with other vaccines, and school-based clinics, g. track the progress of vaccine delivery through the utilization of EMR functions, surveillance/monitoring systems, regular performance reviews, and maintaining knowledge of the trends in the rates of HPV vaccine coverage and HPV-associated cancer; (2) Support the continued testing, development, improvement, and dissemination of effective HPV vaccine intervention research and reviewing and editing policy recommendations accordingly; (3) Continue active collaborations with the Texas Department of State Health Services to optimize the use of the state immunization registry with the goal of having it be fully functional, as defined by the CDC, and utilized by physicians in order to have a reliable method to measure HPV immunization coverage rates in the state. TMA will encourage development of data sharing agreements among groups that are collecting valid HPV vaccine coverage rate data until a fully functional immunization registry is implemented; and (4) Continue to collaborate both internally and externally with health stakeholders to leverage and improve HPV vaccination rates in Texas. **Adopted as amended.**

REFERRED TO: Council on Science and Public Health, TMA Division of Communication and add to TMA Policy Compendium

STATUS: Added 50.011 Physician Role in Increasing Vaccination for HPV to TMA Policy Compendium. The Committee on Infectious Diseases continues to be engaged in promoting HPV vaccination including participating in American Cancer Society HPV roundtable and maintaining TMA's HPV Resource Center.

Council on Science and Public Health Report 7 – Evidence-Based Management of Substance Use Disorders: That the Texas Medical Association (1) approve new policy on the chronic disease of substance use disorders; and (2) delete current TMA Policy 25.008, Alcoholism. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 95.045 Evidence-Based Management of Substance Use Disorders to TMA Policy Compendium; deleted 25.008 Alcoholism from TMA Policy Compendium. A workgroup of the Task Force on Behavioral Health has been convened to develop a CME on substance use disorders.

Council on Science and Public Health Report 8 – Improving Electronic Health Records, Health Information Exchange, and other Health Information Technology Products to Address Issues of Sex and Gender: That TMA work with the American Medical Association and leaders in the field of lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) health such as the World Professional Association for Transgender Health and the Gay and Lesbian Medical Association to develop requirements for electronic health records (EHRs), health information exchanges (HIEs), and other health information technology (HIT) products reflecting best practices that include the ability to support, capture, and provide easy use by physicians of the following information: a. Current gender identity, b. Gender assigned at birth, c. Sexual orientation, d. Name (or names) and pronoun preference, e. Indicated health screenings, f. Appropriate clinical decision support tools, and g. History of gender-affirming surgery or treatment as part of past medical or surgical history, and h. Sex assigned at birth. These products also should incorporate effective privacy attributes, particularly for adolescents, and enable physician use of a longitudinal view of changes in demographics, gender identity, sexual preference, medical and surgical history, and past interventions; (2) that TMA and AMA continue to advocate for the rapid incorporation of best practice requirements into EHRs, HIEs, and other HIT products; (3) that TMA adopt the following policy opposing increased costs to physicians and patients for required updates of EHR and HIT systems: Costs to Update EHR and HIT Systems: The Texas Medical Association believes that neither physicians nor patients should incur additional costs when electronic health records (EHRs) or health information technology (HIT) systems are updated to reflect the latest in regulatory requirements or evidence-based medical care in the area of lesbian, gay, bisexual, transgender, queer, or questioning health; and (4) That TMA adopt the following policy on increasing physician awareness and removing barriers to LGBTQ health care access: Improving LGBTQ Health Care Access: The Texas Medical Association recognizes that lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) individuals have unique health care needs and suffer significant barriers in access to care that result in health care disparities. TMA will provide educational opportunities for physicians on LGBTQ health issues to increase physician awareness of the importance of building trust so LGBTQ patients feel comfortable voluntarily providing information on their sexual orientation and gender identity, thus improving their quality of care. TMA also will continue to study how best to reduce barriers to care and increase access to physicians and public health services to improve the health of the LGBTQ population. **Adopted as amended.**

REFERRED TO: (1) and (2) to Council on Practice Management Services and Ad Hoc Committee on HIT; (3) and (4) Add to TMA Policy Compendium

STATUS: (1) and (2) See C-PMS Report 2-A-19 (3) Added 265.027 Costs to Update Health Information Technology Products to Address Issues of Sex and Gender (4) Added 265.028 Improving LGBTQ Health Care Access to TMA Policy Compendium. A continuing medical education program on LGBTQ health will be presented at TexMed 2019.

Committee on Child and Adolescent Health Report 2 – Referred 2017 Resolutions Relating to Concussions and Head Injuries: That the Texas Medical Association: (1) amend and retain policy 260.094; (2) create a network in which TMA members could provide and receive consultations on concussions with one another, and possibly link physicians with specialists in sports medicine, as the best way to share information on concussion protocol, current knowledge on how to manage patients, and information for patients; and (3) start an education and awareness campaign directed toward athletes to ensure education and timely information is shared directly with students. **Adopted.**

REFERRED TO: (1) Add to TMA Policy Compendium; (2) Committee on Child and Adolescent Health; (3) Council on Health Promotion

STATUS: (1) Amended 260.094 Head Injuries and Sport-Related Concussions (SRC) in TMA Policy Compendium. (2) The Committee on Child and Adolescent Health established a workgroup to explore feasibility of establishing a network for consultation, as well as alternatives to provide information and practice resources to members. (3) The Council on Health Promotion discussed the topic and directed staff to develop an educational campaign for student athletes. The plan for that campaign is under review.

Committee on Reproductive, Women's, and Perinatal Health Report 1 – Evaluation and Management of Stillbirth: That the Texas Medical Association: (1) promote physician awareness of the comprehensive process for evaluation and management of stillbirth including current clinical management guidelines developed by the American College of Obstetricians and Gynecologists; (2) work with the relevant state health and human service agencies, public and private insurance organizations, and health care associations to explore opportunities to incorporate fetal death data into quality improvement initiatives addressing maternal and infant health and explore the costs and benefits associated with the evaluation and management of stillbirths; and (3) delete policy 140.009 Perinatal Autopsies Following Stillbirth. **Adopted.**

REFERRED TO: (1) and (2) to Committee on Reproductive, Women's and Perinatal Health; (3) Delete from TMA Policy Compendium

STATUS: (1) and (2) The Committee on Reproductive, Women's, and Perinatal Health established a workgroup to develop written continuing medical education materials to promote best practices in the evaluation and management of stillbirth. A second workgroup met with representatives from state agencies, health plans, and associations and determined that there are no current opportunities to develop quality improvement initiatives at this time. (3) Deleted 140.009 Perinatal Autopsies Following Stillbirth from TMA Policy Compendium.

Resolution 301 – Synthetic Cannabis Educational Resources for Providers (Medical Student Section): That the Texas Medical Association: (1) advocate for research on the prevalence, effects, and implications of synthetic cannabinoid use; and (2) encourage the development and circulation of evidence-based educational materials on synthetic cannabinoids for physicians to share with patients. **Adopted as amended.**

REFERRED TO: Council on Science and Public Health

STATUS: A one-page overview of this issue has been developed and prepared for publication to TMA Communications, and is in the process of being disseminated to physicians.

Resolution 302 – Appropriate Physician Oversight of EMS Medical Practices (Travis County Medical Society): That the Texas Medical Association recommend Texas emergency medical services (EMS) systems adopt these physician oversight ratios to support safe oversight of EMS medical practices: one full-time equivalent (FTE) physician per 500 basic life-support providers; one FTE physician per 300 intermediate life-support providers; one FTE physician per 100 advanced life support-providers, and; two FTE nonphysician support personnel for each physician to ensure appropriate support for management of the EMS medical practice. **Referred.**

REFERRED TO: Committee on EMS and Trauma

STATUS: See CM-EMST Report 2-A-19.

Resolution 303 – "Bathroom" Bills (Harris County Medical Society): That the Texas Medical Association oppose any efforts to prevent a transgender person from accessing basic human services and public facilities in line with one's gender identity, including, but not limited to, the use of restrooms. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 60.009 "Bathroom" Bills to TMA Policy Compendium

Resolution 306 – Addressing HB3859 – A Misstep in the Protection of Foster Care Children (Medical Student Section): That the Texas Medical Association: (1) support legislation and other efforts to improve access to health care resources for children in the foster care system; (2) support legislation that protects of the rights of foster care children to receive evidence-based care; and (3) oppose any legislation that allows for discrimination against adolescent patients seeking contraception. **Referred.**

REFERRED TO: Council on Legislation and Committee on Child and Adolescent Health

STATUS: Several pieces of legislation have been filed that provide an assumption that all parents (including those in the foster care system) are fit. Certainly this is not reality. However, it leads to the question of whether TMA should be positioning physicians to wrest control of health care decisions of children away from parents who have not had their rights revoked by the court. TMA is monitoring many pieces of foster care legislation and is working with the Texas Pediatric Society and other groups on these issues. The Committee on Child and Adolescent Health reviewed the resolution, existing policies, and after further discussion with the authors, recommended that the resolution not be adopted. See CM-CAH Report 1-A-19.

Resolution 307 – Restrictions of Provisions of HB 2561 to Schedule II Drugs (Bexar County Medical Society): That the Texas Medical Association work to limit enforcement of HB 2561 to only the prescribing of drugs found in Schedule II of the Texas Controlled Substances Act. **Adopted.**

REFERRED TO: Council on Legislation

STATUS: HB 3284 (Sheffield) proposes to alter the mandated PMP check to only Schedule II drugs in four classes – opioids, benzodiazepines, barbiturates, and carisoprodol. SB 2316 (Hinojosa) pushes the mandate off from September 1, 2019 to March 1, 2020 to allow the process of electronic integration to further develop. It retains the current requirements of drugs to be checked and does not limit it to Schedule II.

Resolution 308 – Texas Prescription Drug Monitoring Program Data Integration Into Electronic Health Record Technology (Medical Student Section): That the Texas Medical Association advocate for integration of real-time prescription drug monitoring program data into Texas electronic health record systems and electronic prescribing systems should be at no cost to the physician. Adopted as amended.

REFERRED TO: Council on Legislation

STATUS: About $6 million in funding in both House and Senate supplemental budgets is earmarked for the Board of Pharmacy to begin the process of electronic integration between the PMP and EMR systems. This funding allows the Board of Pharmacy to purchase the licenses from the vendor, Appriss Health, for all prescribers and pharmacists. That is probably the most expensive part of doing a one off integration deal. There may be charges from the EMR vendor but we are working with their industry groups to minimize the additional charges.

Resolution 311 – Encouraging Unstructured Playtime in School (Medical Student Section): That the Texas Medical Association: (1) encourage daily physical activity for children as a means to prevent childhood obesity and promote physical and mental health; (2) recognize the importance of unstructured playtime in addition to the current physical education requirements to encourage physical, cognitive, and emotional development; and (3) support the development of a recess policy to encourage each school district to have unstructured playtime in addition to physical education at each elementary school campus. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 55.060 Encouraging Unstructured Playtime in School to TMA Policy Compendium.

Resolution 312 – Identification Bracelets for Patients With Hearing Loss (Tarrant County Medical Society): That the Texas Medical Association adopt as policy a recommendation for medical care settings, especially hospitals and emergency departments, to provide identification bracelets on patients with hearing loss indicating their hearing status. **Referred.**

REFERRED TO: Council on Health Service Organizations

STATUS: See C-HSO Report 2-A-19.

Resolution 313 – Raising the Minimum Purchase Age for All Guns to 21 (Ryan Van Ramshorst, MD, Texas Pediatric Society): That the Texas Medical Association support federal and state bills that raise the purchase age for all guns to be in line with the current minimum age for handguns, which is 21 years. **Referred for study with a report back.**

REFERRED TO: Council on Science and Public Health and Council on Legislation

STATUS: See C-SPH Report 3-A-19.

Resolution 314 – Extreme Risk Protection Orders and Gun Violence (Ryan Van Ramshorst, MD, Texas Pediatric Society): That the Texas Medical Association advocate for legislation permitting extreme risk protection orders in Texas. **Referred.**

REFERRED TO: Council on Legislation and Council on Science and Public Health

STATUS: See C-SPH Report 1-A-19.

FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

President's Report 1 - Physician-Led Initiatives to Address Maternal Mortality and Morbidity: That that the Texas Medical Association: (1) Pursue legislation authorizing the Texas Health and Human Services Commission to: (a) submit a federal Medicaid 1115 demonstration waiver requesting approval to design and implement a tailored health benefits program for eligible uninsured women of childbearing age that provides 12 months' continuous coverage for preventive, primary, and specialty care coverage, including behavioral health services, to women before, during and after pregnancy; (b) ensure adolescents aging out of the Children's Health Insurance Program (CHIP) are seamlessly enrolled into Healthy Texas Women; (c) ensure women losing CHIP-Perinatal are seamlessly connected to the Family Planning Program to avoid gaps in preventive health care; and (d) implement initiatives that improve early-entry prenatal care, including a statewide campaign on the importance of prenatal care during the first trimester, expediting Medicaid eligibility and enrollment for pregnant women, promoting use of telemedicine for routine prenatal care, and reforming the Medicaid transportation program to ensure pregnant women with young children can travel with their children to obtain preventive services; (2) Develop a continuing medical education program for physicians that covers: information on publicly funded support services for women with substance use disorders (SUDs); guidelines for the prescribing of opioids and pain management; efforts to better connect SUD treatment physicians and providers with women's health physicians and providers to ensure women undergoing treatment for these disorders are able to obtain preventive health care services; and diagnosis and treatment of behavioral health issues such as anxiety and depression; (3) Develop legislation to allocate sufficient state resources to resolve red tape and payment barriers preventing widespread adoption of long-acting reversible contraceptives (LARCs), including ensuring the state pays physicians, hospitals, and clinics their full LARC acquisition costs so women can obtain a LARC according to clinical best practice; ensure availability of LARCs immediately following delivery to women enrolled in the Children's Health Insurance Program (CHIP)-Perinatal; and remove roadblocks preventing teens from simultaneously enrolling in CHIP and Healthy Texas Women to obtain contraceptive services with parental consent; (4) Develop a continuing medical education program, in partnership with the American College of Obstetricians and Gynecologists District XI (Texas Chapter), Texas Association of Obstetricians and Gynecologists, and Texas Academy of Family Physicians, designed to increase patients' and physicians' awareness of long-acting reversible contraceptives as the most effective form of contraception; (5) Develop continuing medical education programs on quality-based initiatives with standardized protocols and best practices to improve prenatal, labor and delivery and postpartum health outcomes; and implementation of hospital-based quality improvement initiatives that reduce maternal mortality and morbidity, based on best practice and standardized protocols; (6) Introduce legislation to improve the quality of health data records for women of reproductive age to support patient health, the quality of maternal death records, and the exchange of health information for women of reproductive age. The legislation should encompass: (a) support of comprehensive efforts to improve the state's surveillance of maternal mortality and ensuring Texas' maternal death records have accurate information on the factors associated with maternal deaths; (b) mandates to the Texas Department of State Health Services to develop training and educational materials for physicians and other medical certifiers to accurately report maternal deaths; and (c) mandates to electronic health record systems to improve the interoperability of health records, including resolution of barriers that are preventing the exchange of health information critical to providing quality maternal and postpartum care; (7) Develop a public campaign to increase awareness of the importance of early and timely maternal health care and

promote existing community based efforts; and (8) That the Texas Medical Association adopt as formal policy the goals of eliminating maternal mortality in Texas. **Adopted as amended.**

REFERRED TO: (1) Council on Legislation and Council on Socioeconomics; (2) and (4) Council on Science and Public Health; (3) and (6) Council on Legislation; (5) Council on Science and Public Health and Council on Healthcare Quality; (7) Council on Health Promotion; (8) Add to TMA Policy Compendium

STATUS: (2) (4) and (5) The Committee on Reproductive, Women's, and Perinatal Health developed online continuing medical education on Long Acting Reversible Contraceptives available on TMA website and will conduct a CME and practicum at TexMed 2019. The Quality track at TexMed 2019 will include a presentation on the Texas AIM bundles and will be recorded for the development of an enduring CME. A workgroup of the Task Force on Behavioral Health has been convened to develop a CME on management of maternal substance use disorders. (7) Staff has issued several news releases and published several blog posts on the issue. A formal campaign is awaiting the outcome of the maternal health legislative package in the 2019 Texas Legislature. The issue is on the agenda for the May 2019 meeting of the Council on Health Promotion. (8) Added 330.015 Physician-Led Initiatives to Address Maternal Mortality and Morbidity to TMA Policy Compendium. (1) (3) and (6) update will be provided in the *Supplement*.

Council on Health Service Organizations Report 2 – Medical Staff Rights and Responsibilities Bill of Rights: That TMA adopt new policy on medical staff rights and responsibilities. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 130.026 Medical Staff Rights and Responsibilities Bill of Rights to TMA Policy Compendium.

Council on Health Service Organizations Report 3 – Due Process Rights in Physician Contracts with Hospitals: That: (1) the Texas Medical Association advocate for the Centers for Medicare & Medicaid Services' strengthening of the due process rights of physicians by revising Medicare's Conditions of Participation for hospitals to guarantee that physicians be entitled to fair hearings by peers before any termination or restriction of medical staff privileges and that those due process rights cannot be denied through a third-party contract; and (2) TMA Policy 185.020 Principles for Employment Contracts be amended. **Adopted.**

REFERRED TO: (1) Council on Health Service Organizations and Council on Socioeconomics; (2) Add to TMA Policy Compendium

STATUS: (1) A letter to CMS/HHSC will be sent on behalf of C-HSO and C-SE. The amended policy will inform TMA's advocacy activities related to this topic going forward. (2) Amended 185.020 Principles for Employment Contracts in TMA Policy Compendium.

Council on Socioeconomics Report 3 – Transparency and Payments for Prior Authorizations (Resolution 406-A-17): That: (1) TMA Policy 235.0354 be amended; (2) TMA adopt new policy: Standardized Electronic Prior Authorization Transactions; and (3) Council on Socioeconomics Report 3-A-18 be adopted in lieu of Resolution 406-A-17. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: (1) Amended 235.034 Authorizations Initiated by Third-Party Payers, Benefit Managers, and Utilization Review Entities; (2) Added 235.038 Standardized Electronic Prior Authorization Transactions to TMA Policy Compendium.

Council on Socioeconomics Report 6 – Medicaid Work Requirements: That: the Texas Medical Association oppose: (1) any federal Medicaid waiver seeking to impose mandatory work requirements, but instead collaborate with lawmakers, the Texas Health and Human Services Commission, and the Centers for Medicare & Medicaid Services to support constructive measures to help Medicaid enrolled and eligible patients overcome barriers that prevent them from working or engaging in other meaningful community activities; (2) efforts to impose lifetime limits on adult Medicaid enrollees; and (3) any policy or regulation that punitively limits access to affordable health care for Medicaid-eligible patients. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 190.037 Medicaid Work Requirements to TMA Policy Compendium.

Resolution 401 – Physicians Allowed to Delegate Ability to Enter EHR Data (McLennan County Medical Society): That the Texas Medical Association: (1) supports the ability of the physician to delegate the collection and entry into the medical record any component of the medical history that they deem appropriate, provided that the physician reviews the information with the patient and takes responsibility for the full medical record being created and used to support billing; and (2) will ask the Centers for Medicare & Medicaid Services (CMS) to communicate this policy to other Medicare administrative contractors. **Adopted as amended.**

REFERRED TO: (1) Add to TMA Policy Compendium; (2) Council on Socioeconomics and Council on Practice Management Services

STATUS: (1) Added 30.038 Physicians Allowed to Delegate Ability to Enter EHR Data to TMA Policy Compendium**;** (2) TMA will continue to include this issue as a topic of discussion during regular meetings with CMS and Novitas.

Resolution 402 – Opposition to Medicaid Work Requirements (Ryan Van Ramshorst, MD, Texas Pediatric Society): That the Texas Medical Association apply all appropriate resources to oppose Medicaid work requirements to ensure that vulnerable, low-income adults with children and other covered populations continue to receive necessary medical services and that Texas does not increase uncompensated care for physicians. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 190.037 Medicaid Work Requirements to TMA Policy Compendium.

Resolution 403 – Under-Reporting of Optometric Diabetic Eye Examinations to Treating Physicians (Harris County Medical Society): That the Texas Medical Association work with the Texas Optometry Board to develop guidelines around conditions that need to be reported to the patient's physician. **Adopted as amended.**

REFERRED TO: Interspecialty Society Committee

STATUS: The Interspecialty Society Committee will discuss this resolution at their TexMed 2019 meeting.

Resolution 404 – Opposition of Pain Score as a Contributor to Hospital Financial Incentives (Medical Student Section): That the Texas Medical Association oppose the allocation of financial incentives for high patient satisfaction scores that weigh patient-rated treatment of pain against other factors involved in patient care. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 235.039 Opposition to Pain Score as a Contributor to Hospital Financial Incentives to TMA Policy Compendium.

Resolution 405 – Compensation to Physicians for Authorizations and Preauthorizations (Ori Z. Hampel, MD): That insurance and managed care companies ("payers") compensate physicians for the time that physicians and their staff spend on authorization and preauthorization procedures. Such compensation shall be paid in full by payers to physicians without deductible, coinsurance, or copayment billable to patients; thus, patients will not bear the burden for such processes imposed by payers. The fee schedule shall be based on the compensation due physicians for patient evaluation and management according to the Current Procedural Terminology (CPT) coding system. For physicians contracted with payers, the payers shall compensate the physician at the contracted fee schedule. For out-of-network physicians, the payers shall compensate physicians at 60 percent of billed charges. The physician and/or physician staff shall track the time spent per patient per day performing tasks related to authorization and preauthorization, and round the time spent per task up to the nearest five-minute increment. The physician shall bill the payer in accordance with the CPT coding system based on the time spent. If necessary, multiple codes shall be used and payable to account for the time spent. Billable minutes for authorization and preauthorization include, but are not limited to, time spent filling out forms, making telephone calls (including time spent negotiating phone trees and hold time), documenting in the patient's medical record, communicating with the patient, printing, copying, and faxing. Texas laws pertaining to payment timeliness by third-party payers shall apply to payers for such billing as well. **Referred for decision.**

REFERRED TO: Board of Trustees; Medical Economics and Payment Advocacy

STATUS: The board approved not adopting Resolution 405-A-18 and reaffirming current TMA policy 235.034 and 235.038. See BOT Report 13-A-19.

Resolution 406 – Supporting Reclassification of Complex Rehabilitation Technology (Resident and Fellow Section): That: (1) TMA support the Centers for Medicare & Medicaid Services reclassifying complex rehabilitation technology equipment into its own distinct payment category under the Medicare program to improve access to individuals with substantially disabling and chronic conditions; and (2) the Texas Delegation to the American Medical Association take a similar resolution to the AMA. **Adopted as amended.**

REFERRED TO: (1) Add to TMA Policy Compendium; (2) Texas Delegation to the AMA.

STATUS: (1) Added 270.007 Supporting Reclassification of Complex Rehabilitation Technology to TMA Policy Compendium. (2) The Texas Delegation introduced Resolution 117-A-18 at the June 2018 AMA House of Delegation annual meeting. It was referred to the AMA Council on Medical Service for a report back to the AMA HOD 2019 annual meeting.

Resolution 407 – Medical Necessity Decisions Are the Practice of Medicine (Harris County Medical Society): That the Texas Medical Association work to: (1) align the Texas Occupation Code, Texas Insurance Code, and Texas Administrative Code with clear verbiage that medical necessity decisions are the practice of medicine and can only be performed by a physician with an active license in the state of Texas; and (2) align the Texas Occupations Code, Texas Insurance Code, and Texas Administrative Code with clear verbiage requiring that those making peer-to-peer medical necessity decisions be in the same or similar specialty as the treating physician seeking authorization. **Adopted.**

REFERRED TO: Council on Legislation and Office of the General Counsel

STATUS: HB 2387 (G. Bonnen)/SB 1187 (Buckingham) require that medical decisions and reviews by Texas licensed health plans are performed by a physician licensed in the state in the same or similar specialty.

Resolution 408 – Protecting the Prudent Layperson Standard (Carrie de Moor, MD, Collin-Fannin County Medical Society, Nueces County Medical Society, and Heidi Knowles, MD, Texas College of Emergency Physicians): That the Texas Medical Association: (1) adopt the following principles related to out-of-network emergency care: Patients who seek emergency care should be protected under the "prudent layperson" standard as established in state and federal law, without regard to prior authorization or retrospective denial for services after emergency care is rendered. Patients must not be financially penalized for receiving emergency care from an out-of-network physician or provider. Insurers must meet appropriate network adequacy standards that include adequate patient access to care, including access to physician specialties. Texas Department of Insurance should enforce such standards through active regulation of health insurance company plans. Insurers must be transparent and proactive in informing enrollees about all deductibles, copayments, and other out-of-pocket costs that enrollees may incur. Medical necessity review of emergency services must be performed by a board-certified emergency medicine physician licensed in Texas and not affiliated with an insurer, a municipal cooperative health benefit plan, health management organization, or the physician or provider or facility in question; and (2) actively oppose any health plan or other payer policy that dissuades patients from seeking needed emergency care in situations where they believe their health is at risk. **Adopted as amended.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 100.030 Protecting the Prudent Layperson Standard to TMA Policy Compendium.

2017 AUDIT TRAIL

Action Items Adopted or Referred by the
Texas Medical Association House of Delegates

Awards/nominations, amendments to the Constitution and Bylaws, and policy review recommendations are not included.

FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS:

Speakers Report 1 – TMA Election Process: That the Texas Medical Association make changes to the TMA Election Process to be consistent with TMA Bylaws. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium; Speakers' Advisory Committee

STATUS:

Board of Trustees Report 12 – Continuation of International Medical Graduate Section: That the International Medical Graduate Section continue for two years with a report back to the House of Delegates, through the Board of Trustees, at the 2019 Annual Session with information on specific contributions of the IMG Section. **Adopted.**

REFERRED TO: International Medical Graduate Section

STATUS: Deferred until IMG Section report is submitted in 2019

Speaker and Council on Constitution and Bylaws Joint Report 1 – Parliamentary Authority Transition for TMA: That: (1) the American Institute of Parliamentarians Standard Code of Parliamentary Procedure be adopted as TMA's parliamentary authority, effective at the conclusion of the 2017 Annual Session; (2) TMA Bylaws Chapter 3, House of Delegates, Section 3.70, Business and Subsection 3.73, Rules of conduct, be amended; (3) TMA Bylaws Chapter 12, County Societies, Section 12.40, Structure, Subsection 12.411, Duties, be amended; (4) TMA Bylaws Chapter 14, Rules of Order, be amended; and (5) standing rules for TMA House of Delegates' parliamentary procedure, in addition to the American Institute of Parliamentarians Standard Code of Parliamentary Procedure, be adopted. **Adopted.**

REFERRED TO: Council on Constitution and Bylaws; Speakers' Advisory Committee

STATUS:

Resolution 101 – Election of TMA Board of Trustees Members (Lone Star Caucus): That: (1) the TMA House of Delegates amend the process of holding elections for the Board of Trustees, and that regularly scheduled elections be held on a different ballot from elections to fill board vacancies; (2) TMA Bylaws, Chapter 4, Board of Trustees, Section 4.40, Term, tenure, and vacancies of at-large positions, be amended; and (3) TMA Bylaws, Chapter 7, Elections, Section 7.42, Balloting, Subsections 7.421, First Ballot, and 7.422, Run-off ballot, be amended. **Referred to the Speakers' Advisory Committee and Council on Constitution and Bylaws with a report back at A-18.**

REFERRED TO: Speakers' Advisory Committee; Council on Constitution and Bylaws

STATUS:

Resolution 103 – Texas Medical Board License Renewal Notifications and Payment (Harris County Medical Society): That: (1) the Texas Medical Association request that the Texas Medical Board (TMB) take such action as to change and update its license renewal notification procedure and its license renewal payment processes; and (2) TMA request that TMB (a) provide an electronic or email-based means to communicate routine license renewal information to licensed physicians, in addition to U.S. Postal Service mail; (b) institute an electronic license renewal notification and an option for electronic auto-renewal payment; and (c) provide for acceptance of credit card or bank electronic payment systems to convey payments for license renewals and fees. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium; Communications Division; Membership Operations & Business Intelligence

STATUS:

Resolution 105 – TMA Outreach to Displaced and Refugee Physicians (Harris County Medical Society): That: (1) the Texas Medical Association study the number of current displaced and refugee physicians in Texas; the role and impact TMA might offer to support and connect them with Texas colleagues; and the potential impact these individuals, as future TMA members, might have on the organization; and report back to the House of Delegates and (2) if this study appears to be of benefit to TMA for residents of Texas who are displaced and refugee physicians, TMA consider moving this matter forward to the American Medical Association. **Adopted.**

REFERRED TO: International Medical Graduate Section

STATUS:

Resolution 106 – Reduced and Alternative Documentation and Administrative Requirements for Medical Documentation for Prescribers in Times of Declared Disasters (Harris County Medical Society): That: (1) the Texas Medical Association support reduced and alternative documentation and administrative requirements of the Texas Medical Board (TMB) and the Texas Administrative Code in the form of a policy related to specific requirements of medical documentation and record keeping during a declared disaster. Specifically, the policy would apply when the care provided is the continuation of currently prescribed medications and other necessary treatments for victims requiring disaster assistance, first responders, and other rescue workers during the declared disaster; (2) TMA urge TMB to adopt these reduced and alternative documentation and administrative requirements during times of declared disasters; and (3) any waiver in requirements exist only in a time of declared disaster and not during normal business operations. **Adopted.**

REFERRED TO: Office of the General Counsel

STATUS:

Resolution 107 – Support of Evidence-Based Medicine (Young Physician Section, Resident and Fellow Section, and Medical Student Section): That: (1) TMA adopt policy opposing the criminalization of evidence-based medical care; (2) TMA policy also oppose the revocation of a medical license for the provision of evidence-based medical care; and (3) TMA encourage TEXPAC to consider previous and planned actions to criminalize the practice of medicine when deciding endorsements and allocation of funds. **Referred.**

REFERRED TO: Board of Councilors

STATUS:

Resolution 109 – Transparency in Election in the House of Delegates (Angelina County Medical Society): That: (1) vote counts of all secret ballots taken in the TMA House of Delegates be announced publicly in the house at the time each election result is announced; and (2) final vote counts of all secret ballots in the TMA House of Delegates be made public and made part of the official proceedings of the house.. **Referred to the Speakers' Advisory Committee with a report back at A-18.**

REFERRED TO: Speakers' Advisory Committee

STATUS:

Resolution 111 – Addressing Physician Mental Health Status Disclosures (Medical Student Section): That: (1) the Texas Medical Association support the exclusion of questions regarding mental illness in the Texas Medical Board licensure process, specifically excluding questions related to major depressive disorder diagnoses; (2) TMA recognize that information regarding a physician's mental health should be shared only between the physician-patient and his or her mental health physician or provider, including psychiatrists, primary care physicians, counselors, and psychologists, and not a priority of state licensure boards; and (3) TMA recognize the mental health physician's or provider's responsibility to make any disclosures regarding the mental health of a physician-patient necessary to maintain patient safety, instead of requiring these patients to disclose their own conditions to board licensure applications. **Referred.**

REFERRED TO: Council on Medical Education

STATUS:

Resolution 113 – HIPAA and Physician Rating Websites (Harris County Medical Society): That: (1) the Texas Medical Association seek amendment of HIPAA rules to allow physicians to respond to incorrect information posted on the internet by patients, as long as physicians address only nonmedical care issues and do not disclose medical conditions or diagnoses the patient did not disclose; and (2) if HIPAA rules cannot be amended to allow physicians to respond to incorrect information posted on the internet by patients, then TMA should seek amendment to HIPAA rules that develop guiding principles for entities with physician rating sites to promote fair and balanced restrictions on postings by physicians, patients, and others who post reviews. **Adopted.**

REFERRED TO: Council on Legislation; Add to TMA Policy Compendium

STATUS:

<u>FROM REFERENCE COMMITTEE ON MEDICAL EDUCATION</u>:

Council on Medical Education Report 3 – Support for Exceptions to Medicare GME Cap-Setting Deadlines in Underserved Areas: That: (1) TMA adopt policy on Exceptions to Deadlines for Setting Medicare GME Funding Caps; and (2) the Texas Delegation to the AMA take CME Report 3-A-17 to the AMA House of Delegates for consideration as new AMA policy. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium; Texas Delegation to the AMA

STATUS:

Council on Medical Education Report 4 – Rural Training Tracks: That TMA adopt policy on Support of Rural Residency Training and State Grant Program for Promoting Rural Training Tracks. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS:

Council on Medical Education Report 5 – Need for Continued Expansion of GME Capacity: That TMA adopt policy on Building the Future Physician Workforce. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS:

Council on Medical Education Report 6 – Referral of Res. 201-A-16, Recognition of Alternative Recertification Boards (Harris County Medical Society), and Res. 207-A-16, Recognition of National Board of Physicians and Surgeons and National Board of Osteopathic Physicians and Surgeons (Ori Hampel, MD): That TMA: (1) approve policy on Initial Guiding Principles on Maintenance of Certification; (2) adopt policy on Monitoring Maintenance of Certification Reforms; (3) retain policy 175.006, Physician Licensure by Individual State Medical Boards; and (4) retain as amended policy 175.018, Maintenance of Certification. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS:

Committee on Physician Distribution and Health Care Access Report 1 – Long-Range State Health Care Workforce Study: That TMA adopt policy in support of a long-range state health care workforce study. **Adopted.**

REFERRED TO: Council on Legislation; Committee on Physician Distribution and Health Care Access; Add to TMA Policy Compendium

STATUS:

Committee on Physician Distribution and Health Care Access Report 2 – Enhancements to State Physician Education Loan Repayment Program: That: (1) TMA adopt policy on Enhancing the State's Physician Education Loan Repayment Program; (2) TMA policies 205.021, State Loan Repayment Program, 205.002, Support for Student Loan Funds Repayment, and 185.017, Addressing the Threat to Primary Care in Texas, be retained as amended; and (3) TMA policies 205.034, Reinstate and Enhance Texas Physician Education Loan Repayment Program, and 205.023, Physician Education Loan Repayment Program, be deleted. **Adopted.**

REFERRED TO: Committee on Physician Distribution and Health Care Access; Add to TMA Policy Compendium

STATUS:

Resolution 201 – Inclusion of Advocacy Education in Medical School Curricula (Harris County Medical Society): That: (1) the Texas Medical Association support inclusion of at least two hours of didactic education per calendar year focused on advocacy education for every medical student in Texas;

and (2) the Texas Delegation to the American Medical Association submit a resolution at the 2017 AMA Annual Meeting that will call for the inclusion of at least two hours of didactic education per year in advocacy education for every medical student in the United States. **Referred.**

REFERRED TO: Council on Medical Education

STATUS:

Resolution 202 – Medical School Clinical Skills Exams (Medical Student Section): That the Texas Medical Association advocate for the Texas Medical Board to eliminate the United States Medical Licensing Examination Step 2 Clinical Skills examination and the Comprehensive Osteopathic Medical Licensing Examination Level 2-Performance Examination licensure requirements for U.S. medical graduates who have passed a clinical skills examination administered by a Liaison Committee on Medical Education-or Commission on Osteopathic College Accreditation-accredited medical school. **Referred.**

REFERRED TO: Council on Medical Education

STATUS:

FROM REFERENCE COMMITTEE ON SCIENCE AND PUBLIC HEALTH:

Council on Science and Public Health Report 1 – All Hazards Disaster Planning: That: (1) TMA adopt Disaster Preparedness Planning and Response policy; (2) policies 260.076, All Hazards Disaster Planning, and 260.067, Disaster Preparedness be deleted; and (3) TMA encourage the Department of State Health Services to proceed with its initiative to establish a state framework for crisis standards of care and to encourage local community development and active physician participation. **Adopted.**

REFERRED TO: Council on Science and Public Health; Add to TMA Policy Compendium

STATUS:

Council on Science and Public Health Report 2 – Parental Leave: That: (1) TMA promote awareness and education for physicians, legislators, and the public on the importance of paid parental leave in ensuring good maternal and infant health outcomes and promoting the health and well-being of the family; and (2) TMA work with the Department of State Health Services, Health and Human Services Commission, and state higher education institutions, to support study on the barriers to expanding paid parental leave in Texas, particularly for the Texas workforce who does not have access to paid leave. **Adopted.**

REFERRED TO: Council on Science and Public Health; Communications; Add to TMA Policy Compendium

STATUS:

Committee on Child and Adolescent Health and Task Force on Behavioral Health Joint Report 4 – Resolution 311-A-16, Sexual Orientation Change Efforts in Minors: That: (1) TMA adopt the recommended policy on sexual orientation change efforts in minors; and (2) amend Policy 55.004, Adolescent Sexual Activity. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS:

Committee on Infectious Diseases and Committee on Child and Adolescent Health Joint Report 5 – Preexposure Prophylaxis as HIV Prevention: That TMA promote awareness among physicians of pre-exposure prophylaxis as a tool for HIV infection prevention. **Adopted.**

REFERRED TO: Committee on Infectious Diseases; Add to TMA Policy Compendium

STATUS:

Board of Councilors Report 3 - Resolution 307-A-16, Gender and Sex Options on Medical Paperwork: That the Council on Science and Public Health provide recommendations to guide TMA activities related to gender and sexual diversity. **Adopted as amended by substitution.**

REFERRED TO: Council on Science and Public Health

STATUS:

Resolution 301 – Creating a Statewide Crisis Standards-of-Care Framework (Dallas County Medical Society): That the Texas Medical Association (1) work closely with the Texas Department of State Health Services commissioner to ensure the reinvigoration of a task force charged with creating a statewide crisis standards-of-care framework; (2) support legislative efforts that promote physician-led decision-making during public health emergencies, using nationally recognized guidelines; and (3) help identify any legal barriers that would prohibit the implementation of a crisis standards-of-care framework during a declared public health emergency. **Adopted.**

REFERRED TO: Council on Science and Public Health; Council on Legislation; Office of the General Counsel; Add to TMA Policy Compendium

STATUS:

Resolution 302 – Palliative Care (Larry Driver, MD): That: (1) the Texas Medical Association recognize and commend the Palliative Care Interdisciplinary Advisory Council for establishing the framework for advancing palliative care in Texas that will improve availability of and access to the highest quality of evidence-informed palliative care, delivered by expert interdisciplinary teams led by Texas physicians who receive the best available education and training in the field based upon leading-edge research, and that establishes Texas as a model of palliative care for the rest of the nation; and (2) recommend as appropriate the tangible results of PCIAC's work in conceiving, developing, and implementing clinical, educational, public awareness, advocacy, and research activities that promote and enhance the provision of the best possible supportive palliative care and hospice palliative care in Texas. **Adopted.**

REFERRED TO: Committee on Cancer

STATUS:

Resolution 303 – Sudden Increase in Liability Claims for Wernicke's Encephalopathy in Bariatric Surgery Patients (Harris County Medical Society): That the appropriate Texas Medical Association council or committee review existing evidence regarding the prevalence and presentation of Wernicke's

encephalopathy and other nutritional deficiencies and sequelae after bariatric procedures, and if appropriate, provide information to all Texas physicians. **Adopted as amended.**

REFERRED TO: Council on Science and Public Health

STATUS:

Resolution 304 – Rejection of Discrimination (Young Physician Section, Resident and Fellow Section, and Medical Student Section): That: (1) TMA adopt policy opposing any discrimination based on an individual's sex, sexual orientation, gender identity, race, religion, disability, ethnic origin, national origin, or age; (2) TMA policy on this issue also call for TMA to work with other organizations, both public and private, to identify and make resources available to assist physicians' (a) self-education regarding care for the LGBTQ population, (b) provision of support to families in developing healthy relationships with their youth regardless of sexual orientation, and (c) discussion of consequences and health risks of varying levels of acceptance and rejection of LGBTQ youth; (3) TMA policy direct TMA to work with public and private organizations to reduce suicide and improve health in all Texans, with care to include LBGTQ individuals and at-risk youth; and (4) the Council on Science and Public Health provide recommendations to guide TMA activities related to gender and sexual diversity. **Adopted as amended.**

REFERRED TO: Council on Science and Public Health

STATUS:

Resolution 305 – Addressing the Diaper Gap (Medical Student Section): That: (1) the Texas Medical Association advocate for elimination or reduction of taxes imposed on infant and adult diapers; and (2) the Texas Delegation forward this resolution immediately to the American Medical Association House of Delegates. **Referred.**

REFERRED TO: Council on Science and Public Health; Council on Legislation; Office of the General Counsel

STATUS:

Resolution 306 – Addressing the Need for Improved Water Supply Quality in Texas (Medical Student Section): That: (1) The Texas Medical Association advocate for regulatory action to support public health or infrastructural measures to lower toxic and carcinogenic chemicals, and ensure safe and clean community water systems; and (2) TMA promote awareness among physicians regarding safe drinking water. **Adopted as amended.**

REFERRED TO: Council on Legislation; Communications Division; Add to TMA Policy Compendium

STATUS:

Resolution 307 – Reducing Errors in Pharmacy (Lubbock-Crosby-Garza County Medical Society): That TMA study the causes of errors in e-prescribing in pharmacies and suggest ways to reduce these errors. **Referred.**

REFERRED TO: Ad Hoc Committee on Health Information Technology

STATUS:

Resolution 308 – Expansion of Next Generation 911 (Medical Student Section): Adoption of amended TMA Policy 100.008, Statewide Emergency Communication Network System: Texas should maintain a robust and adequately funded statewide 911 communications system and, as part of that effort, county medical societies should assist in advocating needed resources to support their local 911 emergency systems and local expansion of the emergency service infrastructure to include next generation 9-1-1 features. **Adopted as amended by substitution.**

REFERRED TO: Add to TMA Policy Compendium

STATUS:

Resolution 310 – Healthy Food in Hospitals (Medical Student Section): That: (1) the Texas Medical Association encourage hospitals to offer and promote healthy, reasonably priced, and easily accessible food options; and (2) TMA encourage hospitals to work towards providing food options in accordance with Food and Drug Administration Dietary Guidelines for Americans 2015-2020, such as increased fruits and vegetables and decreased added sugar, saturated fats, and sodium consumption. **Adopted.**

REFERRED TO: Council on Science and Public Health; Add to TMA Policy Compendium

STATUS:

Resolution 312 – Implementing a Sugar-Sweetened Beverage Tax in Texas (Medical Student Section): That the Texas Medical Association support the incorporation of a Texas-wide sugar sweetened beverage tax. **Referred.**

REFERRED TO: Council on Science and Public Health; Council on Legislation

STATUS:

Resolution 313 – Improved Concussion Protocol to Reduce Psychological Morbidity in High School Athletes (Medical Student Section): That: (1) the Texas Medical Association support legislation that implements standardized assessments for or diagnostic testing of neurological and psychological manifestations of concussions for high school athletes post-concussion; (2) TMA support legislation that recommends that athletes who have had a concussion receive information about psychiatric support; (3) TMA support legislation that recommends psychiatric or neuropsychiatric consultation for high school athletes who have had a concussion; (4) TMA support legislation increasing awareness protocol for concussions across all sports; and (5) the Texas Delegation forward this resolution to the American Medical Association for consideration at the House of Delegates. **Referred to the Committee on Child and Adolescent Health.**

REFERRED TO: Committee on Child and Adolescent Health

STATUS:

Resolution 314 – Promoting Increased Awareness and Research for Grade School Soccer-Related Head Injury (Medical Student Section): That: (1) TMA support measures to increase public education regarding the signs, symptoms, and effects of concussive and subconcussive head injuries among student soccer athletes; and (2) TMA promote awareness among physicians of research in both the acute and

long-term complications of head trauma related to soccer, specifically regarding the use of the head as a medium for striking the soccer ball. **Referred to the Committee on Child and Adolescent Health.**

REFERRED TO: Committee on Child and Adolescent Health

STATUS:

Resolution 315 – Addressing the Expanding Habitats of Vectors of Infectious Disease (Medical Student Section): That: (1) the Texas Medical Association promote awareness for physicians and patients on infectious disease vectors, including the factors that affect the presence of vectors and disease; and (2) TMA work with like-minded organizations and individuals to support legislation regarding both the study of the expanding habitats of the Aedes aegypti and Culex mosquitoes, as well as the preparation for and prevention of the spread of the Zika and West Nile Viruses. **Adopted.**

REFERRED TO: Committee on Infectious Diseases; Communications Division; Add to TMA Policy Compendium

STATUS:

Resolution 316 – Addressing Transgender Public Facility Use (Medical Student Section): That the Council on Science and Public Health provide recommendations to guide TMA activities related to gender and sexual diversity. **Adopted as amended by substitution.**

REFERRED TO: Council on Science and Public Health

STATUS:

Resolution 318 – Access to Special Education Services (Medical Student Section): That: (1) the Texas Medical Association closely follow state and federal activities regarding special education services in Texas including but not limited to investigations and legislation restricting the provision of special education; and (2) TMA advocate for eliminating barriers to identification of and intervention in children who need special education services. **Adopted and referred to CM-CAH and the Task Force on Behavioral Health.**

REFERRED TO: Committee on Child and Adolescent Health; Task Force on Behavioral Health; Add to TMA Policy Compendium

STATUS:

Resolution 319 – Identification and Prevention of Adolescent Substance Abuse (Webb-Zapata-Jim Hogg County Medical Society): That: (1) the Texas Medical Association convene a panel of experts in the field of child and adolescent addiction and the use of psychotropic medications, such as pediatricians, psychiatrists, neurologists, pain management physicians, and representatives of other medical professions that are stakeholders; and (2) TMA develop resources for physicians on early detection and prevention of substance abuse in adolescents and on community-based patient and family support services for those who suffer from drug abuse and addiction. **Referred to the Task Force on Behavioral Health.**

REFERRED TO: Task Force on Behavioral Health

STATUS:

Resolution 320 – Vitamin D3 Supplementation (Webb-Zapata-Jim Hogg County Medical Society): That: (1) the Texas Medical Association recommend initial and then twice yearly cholecalciferol blood testing or more often as directed by the physician, such that it becomes a standard to determine the health of the individual patient despite age; and (2) TMA encourage the Food and Drug Administration and the National Institutes of Health to recommend better defined and higher blood levels of 25-hydroxyvitamin D. **Referred.**

REFERRED TO: Council on Science and Public Health

STATUS:

Resolution 321 – Promoting Safe and Effective Disposal of Unused Medications (Webb-Zapata-Jim Hogg County Medical Society): That: (1) the Texas Medical Association work to educate physicians, other health professionals, patients, family members, and the public about the safe and effective disposal of nonprescription/ prescription medications; (2) TMA assist local county medical societies with identifying, developing, and promoting safe drop off and drug disposal services; (3) TMA develop a model bill that requires written disposal information be provided at the point of purchase or delivery of a prescription; and (4) TMA convene a conference to include pharmaceutical companies and trade association representatives to evaluate programs and mechanisms for safe disposal and funding of these services. **Adopted as amended.**

REFERRED TO: Council on Science and Public Health; Office of the General Counsel; Council on Legislation; Add to TMA Policy Compendium

STATUS:

FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

Council on Socioeconomics Report 2 - Increasing Use of Narrow Networks by Medicare Advantage Plans: That TMA adopt policy on Extending Open Enrollment for Medicare Advantage Plans, as follows: The Texas Medical Association supports congressional policy changes that would require Medicare Advantage (MA) plans to allow enrollees to change plans after the open enrollment period if they discover, after enrolling, that their physician is not in the MA plan provider network. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS:

Council on Socioeconomics Report 3 - Prescription Drug Price Negotiation: That TMA adopt policy on Prescription Drug Negotiation in the Medicare Program, as follows: The Texas Medical Association supports congressional authorization of Medicare to negotiate the prices of Medicare Part D plans, as it does for other goods and services. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS:

Council on Socioeconomics Report 4 – Prescription Drug Value Based Contracting: Adoption of new TMA policy on Prescription Drug Value Based Contracting: While the Texas Medical Association applauds innovative ways to make prescription drugs more available and affordable for patients, TMA believes that doing so without physician input may be construed as the corporate practice of medicine.

Therefore, TMA insists that direct care physicians be included in the development of any new contracting programs to ensure that physician and, more importantly, patient interests are considered. In no way should value-based contracting or any other contracting method be a hindrance between the physician and the drugs the physician believes is the best treatment for his or her patient. **Adopted as amended.**

REFERRED TO: Add to TMA Policy Compendium

STATUS:

Council on Socioeconomics and Select Committee on Medicaid, CHIP, and the Uninsured Joint Report 6 - Federal Medicaid Reform and Implications for Texas; and Resolution 401 - Opposition to Capped Federal Medicaid Funding (Bexar County Medical Society); and Resolution 402 - Proposed Change in Medicaid Funding (Concho Valley County Medical Society); and Resolution 407 - Medicaid Block Grants and Per-Capita Caps (Ben G. Raimer, MD, FAAP, Texas Pediatric Society, Kimberly M. Carter, MD, Texas Association of Obstetricians and Gynecologists, Troy T. Fiesinger, MD, Texas Academy of Family Physicians); and Resolution 412 - Preference of Medicaid Funding Proposals (Harris County Medical Society): That: (1) TMA vigorously advocate to preserve guaranteed, uncapped federal Medicaid funding for at least all Texas Medicaid populations covered by the program as of Jan. 1, 2017; (2) TMA strongly advocate maintaining mandated minimum services, benefits and cost-sharing requirements for pregnant women and children, including protecting the Early Periodic Screening Diagnosis and Treatment (EPSDT) program to ensure Medicaid-enrolled children retain access to all medically necessary services, and maternal health services to promote healthy pregnancies and birth outcomes; (3) TMA strongly reiterate its support for measures that promote continuity of care and the patient-centered medical home, including maintaining 12-month continuous coverage for children enrolled in the Children's Health Insurance Program and advocating for the same policy for children's Medicaid, and preserve measures to simplify and streamline Medicaid and CHIP enrollment processes so that children and other enrollees do not lose coverage due to red-tape and bureaucracy; (4) TMA reiterate its commitment to implementing a comprehensive initiative to expand health care coverage to low-income Texans using federal funding and private sector solutions; (5) TMA evaluate the feasibility of piloting a capped Medicaid funding scheme for Medicaid expansion population should Texas implement a coverage option for low-income Texans, so long as the initiative provides patients meaningful coverage as devised by an advisory panel of primary and specialty care physicians and does not increase uncompensated care for physicians; (6) TMA advocate strongly to stand against any federal or state reform measure, including block grants, that will diminish patient access to services or increase physicians' uncompensated care; and (7) TMA collaborate with state legislative leadership to seek relief from federal administrative requirements that impose undue costs and paperwork on patients, physicians, and the state without improving patient care or outcomes. **Adopted as amended by addition in lieu of 401-A-17, 402-A-17, 407-A-17, and 412-A-17.**

REFERRED TO: Select Committee on Medicaid, CHIP, and the Uninsured; Council on Legislation

STATUS:

Resolution 403 - Supporting Community-Based Health Care Delivery Models for Vulnerable Patients (Dallas County Medical Society): That: (1) the Texas Medical Association support the concept and implementation of community-based health care delivery models emphasizing meaningful access for vulnerable patients throughout Texas; and (2) TMA collaborate with the county medical societies to advocate before the Texas Health and Human Services Commission, elected officials, and the Centers for Medicare & Medicaid Services for adoption of community-based health care delivery models. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium; Council on Health Service Organizations

STATUS:

Resolution 404 - Allowing Exceptions to the Centers for Medicare & Medicaid Services' Locum Tenens 60-Day Limit (Harris County Medical Society): That: (1) TMA support enhancing the Centers for Medicare & Medicaid Services' (CMS') locum tenens 60- day exemption policy to allow physicians the right to apply for an exception to the 60-day limit for billing for locum tenens services for circumstances beyond active military service such as serious illness and family emergency; and (2) the Texas Delegation to the American Medical Association take to the AMA House of Delegates a resolution requesting that AMA work with CMS to modify CMS policy, allowing physicians the right to apply for an exception to the current 60-day limit for billing for locum tenens services due to unforeseen circumstances such as serious illness, physical impairment, or family emergency. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium; Texas Delegation to the AMA

STATUS:

Resolution 405 - Minimum Standards for Interstate Sale of Health Insurance Products (Harris County Medical Society): That: (1) the Texas Medical Association adopt policy on the interstate sale of health insurance products sold in Texas that supports at a minimum, the following standards, should such a policy be approved at the federal level: 1. Products with in-network/out-of-network distinctions must meet Texas network adequacy standards; 2. Products must adhere to Texas prompt pay requirements; 3. Each company or HMO must meet minimum financial solvency standards required in Texas; and 4. The jurisdiction for all legal challenges is determined by the location where the care is given; and (2) the Texas Delegation to the American Medical Association take to the AMA House of Delegates a resolution requesting that AMA establish minimum federal standards that do not weaken any states' requirements on network adequacy, tort and other insurance plan regulations. **Adopted as amended by addition.**

REFERRED TO: Add to TMA Policy Compendium; Texas Delegation to the AMA

STATUS:

Resolution 406 - Transparency and Payments for Prior Authorizations (Harris County Medical Society): That: (1) TMA Policy 235.034, Authorizations Initiated by Third-Party Payers, be amended; (2) if payers and third parties do not compensate physicians for the prior authorization burdens listed above, physicians may charge subscribers, since these burdens are not a covered service; (3) prior authorizations may be allowed for only new medications and not for medications that patients have been receiving previously and continuously; (4) TMA pursue new Texas laws that incorporate the AMA Ensuring Transparency in Prior Authorization Act model bill, including provisions that prior authorization requirements and restrictions be readily accessible on payers' websites for physicians and subscribers, and that statistics regarding prior authorization approvals and denials be available on payers' websites; (5) TMA support legislation to mandate that payers accept and respond to standard electronic prior authorization (ePA) transactions, such as the NCPDP SCRIPT Standard ePA transactions; and (6) the Texas Delegation to the American Medical Association take this resolution to AMA for a national unified movement. **Referred**.

REFERRED TO: Council on Socioeconomics

STATUS:

Resolution 408 - Compensation of Physicians for Authorizations and Preauthorizations (Ori Z. Hampel, MD): That insurance and managed care companies ("payers") compensate physicians for the time that physicians and their staff spend on authorization and preauthorization procedures. Such compensation shall be paid in full by payers to physicians without deductible, coinsurance, or copayment billable to patients. The fee schedule shall be based on the compensation due physicians for direct patient care according to the Current Procedural Terminology (CPT) coding system. For physicians contracted with payers, the payers shall compensate the physician at the contracted fee schedule. For out-of-network physicians, the payers shall compensate physicians at 60 percent of billed charges. The physician and/or physician staff shall track the time spent per patient per day performing tasks related to authorization and preauthorization. The physician shall bill the payer in accordance with a specified conversion table of time spent to CPT code. Billable minutes for authorization and preauthorization include, but are not limited to, time spent filling out forms, making telephone calls (including time spent negotiating phone trees and hold time), documenting in the patient's medical record, communicating with the patient, printing, copying, and faxing. Texas laws pertaining to payment timeliness shall apply to payers for such billing as well. **Referred.**

REFERRED TO: Council on Socioeconomics

STATUS:

Resolution 409 - Medicaid Payments for Speech Therapy, Physical Therapy, and Occupational Therapy (Medical Student Section): That: (1) the Texas Medical Association recognize the importance of funding for allied health care professionals, such as speech therapists, physical therapists, and occupational therapists, to treat economically disadvantaged minors; and (2) TMA collaborate with specialty societies to bring forth educational materials for legislators and the general public explaining the purpose of nonphysician health services, such as speech therapy, physical therapy, and occupational therapy, in promoting healthy children. **Referred to the Select Committee on Medicaid, CHIP, and the Uninsured for decision.**

REFERRED TO: Select Committee on Medicaid, CHIP, and the Uninsured

STATUS:

Resolution 410 - Public-and Private-Sector Funding of Interpretation Services for Limited English Speakers and American Sign Language (Medical Student Section): That: (1) the Texas Medical Association advocate with interested parties to support expanded reimbursement from Medicaid, the Children's Health Insurance Program, and other public sector insurers, as well as private-sector coverage for interpretive services; (2) TMA support expanded legislation that might arise concerning reimbursement of interpretive services for both American Sign Language and limited English speakers; and (3) TMA advocate for increased access to qualified medical interpretive services for physicians. **Adopted.**

REFERRED TO: Select Committee on Medicaid, CHIP, and the Uninsured; Council on Socioeconomics; Council on Legislation; Add to TMA Policy Compendium

STATUS:

Resolution 411 - Clearer Language Regarding the Physician's Role in Providing Auxiliary Aid for Effective Communication Under Current Federal Laws (Medical Student Section): That: (1) the Texas Medical Association advocate with interested parties to support clarification of current federal laws

in regards to what constitutes effective communication towards patients with interpretive needs; (2) TMA support the creation of clearer guidelines in the Americans with Disabilities Act for what is considered undue burden and recognize that negative resolution flow be a consideration; (3) TMA support measures to provide smaller practices that have limited resources and availability of interpretive services with better legal protections and accessibility to qualified medical interpreters; and (4) the Texas Delegation to the American Medical Association bring this resolution to the AMA House of Delegates. **Referred.**

REFERRED TO: Council on Socioeconomics

STATUS:

Resolution 413 - Addressing Zika Through Increasing Medicaid Coverage of Insect Repellent (Medical Student Section): That: (1) TMA advocate for continued Medicaid coverage of insect repellent; and (2) TMA advocate for men insured through Medicaid to receive similar insect repellent prescription coverage as their female counterpart. **Adopted.**

REFERRED TO: Select Committee on Medicaid, CHIP, and the Uninsured

STATUS:

2016 AUDIT TRAIL
Texas Medical Association House of Delegates

Awards, amendments to the Constitution and Bylaws, new or revised policy, and policy sunset review recommendations are not included.

FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS:

Speakers Report 1, TMA Election Process: That the Texas Medical Association make changes to the TMA Election Process to reflect current practices of the house; to promote fair, equitable, cost-effective campaigns; and to make the policy more relevant. **Referred with report back at A-17.**

REFERRED TO: Speakers and Speakers' Advisory Committee.

STATUS: See SPKR Report 1-A-17 in this handbook.

Board of Trustees Report 8, Review of International Medical Graduate Section: That the Texas Medical Association International Medical Graduate (IMG) Section continue for an additional year with report back to the House of Delegates, through the Board of Trustees, at the 2017 Annual Session with information that demonstrates specific contributions of the IMG Section. **Adopted.**

REFERRED TO: Board of Trustees

STATUS: See BOT Report 12 in this handbook.

Board of Trustees Report 10, Task Force on Specialty Societies Represented in the TMA House of Delegates: That (1) specialty societies approved for representation on the Interspecialty Society Committee, as determined by the Texas Medical Association House of Delegates, not undergo subsequent review for that representation; (2) attendance requirements applied to TMA standing committees not be applied to members of the Interspecialty Society Committee; (3) specialty societies approved for representation in the TMA House of Delegates whose elected/appointed delegates or alternates delegates do not participate be contacted to ascertain their continued interest in being represented; and (4) the Council on Constitution and Bylaws consider whether or not societies approved for representation in the House of Delegates be specifically named in TMA Bylaws. **Adopted.**

REFERRED TO: Council on Constitution and Bylaws

STATUS: In consideration of the recommendations provided by the Task Force on Specialty Societies Represented in the TMA House of Delegates, the Council on Constitution and Bylaws does not recommend an amendment to section 3.227 of the TMA bylaws regarding specialty societies qualifying for delegate representation.

Committee on Physician Health and Wellness Report 1, Texas Physician Health Program/Monitor Relationship and Civil Immunity for Monitors: That the Texas Medical Association draft policy which supports legislation that would: (1) require the Texas Physician Health Program (TXPHP) to provide monitors with copies of drug screen results for applicable participating physicians, and (2) provide civil immunity provisions for monitors of physicians participating in TXPHP. **Adopted.**

REFERRED TO: Council on Legislation

STATUS: TMA staff attended multiple TXPHP Board Meetings, met and held conference calls with TXPHP staff, as well as with Texas Sunset Advisory Commission (TSAC) staff, and invited TXPHP staff to Committee on Physician Health and Wellness (CPHW) meetings to discuss TMA's concerns.

Specifically, TMA staff had a call with the Executive Director of TXPHP on November 3, 2016, when the TSAC Staff Report on the Texas Medical Board came out. The call was scheduled because the report did not address CPHW's two major concerns. The reason the report did not address these two concerns is because the TSAC's general counsel's reading of the statute was in line with that of TMA's Office of the General Counsel (i.e. no changes to the law needed to be made to allow what CPHW is asking for).

TXPHP is currently developing forms (to be signed by monitors) which will permit TXPHP to share test results with them and will draft procedures for the monitors to be considered agents of the state (when acting on behalf of the state) for liability purposes.

Agenda materials from TXPHP's November 18, 2016 Board Meeting confirmed this interpretation and plan.

Resolution 101, TMA Bylaws Concerning Retired Member Classifications (Travis County Medical Society): That the Texas Medical Association Committee on Membership and Council on Constitution and Bylaws review the category of retired membership and explore redefining the rights and privileges of retired membership to include the right to vote and hold elected positions, with report back at TexMed 2017. **Referred.**

REFERRED TO: Committee on Membership; Council on Constitution and Bylaws

STATUS: See CM and CCB Joint Report 2-A-17 in this handbook.

Resolution 103, Texas Interventional Pain Treatment Act (Texas Pain Society and Harris County Medical Society): That the Texas Medical Association support passage of legislation making it unlawful to practice interventional pain management using fluoroscopy in this state unless such person has been duly licensed under the provisions of the Texas Medical Board. **Adopted as amended.**

REFERRED TO: Council on Legislation

STATUS: TMA is pursuing an opinion from the Texas Medical Board to define this as the practice of medicine. This will put us in better shape to do this in lieu of or before pursuing legislation.

Resolution 105, Sunsetting the Official Prescription Form (Dallas County Medical Society and Texas Pain Society [C.M. Schade, MD, PhD]): That the Texas Medical Association work with the Texas Legislature to sunset the Official Prescription Form tracking laws. **Adopted.**

REFERRED TO: Council on Legislation

STATUS: This is being pursued as an amendment strategy the 2017 legislative session.

Resolution 107, Requiring Doctors to Swear to Be Honest (Bexar County Medical Society): That physicians in Texas not be required by any governmental agency or function to swear that they will not be dishonest in dealings with state agencies or functions, and that they not be required to swear that they will seek out colleagues that they suspect are guilty of misbehavior without specific guidance as to what is considered "misbehavior." **Referred with report back at A-17.**

REFERRED TO: Select Committee on Medicaid, CHIP, and the Uninsured

STATUS: See SCMCUI Report 1-A-17 in this handbook.

FROM REFERENCE COMMITTEE ON MEDICAL EDUCATION:

Committee on Physician Health and Wellness Report 2, Mental Illness: To approve Texas Medical Association policy which supports legislation that would amend the statute to require "severe and persistent mental illness" and not "any mental illness" reportable to the Texas Medical Board. **Referred.**

REFERRED TO: Council on Medical Education

STATUS: See CME Report 1-A-17 in this handbook.

Council on Medical Education Report 3, Opposition to Medical School and Residency Program Curriculum Mandates: To adopt Texas Medical Association policy on Opposition to Medical School and Residency Program Curriculum Mandates. **Referred with report back at A-17.**

REFERRED TO: Council on Medical Education

STATUS: See CME Report 2-A-17 in this handbook.

Resolution 201, Recognition of Alternative Recertification Boards (Harris County Medical Society): That the Texas Medical Association (1) formally adopt standards by which it can evaluate recertification programs that would be appropriate for Texas; (2) after adopting standards, begin the process of approving recertification programs offered by competing boards that meet TMA's standards; and (3) publicize and advocate for the recognition of TMA-approved alternative recertification programs to hospitals throughout Texas. **Referred.**

REFERRED TO: Council on Medical Education

STATUS: See CME Report 6-A-17 in this handbook.

Resolution 203, Developing Direct Primary Care in Texas (Harris County Medical Society): That the Texas Medical Association (1) study the development of direct primary care as it is described in statute in Texas, including the creation of programs to assist physicians in establishing, operating, and growing direct primary care practices; and (2) further study efforts to help educate the public, employers, and government officials in direct primary care and encourage the incorporation of direct primary care into the Texas health care economy, in both the private and public health care sectors. **Adopted as amended.**

REFERRED TO: Council on Socioeconomics, Council on Practice Management Services

STATUS: TMA cosponsored the fourth annual Texas Primary Care and Health Home Summit June 9-10, 2016. The event covered new models of primary care including direct primary care and value-based care. Last Fall, TMA collaborated with a Physician Foundation-sponsored conference to increase awareness of opportunities and challenges regarding direct primary care. The TMA Medical Home and Primary Care Committee will be exploring further educational opportunities at its meeting in May 2017. Through the TMA survey, we continue to track cash-based or concierge medicine practices. We have been gathering data on these practices models since 2012.

Additionally, TMA staff have performed extensive market research and interviewed physicians currently practicing within a direct primary care (DPC) model. With the information gathered, TMA Practice Consulting developed a new comprehensive set-up service for physicians starting direct primary care practices. This service includes a customized financial proforma anticipating patient panel growth and pricing; an extensive marketing plan targeting small employers; specialized patient agreements, letters, and forms; and resources for business plan creation and moonlighting. Staff are further researching the needs and implementation differences that physicians may have while transitioning to a DPC model rather than starting new.

Resolution 206, Freedom From Maintenance of Certification (Ori Z. Hampel, MD, Harris County Medical Society): That the Texas Medical Association (1) support the American Medical Association's Principles of Maintenance of Certification (MOC) H-275.924 to ensure physician's choice of lifelong learning, and (2) pursue legislation that eliminates discrimination by the State of Texas, employers, hospitals, and payers based on the American Board of Medical Specialties' proprietary MOC program as a requirement for licensure, employment, hospital staff membership, and payments for medical care in Texas. **Adopted as amended.**

REFERRED TO: Council on Medical Education; Council on Legislation

STATUS: Policy 175.021 added to TMA Policy Compendium. Also see CME Report 6-A-17 in this handbook.

Resolution 207, Recognition of the National Board of Physicians and Surgeons and the National Board of Osteopathic Physicians and Surgeons (Ori Z. Hampel, MD, Harris County Medical Society): That the Texas Medical Association recognize that recertifications by the National Board of Physicians and Surgeons and the National Board of Osteopathic Physicians and Surgeons are acceptable board recertifications for practicing physicians in the State of Texas for all purposes, including licensure, reimbursement, employment, and admitting privileges at a hospital. **Referred.**

REFERRED TO: Council on Medical Education; Council on Legislation

STATUS: See CME Report 6-A-17 in this handbook.

FROM REFERENCE COMMITTEE ON SCIENCE AND PUBLIC HEALTH:

Council on Science and Public Health Report 3, Resolution 304 Increasing Identification, Support, and Reporting of Human Trafficking Victims: That the Texas Medical Association work with: (1) physician member experts on human trafficking and ensure continued participation in the activities of the Texas Human Trafficking Prevention Task Force to help: (a) identify and advocate public policy measures that strengthen infrastructure which will improve response to human trafficking victims; (b) aid physicians in promoting the use of effective screening tools so they can identify potential victims of human trafficking; (c) provide information to physicians on the availability of local resources in their communities, including information on treatment and recovery for victims of human trafficking, including trauma-informed interventions; and (d) with requirements related to reporting suspected abuse of children and of potential victims of violence and/or sexual abuse and exploitation; and (2) county medical societies to encourage training at local health facilities on identifying human trafficking victims or request training from nationally recognized human trafficking support entities. **Adopted.**

REFERRED TO: Council on Science and Public Health; Add to TMA Policy Compendium

STATUS: The Council on Science and Public Health is sponsoring a CME program at TexMed 2017; a written CME and a presentation at one of the county medical societies will also be completed in 2017. The TMA Policy Compendium was updated with policy 260.101.

Council on Science and Public Health Report 4, Resolution 307 Complementary and Alternative Medicine: (1) That the Texas Medical Association: (a) advocate for stronger federal oversight and support additional quality studies of complementary and alternative medicine (CAM); (b) monitor Texas regulatory activities and trends in use of CAM to encourage communication between local public health entities and county medical societies, offering timely information on potential risks and scientifically proven benefits of specific CAM products; and (c) encourage physicians to register with the Food and Drug Administration to receive updates on suspected tainted products; (2) That TMA (a) serve as a resource for physicians by monitoring and sharing information on quality, evidence-based studies of CAM related topics, such as the free online continuing medical education programs provided by the National Institutes of Health Center for Complementary and Integrative Health (NCCIH) and resources offered by medical schools engaged in integrative health; and (b) convene physicians in integrative medicine and others with expertise to serve as an ongoing resource for physicians on CAM trends and issues; (3) That TMA recommend that physicians (a) ask about and include use of complementary products in the medication drug list for each patient; (b) counsel those who are using nonprescribed dietary supplements that these are non-regulated and their quality, effectiveness, and safety has not been established, and encourage patients to use reliable resources such as the NCCIH to learn about nonprescribed products or the use of mobile apps that offer up-to-date notices; and (c) counsel patients who are potentially vulnerable to adverse health outcomes because of their age or health condition or who are using prescribed medications to consult their physician before taking nonprescribed CAM products or starting new therapies; and (4) Delete TMA policies 260.063 Herbal Remedies and 260.069 Dangerous Herbal Preparations from the *Policy Index*. **Adopted as amended.**

REFERRED TO: Council on Science and Public Health; Add to TMA Policy Compendium

STATUS: A Council on Science and Public Health workgroup has been convened to assist with developing resources for physicians. Information will be added to the public health page of TMA's website. The TMA Policy Compendium was updated with policy 260.102.

Committee on Maternal and Perinatal Health Report 1, Parental Leave: That the Texas Medical Association: (1) promote awareness and education for physicians, legislators, and the public on the importance of adequate parental leave, especially paid leave, in ensuring good maternal and infant health outcomes and promoting the health and well-being of the family; (2) advocate for state, local, and private adoption of parental leave policies that provide adequate time to give birth, recover, nurse new babies, and allow for parental bonding following the birth or adoption of a child; and (3) recommend at least 12 weeks of paid maternity leave and at least two weeks of paid paternity or partner leave following the birth or adoption of a child. **Referred.**

REFERRED TO: Council on Science and Public Health

STATUS: See CSPH Report 2-A-17 in this handbook.

Resolution 301, Improvements for Tracking the Wholesale Drug Distribution of Controlled Substances (Dallas County Medical Society and Texas Pain Society): That the Texas Medical Association work with the Texas Legislature to require: (1) wholesale drug distributors to report their ARCOS data directly to the Texas Prescription Monitoring Program, (2) pharmacies to report their sales daily to the Texas Prescription Monitoring Program, and (3) the Texas State Board of Pharmacy to

generate public reports (de-identified) of the top 10 wholesale controlled substances by ZIP code, monthly, or more frequently as indicated. **Adopted as amended.**

REFERRED TO: Council on Legislation

STATUS: TMA is supporting this as part of an effort to define a technology-driven solution in lieu of mandates to utilize the Prescription Drug Monitoring Program prior to each prescription for a controlled substance.

Resolution 303, Ban Firearms in State Psychiatric Facilities (Harris County Medical Society): That the Texas Medical Association pursue amendment of Section 46.035 of the Penal Code so that it is an offense for a concealed handgun license holder to intentionally, knowingly, or recklessly carry a handgun, as defined by state law, into a state-operated mental health facility; that is, a state hospital or a state center with an inpatient psychiatric component that is operated by the Texas Health and Human Services Commission, as defined in 25 TAC, Chapter 412. **Adopted as amended.**

REFERRED TO: Council on Legislation; Council on Science and Public Health

STATUS: The Task Force on Behavioral Health has worked with Texas Society of Psychiatric Physicians (TSPP) and others on legislation on this issue. While several bills on the topic have already been filed on the matter, an author for the TMA/TSPP-supported bill has been identified and filing of the legislation is expected soon.

Resolution 304, Increase Funding for and Access to Medication to Cure Hepatitis C (Howard P. Monsour Jr., MD, Harris County Medical Society): That the Texas Medical Association work with the Texas Legislature, Texas Health and Human Services Commission, and Office of the Governor to increase: (1) Medicaid funding in the FY 2018-19 state budget for medications that have been proven to cure Hepatitis C, and (2) access to these curative Hepatitis C medications by eliminating the regulatory and budget barriers that deter patients in dire need from receiving them. This includes advocacy to relax fibrosis score criteria so it aligns with recent Centers for Medicare & Medicaid Services guidance and promotes access. **Referred for decision and action.**

REFERRED TO: Council on Socioeconomics

STATUS: A high priority for TMA during the 2017 legislative session will be reforming the Medicaid vendor drug program, including ensuring greater transparency and physician input on the development of clinical protocols and revising the process for adding high cost drugs to the Medicaid formulary. Currently, if a drug costs more than $500k annually, it cannot be added to the Medicaid formulary without legislative approval.

Resolution 306, Support for a Statewide Definition of "Elder Self-Neglect" and National Adoption of Mandatory Reporting of Elder Mistreatment (Medical Student Section): That the Texas Medical Association support: (1) the efforts of the Texas Elder Abuse and Mistreatment Institute in its research on elder self-neglect, and (2) the American Medical Association's efforts on nationwide adoption of laws on the physician duty to report suspected or confirmed elderly abuse. **Adopted as amended.**

REFERRED TO: Council on Science and Public Health

STATUS: Staff have been in contact with the Texas A&M Elder Mistreatment program institute to obtain information on potential activities. Information on this will be finalized later in the year.

Resolution 307, Gender and Sex Options on Medical Paperwork (Medical Student Section): That the Texas Medical Association: (1) recognize the importance of delineating gender identities in patients to promote the delivery of thorough medical care and support the addition of gender and sex options on patients' medical records, and (2) support patient data collection that is inclusive of non-binary gender identities, as it will allow for relevant medical research. **Referred.**

REFERRED TO: Board of Councilors

STATUS: See BOC Report 3-A-17 in this handbook.

Resolution 308, Increased Oversight of Suicide Prevention Training for Correctional Facility Staff (Medical Student Section): That the Texas Medical Association will: (1) encourage the Texas Commission on Jail Standards to develop a single, unified, suicide prevention plan for correctional facilities in the state of Texas, and (2) submit and support a proposal to the Texas Commission on Jail Standards to require that all correctional facility officers and staff, both county and city, in the state of Texas, undergo suicide prevention training at hire, and at annual retraining, support increased state oversight of suicide prevention curricula and training of correctional facility officers, with annual recertification. **Adopted as amended by substitution.**

REFERRED TO: Council on Science and Public Health; Council on Legislation

STATUS: The Council on Science and Public Health's Task Force on Behavioral Health convened a criminal justice workgroup to work on this and related behavioral health issues and received approval from the Board of Trustees to join the Texas Healthy Minds Coalition. TMA staff collaborate with the Coalition and other stakeholders on criminal justice policy priorities. TMA also testified before the House Select Committee on Mental Health, which is also addressing mental health prevention issues associated with criminal justice.

Resolution 309, Physician Collaboration in Active Child Protective Services Investigations (Bexar County Medical Society): That the Texas Medical Association work with Texas Department of Family and Protective Services and Child Protective Services to eliminate barriers to useful and productive interaction with physicians for the benefit of the children. **Adopted.**

REFERRED TO: Council on Science and Public Health

STATUS: The Texas Pediatric Society presented to the Committee on Child and Adolescent Health at fall meeting and gave an overview of many of the child welfare issues the organization is working on. The committee heard an update on child welfare issues related to legislation during winter meeting. The committee continues to study this issue and will identify any potential areas to get involved.

Resolution 310, Prevention of Newborn Falls in Hospitals (Medical Student Section): That the Texas Medical Association: (1) work with the Texas Department of State Health Services and other stakeholders to support increased research on newborn falls, (2) encourage education of parents and health care professionals on risk factors and prevention of newborn falls in Texas hospitals, and (3) support implementation of newborn fall prevention plans and post-fall care protocol in Texas hospitals. **Referred with report back at A-17.**

REFERRED TO: Committee on Child and Adolescent Health; Committee on Reproductive, Women's, and Perinatal Health

STATUS: See CCAH and RWPH Joint Report 3-A-17 in this handbook.

Resolution 311, Sexual Orientation Change Efforts in Minors (Medical Student Section): That: (1) the Texas Medical Association advocate legislation banning conversion therapy for patients under 18 years of age in Texas on the basis that they are minors, (2) TMA support prohibiting state-licensed therapists from engaging in these scientifically discredited practices, and (3) regulated practices do not include therapies that provide support for youth or the facilitation of youth's coping and identity exploration and development, including sexual orientation-neutral efforts to prevent or address unlawful conduct or unsafe sexual practices, or therapy that is designed to aid a person in a transition from one gender to another. **Referred.**

REFERRED TO: Committee on Child and Adolescent Health

STATUS: See CCAH and the Task Force on Behavioral Health Joint Report 4-A-17 in this handbook.

FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

Council on Health Service Organizations Report 2, Medical Orders for Scope of Treatment Coalition Recommendations: To: (1) support the use of a Medical Orders for Scope of Treatment (MOST) document that is: (a) a written expression of the unique values and goals of a patient in relation to medical care, expressed by a patient or a surrogate decisionmaker; (b) produced as a product of a conversation with a physician, a midlevel provider under appropriate supervision and delegation, or another person who is properly trained to conduct the conversation; (c) signed by the patient or, if the patient lacks capacity, by the patient's surrogate decisionmaker(s); (d) verified and signed by a physician (or midlevel provider under proper delegation) who has established that the patient or surrogate understands and agrees with the form contents; (e) reevaluated periodically AND when there is a change in the patient's status; (f) a guide concerning patient wishes for medical care to be used by any medical caregiver, but does not override any physician's independent clinical decisionmaking; and (g) not legislatively mandated or modified in any way; and (2) work with the MOST Coalition to develop an education program for Texas physicians regarding the Medicare advance planning payments and the use of the MOST document. **Adopted as amended.**

REFERRED TO: Add to TMA Policy Compendium; Council on Health Service Organizations

STATUS: TMA Council on Health Service Organizations continues to work with the Medical Orders for Scope of Treatment Coalition on the recommendations in the report. TMA has updated its Policy Compendium with policy 85.017.

Council on Socioeconomics Report 5, Informing Patients of Denial of Medical Care or Services: That: (1) the Texas Medical Association inform physicians of the current timelines in statute and regulation. Any education effort should cover a physician's rights under existing utilization review laws and the appropriate steps to take when filing a complaint with the Texas Department of Insurance, the agency charged with regulating utilization review; and (2) amend policy 145.024 Medical Decision Makers Licensed in Texas. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium; Communications Division

STATUS: This issue is a component of the education provided in presentations for TMA's Ambassador Program. It is also something staff of the TMA Payment Advocacy Department regularly

mention to practices who call or e-mail with questions about appeals, and the reason why the TMA encourages physicians to file complaints with the Texas Department of Insurance if they're unhappy with the outcome of an interaction with a health plan. A TMA Practice E-tip on this topic will be released in April 2017. Policy 145.024 has been amended in TMA's Policy Compendium.

Select Committee on Medicaid, CHIP, and the Uninsured and Committee on Medical Home and Primary Care Joint Report 3, Medicaid Red Tape Reduction and Health Care Coverage: That the Texas Medical Association: (1) reiterate its commitment toward finding a path forward to expand access to health care for poor and low-income Texans; (2) broadly and frequently communicate to the public, the media, and the legislature the vital role health insurance coverage plays toward decreasing health care disparities and improving the physical and behavioral health status and well-being of our patients; (3) establish a study group to (a) evaluate the potential role a Section 1332 waiver alone or in collaboration with a Medicaid 1115 waiver could play in achieving the association's goals of expanding the availability of affordable, comprehensive health insurance; and (b) develop policy principles to guide the association during any legislative deliberations regarding Section 1332 and/or Section 1115 waivers; and (4) continue to vigorously pursue Medicaid red tape reduction and competitive payments for physicians. **Adopted.**

REFERRED TO: Reaffirmed existing policy

STATUS: TMA continues to articulate the importance of increasing insurance coverage for low-income Texans and has made this goal a priority during the 2017 legislative session. Congress will be examining Medicaid reform proposals over the next several months, which may provide Texas the opportunity to obtain additional federal dollars to expand coverage as well as implement other Medicaid reforms. In the supplemental report to the House, the Select Committee on Medicaid, CHIP and the Uninsured will propose policy principles relating to federal Medicaid reform.

In February, TMA testified several times urging lawmakers to enact Medicaid physician payments and to reduce paperwork and administrative hassles, including streamlining the Medicaid vendor drug program. Texas' budget shortfall means legislators are examining ways to reduce Medicaid costs. The association opposes efforts to cut physician payments, eligibility or services.

Resolution 401, Clerical Errors on Medicare Applications (Harris County Medical Society): That: (1) the Texas Delegation to the American Medical Association take to the AMA House of Delegates a resolution requiring that AMA work with the Centers for Medicare & Medicaid Services (CMS) to give fair due process to physicians by creating a "fast track" review process when physicians are being investigated for Medicare fraud that appears to be an innocent clerical error made on a Medicare application; and (2) AMA also work with CMS to immediately reactivate physicians' Provider Transaction Access Numbers (PTANs) once CMS determines that a clerical error, not fraud, has occurred, thus allowing the Medicare administrative contractor to pay physicians for care provided to Medicare patients, with no penalty applied. **Adopted.**

REFERRED TO: Texas Delegation to the AMA

STATUS: At the AMA A-16 meeting, the AMA House of Delegates adopted Texas' resolution to help physicians overcome the sometimes-devastating consequences of minor clerical errors on their Medicare enrollment applications.

Resolution 403, Financial Support for Furloughed Physicians and Psychological Support for Furloughed Health Care Workers (Dallas County Medical Society): That: (1) the Texas Medical Association work with the Texas Legislature to identify state or federal funds with which to compensate physicians who are furloughed after an infectious disease outbreak, and (2) because physicians are not

allowed contact with their families during the furlough, TMA work with the legislature to ensure that social and psychological support are available for the physicians and their families. **Referred.**

REFERRED TO: Council on Legislation

STATUS: The current budget shortfall facing the Texas Legislature has made it difficult to identify potential state resources for addressing the identified problem for furloughed physicians impacted by an infectious disease outbreak. In fact, funding for programs to identify and contain infectious disease outbreaks is currently at risk as the both the House and Senate have been forced to cut spending.

TMA will continue to work with the Department of State Health Services (DSHS) and local governments to pursue federal funding to mitigate financial hardships on physicians and to provide psychological support for furloughed health care workers. CDC Ebola funds were used to compensate local health facilities in Dallas for loss of revenue (these are funds that go directly to the hospitals) and this could be part of a request for reimbursement. Maybe a request could be made of DSHS to ensure physician lost revenue and counseling is included in future events.

COL also recommends referring this issue to the Public Health Policy & Funding Committee or the Task Force on Infectious Diseases. The PHP&F committee has a lot of local representatives and would have input on recognizing physicians as first responders.

Resolution 404, Addressing the Health Insurance Coverage Gap in Texas (Sue Bornstein, MD, Dallas County Medical Society): That the Texas Medical Association make finding effective solutions to the growing problem of Texans unable to obtain affordable health insurance a high legislative and regulatory priority. **Adopted.**

REFERRED TO: Reaffirmed existing policy

STATUS: TMA is engaged in ongoing advocacy at both the state and federal level to address the growing number of Texans who lack health insurance. Potential changes to the Affordable Care Act that may address this issue are being closely monitored.

Resolution 405, Ensuring Patient Access to Affordable Prescription Medications (John T. Carlo, MD, Dallas County Medical Society), and Resolution 409, Addressing Abusive Practices in Small-Market Prescription Drug Pricing (Medical Student Section): That the Texas Medical Association: (1) support programs whose purpose is to contain the rising costs of prescription drugs provided that the following criteria are satisfied: (a) physicians must have significant input into the development and maintenance of such programs; (b) such programs must encourage optimum prescribing practices and quality of care; (c) all patients must have access to medically indicated prescription drugs necessary to treat their illnesses; (d) physicians must have the freedom to prescribe the most appropriate drug(s) and method of delivery for the individual patient; and (e) such programs should promote an environment that will give pharmaceutical manufacturers the incentive for research and development of new and innovative prescription drugs; (2) study the issue of drug pricing, including whether large price increases impact patient access to critical medications; (3) support the application of greater oversight to the establishment of closed distribution systems for prescription drugs; (4) support the mandatory provision of samples of approved out-of-patent drugs upon request to generic manufacturers seeking to perform bioequivalence assays; (5) work with interested parties to support legislation or regulatory changes that streamline and expedite the FDA approval process for generic drugs; and (6) support measures that increase price transparency for generic and brand-name prescription drugs. **Adopted substitute resolution.**

REFERRED TO: Council on Socioeconomics; Add to TMA Policy Compendium

STATUS: Ongoing advocacy efforts continue and proposed changes at the federal level to address these issues are being closely monitored. TMA has updated its Policy Compendium with policy 95.041. Also, see Council on Socioeconomics Report 3-A-17 behind the Socioeconomics tab in this handbook.

Resolution 406, Paying Physicians for In-Office Albuterol Nebulizer Treatments (Webb-Zapata-Jim Hogg County Medical Society): That: (1) the Texas Medical Association support changes in law and regulation to see that the decision as to whether treatments or administration of a medication as medically necessary should be a determination of the physician, not the insurance company; (2) all costs of providing treatments, including the supplies that previously had been deemed the cost of doing business, should be paid in full including medication, masks, tubing, etc., not only for albuterol nebulizers but for all procedures, administered medications, and treatments performed in the office; (3) TMA advocate that the indications for albuterol treatments should include wheezing, asthma exacerbation, bronchiolitis, bronchitis, shortness of breath/hypoxia, chronic obstructive pulmonary disease, fibrosis, and all other acute or chronic lung conditions; and (4) the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates for consideration. **Referred.**

REFERRED TO: Council on Socioeconomics

STATUS: Existing TDI regulations address the issue of medically necessary treatment and the process to appeal denials from insurance companies.

Resolution 407, Navigating Medical Insurance Complaints for Patients (Webb-Zapata-Jim Hogg County Medical Society): That the Texas Medical Association: (1) educate physicians about how patients may go about filing a complaint regarding their insurance company health benefits, and (2) advocate for legislative changes that require insurance companies and third party administrators of all health insurance plans to educate consumers regarding their full and current health care benefits so that physicians are not burdened with teaching patients about health insurance products. **Adopted as amended.**

REFERRED TO: Communications Division; Council on Socioeconomics; Council on Legislation

STATUS: The Council on Socioeconomics created a template letter in both English and Spanish that physicians may provide to patients to assist them with filing a complaint to Texas Department of Insurance regarding their insurance company health benefits. The template letter has been promoted in both TMA Action and E-tips. TMA is engaged in ongoing advocacy about the importance of consumer education of their health benefits and the need for this education to be provided by their insurance company.

Resolution 410, Health Care Freedom: Protection of Direct Contracting Between Patients and Physicians of All Specialties (Ori Hampel, MD, Harris County Medical Society): That: (1) all Texas physicians, regardless of specialty, as well as health care entities should be allowed to contract with patients directly for the provision of any professional care, surgical and nonsurgical procedures, and diagnostic testing, regardless of whether or not the patient has health care coverage (private, state, or federal) and regardless of whether or not the physician is contracted with a health care coverage entity (private, state, or federal). Restrictions on such care and transactions by private, state, or federal entities should be disallowed in Texas; and (2) any Texas physician or health care entity should be able to directly provide services to a patient for an agreed fee, payment in kind, or no fee, without repercussions by any

private, state, or federal entity. The financial details of such transactions shall remain private between the patient and physician and/or health care entity. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: TMA Policy Compendium updated with policy 235.035.

Resolution 412, Veterans' Access to Health Care (Medical Student Section): That the Texas Medical Association: (1) collaborate with veteran's organizations and the Texas Health and Human Services Commission to encourage education of veterans on current U.S. Department of Veterans Affairs (VA) health care access policy changes and the Texas Veterans App; (2) formally support AMA policy H-510.985, H-510.986, H-510-989, and H-510-991; and (3) continue to encourage Texas physicians to join the TMA VA registry and participate in the care of veterans. **Referred.**

REFERRED TO: Council on Socioeconomics

STATUS: TMA continues to encourage Texas physicians to participate in the care of veterans. Recently released reports about the problems associated with the changes made at the VA to address patient access to timely care are being reviewed. TMA will address these issues at the federal level.

Resolution 413, Delay the Implementation of Downside Risk in Alternative Payment Models (Ghassan F. Salman, MD, Travis County Medical Society): That the: (1) Texas Delegation to the American Medical Association take this or a similar resolution to the AMA House of Delegates to request that the Centers for Medicare & Medicaid Services delay the implementation of downside risk in alternative payment models (APMs), and reduce the resulting exposure for physicians to the downside risk in APMs; and (2) Texas Medical Association request that the AMA make this a high priority for legislative advocacy in 2016. **Referred with report back at A-17.**

REFERRED TO: Council on Quality; Council on Socioeconomics

STATUS: The Chair of the Council on Health Care Quality and staff spoke to the resolution author to discuss the intent of the resolution. It was determined that the intent of the resolution was achieved with TMA's advocacy to slow MACRA implementation. The Centers for Medicare & Medicaid Services' "pick your pace" approach under MACRA is supported by the author and no further study is requested at this time. Also see CSE Report 1-A-17 in this handbook.

Board of Trustees Report 12, Improving Network Adequacy and Out-of-Network Billing Policy: (1) to adopt BOT Report 12-A-16 Improving Network Adequacy and Out-of-Network Billing Policy; (2) that the Texas Medical Association advocate legislatively for: (a) mediation for all out-of-network services that is available to patients at all facilities while maintaining the current $500 threshold after copayments, deductibles, and coinsurance as well as mandatory increased state agency oversight of insurers that are often brought to mediation; and (b) development of a standard form for physicians to disclose to patients the identity of other physicians or nonphysician practitioners typically utilized in the facility where the planned surgical procedure or labor and delivery will occur. The form should contain disclaimers for unanticipated complications or events and instruct patients on how they may reach out to those physicians and nonphysician practitioners for further information; (3) to reaffirm and ardently pursue legislative goals in TMA Policy 145.032: Improving Network Adequacy in Health Insurance Plans. This adopted House of Delegates policy, which seeks to hold insurers accountable for their actions, is relevant and essential to success; and (4) to refer adopted BOT Report 12-A-16 to appropriate TMA councils and committees to monitor benchmarking laws and develop needed policy. **Adopted.**

REFERRED TO: Council on Legislation

STATUS: Legislation has been filed, SB 507 (Sen. Hancock)/HB 1566 (Rep. Frullo), to address part of what was requested in the BOT report. The bills expand the current mediation process for all out-of-network health care providers practicing at an in-network facility defined as a hospital, ambulatory surgery center, free-standing emergency room, or birthing center. Additionally, it brings in all emergency care situations and adds the Teachers Retirement System as eligible for the mediation process. The $500 threshold for mediation remains in place to qualify and a physician's right to balance bill is protected. The mediation process itself also was unchanged.

On March 14, 2017, SB 507 was voted out of the Senate Business and Commerce Committee. The bill was modified through a committee substitute due to concerns among the stakeholders including TMA. Sen. Hancock and his staff were very accommodating to our concerns and the product at this point is in-line with the TMA HOD policy on OON surprise billing. To further aid the consumer with the mediation process, standard disclosure language of the mediation process was added for both billing statements as well as the explanation of benefits.

The bill does not include extending the mediation process to out-of-network services at all facilities as contemplated by TMA Policy nor does it push for the development of a standard disclosure form for physicians.

The number of requests for mediation has grown from 14 in 2010 to 1,677 in 2016. Ninety-five percent (95%) of these requests have been resolved at the informal conference call level rather than going through the full process of mediation. With the expansion of new categories in this bill, it is anticipated the number of requests will grow significantly and could serve as the basis for highlighting the narrowing and inadequacy of health plan networks.

2015 AUDIT TRAIL
Texas Medical Association House of Delegates

Awards; amendments to the Constitution and Bylaws; new or revised policy; and policy sunset review recommendations are not included.

FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS:

Board of Trustees Report 14, Follow Up From 2014 Sunset Review of TMA Standing Committees: That (1) the Committee on Child and Adolescent Health and the Committee on Maternal and Perinatal Health be retained until the next sunset review; (2) CCAH and MPH be asked to report on the need for substantive changes in their scope and practices for consideration in the 2016 committee sunset review (3) the Committee on Blood and Tissue Usage become a subcommittee of the Council on Science and Public Health; and (4) Bylaws Chapter 10, Standing committee of councils, be amended by deleting Section 10.535, Committee on Blood and Tissue Usage, and renumbering the remaining section accordingly. **Adopted.**

REFERRED TO: Board of Trustees and Council on Science and Public Health.

STATUS: The Subcommittee on Transfusion and Transplantation was organized and met at TMA's fall 2015 and winter 2016 meetings. See CSPH/STT Report 1-A-16 in this handbook. The Committee on Child and Adolescent Health did not identify a need for substantive changes in their scope or practices. The Committee on Maternal and Perinatal Health has submitted proposed revisions to the bylaws. These have been approved by CSPH and CCB. See CCB Report 1-1-16 in this handbook. TMA Bylaws Section 10.535, Committee on Blood and Tissue Usage was deleted and Chapter 10, standing committees of councils, was renumbered accordingly after CM-BTU was discharged.

Council on Health Service Organizations Report 2, End-of-Life Care and – Medical Orders for Scope Treatment: (1) That the Council on Health Service Organizations (CHSO) form a task force to identify options and requirements for creating a statewide Medical Orders For Scope of Treatment (MOST) process. Recommendations will be developed then brought back to CHSO and the House of Delegates for approval; and (2) revise TMA Policy 85.016. **Adopted.**

REFERRED TO: Council on Health Service Organizations.

STATUS: See CHSO Report 2-A-16 in this handbook.

Resolution 103, Encourage Pharmacies to Adopt Electronic Prescriptions for Controlled Substances (Harris County Medical Society): That the Texas Medical Association work with the Texas State Board of Pharmacy to expedite Texas pharmacists' adoption of Electronic Prescriptions for Controlled Substances. **Adopted.**

REFERRED TO: Ad Hoc Committee on Health Information Technology.

STATUS: See CHSO Report 1-A-16 in this handbook.

Resolution 104, Improve Physician-Patient Communication (Dallas County Medical Society): That the Texas Medical Association develop an Electronic Communication Release Form that patients may use to enhance communication with their physicians by authorizing the use of cell phone texting, standard

unencrypted email, or other electronic means for physician communication; such a form will meet HIPAA requirements and provide sufficient information to enable patients to grant informed consent in order to utilize these less-secure but immediately available forms of electronic communication, and will enhance the patient-physician relationship. **Referred for study and report back at A-16.**

REFERRED TO: Office of the General Counsel and Board of Councilors.

STATUS: See BOC Report 3-A-16 in this handbook.

Resolution 105, Improve Patient-Payer Communication (Dallas County Medical Society): That the Texas Medical Association seek the promulgation of rules that require health insurance companies and other payers to establish easily accessible (i.e., no user name and password required) means for patients who wish to communicate using standard email or other electronic means to conduct all aspects of patient-related business, including submission of claims, requests for preapproval of services, and appeals of health plan decisions; if the rulemaking process does not accomplish the intent of this resolution, TMA should seek appropriate statutory relief. **Referred for study and report back at A-16.**

REFERRED TO: Council on Socioeconomics.

STATUS: See CSE Report 3-A-16 in this handbook.

Resolution 106, TMA Sunset Review of Councils, Committees, and Sections (Dallas County Medical Society): That (1) the Texas Medical Association Bylaws be amended so that each TMA council, committee, and section undergo a sunset review every three years to ensure that the groups' intended value, participation, and outcomes are aligned with the priorities of the membership; (2) when a council is due for a sunset review, the Board of Trustees appoint an organization-wide sunset task force consisting of two members of the Board of Trustees, two council members, and two at-large members to make sunset recommendations to the Board of Trustees, and that such rules for the process follow standard criteria that are distributed to the council ahead of time; (3) when a committee is due for a sunset review, the Board of Trustees appoint an organization-wide sunset task force consisting of two members of the Board of Trustees, two council members, two committee members, and two at-large members to make sunset recommendations to the Board of Trustees, and that such rules for the process follow standard criteria that are distributed to the committee ahead of time; (4) when a section is due for a sunset review, the Board of Trustees appoint an organization-wide sunset task force consisting of two members of the Board of Trustees, two section members, and two at-large members to make sunset recommendations to the Board of Trustees, and that such rules for the process follow standard criteria that is distributed to the section ahead of time; (5) should a council, committee or section, facing an approved sunset action by the Board of Trustees, wish to appeal the decision, the Board of Trustees is responsible for addressing the appeal; and (6) a vote by the House of Delegates that affirms the Board of Trustees recommendation for dissolution of a council, committee, or section shall cause that body to undergo a year-long evaluation process during which activities, member attendance, and alignment with TMA priorities are evaluated; and after such year, the Board of Trustees will make a recommendation based on this evaluation to the House of Delegates whether to retain said council, committee, or section. **Referred for study and report back at A-16.**

REFERRED TO: Board of Trustees.

STATUS: The Board of Trustees appointed a task force to consider Resolution 106. The board adopted recommendations from the task force as follows:

1. That, as part of their appointment, council and committee members be provided with annual objectives and goals and how they align with TMA's overall strategic efforts.

2. That criteria for sunset review align with TMA strategic goals and objectives and that the criteria be communicated to councils and committees in a transparent and efficient manner at the beginning of each year with ongoing collaboration with the Board of Trustees as the year progresses.

3. That sunset review be accomplished as reasonably and efficiently as possible and that for any major change (discharge, reorganization), the Board of Trustees actively participate and collaborate with all affected councils or committees and, if necessary, seek external member input prior to forwarding recommendations to the House of Delegates.

4. That TMA provide (1) an orientation of council and committee chairs as to their roles and the association's organizational structure; and (2) a mechanism for better communication between council chairs and the Board of Trustees and between council chairs with each other.

5. That the Council on Constitution and Bylaws be asked to consider issues identified in this report in light of options for alternatives to standing committees such as use of subcommittees to allow organizational effectiveness and efficiency.

Resolution 107, Online Reviews of Physicians and HIPAA (Zoltan Trizna, MD): That (1) the Texas Medical Association work with the state and federal legislatures to craft a HIPAA exemption to allow physicians to respond factually to specific online posts by patients; and (2) the TMA Delegation to the American Medical Association take this resolution to the AMA House of Delegates for consideration. **Referred.**

REFERRED TO: Office of the General Counsel and Board of Councilors.

STATUS: See BOC Report 4-A-16 in this handbook.

Resolution 108, Pilot Programs by County Medical Societies (Dallas County Medical Society): That (1) the Texas Medical Association Board of Trustees may approve and permit certain pilot programs for TMA when it believes such action would benefit the profession and the association; (2) an application for a pilot program should include appropriate conditions, including scope, duration, and evaluative metrics, which the TMA Board of Trustees may modify, or the board can return the application for reconsideration or amendment; (3) the TMA Board of Trustees may approve and permit pilot membership programs, which may not be consistent with TMA Bylaws, upon unanimous vote or consent of the Board of Trustees; (4) the TMA Board of Trustees will submit a status report to the House of Delegates about any pilot program the board approved; and (5) TMA Bylaws be amended to provide for these changes. **Adopted as amended by deleting the second, third, and fifth resolves to read,** "That the Texas Medical Association Board of Trustees (1) may approve and permit certain pilot programs for TMA when it believes such action would benefit the profession and the association; and (2) the TMA Board of Trustees will submit a status report to the House of Delegates about any pilot program the board approved.

REFERRED TO: Board of Trustees.

STATUS: No pilot programs have been approved since the A-15 meeting; the board will submit a status report to the House of Delegates when necessary.

FROM REFERENCE COMMITTEE ON MEDICAL EDUCATION:

Resolution 201, Impact of Sleep Deprivation on Medical Student Safety (Medical Student Section) that TMA (1) support the implementation of interventions that discourage sleep-deprived or otherwise impaired medical students from driving; and (2) encourage Texas medical schools to implement,

strengthen, and enforce medical student duty hour restrictions in accordance with Liaison Committee on Medical Education (LCME) accreditation standard ED-38. **Adopted as amended so that the first resolve reads, "That TMA encourage the implementation of interventions that discourage sleep-deprived or otherwise impaired medical students from driving."**

REFERRED TO: Council on Medical Education.

STATUS: The new policy was presented to the Council on Medical Education's Ad Hoc Council of Medical School Deans and ratified by the deans at a meeting on Jan. 29, 2016.

Resolution 202, Opposition to the Interstate Medical Licensure Compact as Currently Written (Harris County Medical Society): That TMA (1) oppose the Federation of State Medical Board's (FSMB) Interstate Medical Licensure Compact as currently written; (2) conduct a study of a medical licensing reciprocity process with other states to facilitate licensure for telemedicine and other purposes, and report back. **Referred.**

REFERRED TO: Councils on Legislation; Medical Education; and Socioeconomics.

STATUS: See CME/CSE Report 1-A-16 in this handbook.

Resolution 203, Evaluation of Resident and Fellow Compensation Levels (Resident and Fellow Section): That TMA (1) ask the American Medical Association to develop recommendations, with input from residents and fellows, for appropriate adjustments to resident and fellow compensation and benefits; and (2) urge AMA to assess the impact on residents and fellows compensation and benefits from future or current implementation of the Institute of Medicine's report on the Governance and Financing of Graduate Medical Education. **Adopted substitute to read, "That (1) resident and fellow trainees should not be financially responsible for their training; and (2) our TMA ask the AMA to evaluate and work to establish consensus regarding the appropriate value of resident and fellow services, and address this in upcoming reports regarding GME financing."**

REFERRED TO: The Texas Delegation will take a resolution to the AMA's 2015 Annual Meeting; will be added to the *TMA Policy Compendium*.

STATUS: Added 205.036, Support for Resident Salaries, to *TMA Policy Compendium.* Resolution 321-A-15 was introduced and adopted at AMA annual meeting.

FROM REFERENCE COMMITTEE ON SCIENCE AND PUBLIC HEALTH:

Committee on Infectious Diseases Report 1, Vaccine Exemptions in Texas Schools: (1) to amend policy on conscientious objection to immunizations; and (2) that TMA advocate for a comprehensive review of immunization coverage in schools and child care centers. This should include reviewing the policies and procedures in the state for collecting and reporting immunization compliance, exemption status. **Adopted.**

REFERRED TO: Council on Science and Public Health and Council on Legislation.

STATUS: TMA worked extensively with the Texas Public Health Coalition in support of HB2474 to enable parents to get information on the rate of vaccine exemptions in their child's school. Multiple advocacy documents were prepared and testimony provided on HB2474 and the bill was passed in the House but not considered in the Senate. TMA prepared an information document for TMA members on Texas' immunization exemption process and is currently researching opportunities for legislation in the 85th Texas legislative session.

Joint Council on Science and Public Health and Task Force on Behavioral Health Report 1, Addressing Prescription Drug Abuse and Overdoses: (1) That TMA (1) collaborate with state and local public health agencies to promote increased public education programming on the misuse of prescribed medications. Support community programs such as 'take back' programs, and targeted programs for special populations, particularly women of reproductive age and families with adolescents and teenagers; (2) advocate for bystander and physician liability protections and programs to reduce fatalities from drug overdoses by allowing first responders to have access and to administer an opioid antagonist as clinically indicated and allowing physicians to prescribe naloxone to family members and friends of an identified patient; (3) implement a plan to promote physician awareness and participation in educational programs on pain relief; (4) support continued expansion of public funding for treatment and recovery support for persons at risk of substance use and misuse, with a priority given to programs for pregnant and postpartum women; and (5) support improved access to substance use treatment, especially through co-location of physical health, mental health and substance use services and through wider availability of evidence-based medication-assisted treatments such as methadone. **Amended by substitution as follows:**

1. **That the Texas Medical Association collaborate with state and local public health agencies to promote increased public education programming on the misuse of prescribed medications, support community programs such as 'take back' programs, and targeted programs for special populations, particularly women of reproductive age and families with adolescents and teenagers.**

2. **That TMA endorse the education of health care workers and opioid users about the use of naloxone (and other opioid antagonists) in preventing opioid overdose fatalities.**

3. **That TMA implement a plan to promote physician awareness and participation in educational programs on pain relief.**

4. **That TMA support continued expansion of public funding for treatment and recovery support for persons at risk of substance use and misuse, with a priority given to programs for pregnant and postpartum women.**

5. **That TMA support improved access to substance use treatment, especially through co-location of physical health, mental health, and substance use services and through wider availability of evidence-based medication-assisted treatments.**

6. **That TMA advocate for legislation that (1) allows for appropriate storage and for a trained individual, acting under a standing order issued by a physician, to administer an opioid antagonist to prevent deaths from opioid overdose (2) allows first responders, such as police and fire fighters to have access to and administer an opioid antagonist in the event of an emergency overdose (3) reduces barriers for medical professionals to prescribe and dispense naloxone (or other opioid antagonists) to family members and friends of an identified patient, and for administrators to do so without fear of legal repercussions, as described as Third Party Prescription/Standing Order Distribution.**

7. **That TMA support providing legal protection from drug possession charges for persons seeking medical attention after overdose, as described in model 911 Good Samaritan fatal overdose prevention laws.**

REFERRED TO: Council on Science and Public Health; Council on Legislation; and TMA Communications Division; will be added to *TMA Policy Compendium*.

STATUS: The Council and Task Force testified during the legislative session in support of improvements to the prescription drug monitoring program and opioid overdoses programs, as well as on increased funding for public health behavioral health services including substance use treatment and prevention programming for pregnant and postpartum women. Legislation allowing physicians to prescribe unassigned opioid antagonists to prevent overdose deaths was also approved. Council and task force members continue to meet with other state officials and behavioral health stakeholders to identify opportunities to address Good Samaritan policy. Comments were also recently submitted to the Centers for Disease Control on opioid prescribing guidelines for physicians. Added 95.040, Addressing Prescription Drug Abuse and Overdose, to *TMA Policy Compendium.*

Resolution 302, Measles Again Bexar County Medical Society): That TMA work with state health officials and the Texas Legislature to require that all children be vaccinated as a measure of protecting their lives and the lives of others. **Referred.**

REFERRED TO: Council on Science and Public Health.

STATUS: The council referred Resolution 302 to the Committee on Child and Adolescent Health for consideration. The committee studied the resolution and agreed that the issue was already addressed in current TMA policy and state child care and school requirements, however, future TMA informational and education materials will promote measles vaccination.

Resolution 303, Improve Access to Opioid Antagonists to Reduce Overdose (Medical Student Section): That TMA (1) endorse the education of health care workers and opioid users about the use of Naloxone in preventing opioid overdose fatalities; (2) advocate for legislation that (a) facilitates training and allows a person or organization, acting under a standing order issued by a physician, to store and administer opioid antagonists to prevent deaths from opioid overdose; (b) allows first responders, such as police and fire fighters, to carry opioid antagonists in the event of an emergency overdose; (c) makes it easier for medical professionals to prescribe and dispense Naloxone, and for lay administrators to do so without fear of legal repercussions, as described as Third-Party Prescription/Standing Order Distribution; and (3) support providing legal protection from drug possession charges for persons seeking medical attention after overdose, as described in the 911 Good Samaritan Fatal Overdose Prevention Law. **In lieu of resolution, adopted amended Joint Council on Science and Public Health and Task Force on Behavioral Health Report 1-A-15.**

REFERRED TO: Council on Science and Public Health.

STATUS: See Status on "Joint Council on Science and Public Health and Task Force on Behavioral Health Report 1, Addressing Prescription Drug Abuse and Overdoses**"** in this Audit Trail report.

Resolution 304, Increasing Identification, Support, and Reporting of Human Trafficking Victims (Medical Student Section): That TMA (1) raise awareness about human trafficking and inform physicians about the resources available to aid them in identifying and serving victims of human trafficking; (2) advocate for evidence-based best practice education for health care providers to identify and assist victims of human trafficking through medical school curriculum, continuing medical education, and other educational interventions; (3) encourage physicians to report cases of suspected human trafficking to law enforcement authorities, the local human trafficking taskforce, the National Human Trafficking Hotline, and appropriate resources in order to address the victim's medical, psychological, legal, and social needs; (4) support legislation that (a) provides legal protection and social services for victims of human trafficking; (b) improves data collection and reporting of the issue; and 3) strengthens penalties for solicitors and promoters of trafficking. **Referred.**

REFERRED TO: Council on Science and Public Health.

STATUS: See CSPH Report 3-A-16 in this handbook.

Resolution 305, Promoting Safe Exit From Prostitution (Medical Student Section): That (1) TMA support efforts to offer individuals a safe exit from prostitution in pursuit of compassionate care and best practices; and (2) TMA support legislation for programs that prevent and divert prostitution rather than penalize it through criminal conviction and incarceration; and (3) our Texas Delegation to the AMA submit this resolution to the AMA House of Delegates 2015 Annual Meeting. **Adopted.**

REFERRED TO: Council on Science and Public Health and Council on Legislation; will be added to *TMA Policy Compendium;* and the Texas Delegation will take a resolution to the AMA 2015 Annual Meeting

STATUS: Added 260.099, Promoting Safe Exit from Prostitution, to *TMA Policy Compendium*. Resolution 014-A-15 was introduced and adopted at AMA annual meeting.

Resolution 306, Organ Donation (Hidalgo-Starr County Medical Society): That TMA (1) promote its Live & Then Give campaign through local medical societies, TMA meetings, and brochures and information on the TMA website; encourage physicians, staff, and patients to become registered organ donors through information on its website, brochures, and posters that physicians can place in their offices; and (3) promote organ donation and educational materials at biannual state justice of the peace (JP) meetings in support of organ donation, while highlighting the role of the JP and donor rights under the law. **Referred.**

REFERRED TO: Council on Science and Public Health and its Subcommittee on Blood and Tissue Usage.

STATUS: See CSPH/STT Report 1-A-16 in this handbook.

Resolution 307, Complementary and Alternative Medicine (Medical Student Section): That TMA (1) encourage physicians to routinely inquire, in an open and non-judgmental manner, about patient use of complementary and alternative medicine; (2) encourage physicians to be educated about the state of scientific knowledge regarding complementary and alternative medical therapies in order to counsel patients about the potential benefits and risks in pursuit of best practices; (3) and support medical school efforts to educate learners about the state of scientific knowledge regarding complementary and alternative medicine and its use. **Referred.**

REFERRED TO: Council on Science and Public Health and Council on Medical Education.

STATUS: See CSPH Report 4-A-16 in this handbook.

Resolution 308, Recommendations for a Cost-Effective and Efficient Public Mental Health System (Dallas County Medical Society): (1) That the Texas Medical Association recommend to the Texas Legislature and to the Texas Department of State Health Services that any state program or care entities developed for treatment of the indigent, seriously mentally ill, and addicted population be accountable and transparent to the legislature and to the community that the program serves; (2) that, if that care entity is a for-profit managed care company, it cannot claim proprietary business interests in order to hide decisionmaking regarding what care will be funded, that it will report administrative costs for “managing funds” versus monies spent on the delivery of care; (3) that the care entity encourage the development of individualized treatment plans created by the treatment team that are driven by the needs of the patient and not promote rigid formulations of care based solely on a diagnosis; (4) that the quality measures developed to assess effective and appropriate psychiatric care incorporate data on the seriously mentally

ill population that is in the prison system so that a more complete picture of the costs to the state are identified; (5) that the local community have a behavioral health authority (BHA) with capacity and power to supervise the entity that is charged with managing the funds for the delivery of care, and the BHA be given the power to withhold funds if the entity does not cooperate with the local authority; (6) that the local BHA include the expertise of psychiatrists as a medical director or consultant and representatives from the counties served in that catchment area; (7) that the care entity provide data on the obstacles to the delivery of good care, which might destabilize someone with a serious mental illness, such as cumbersome prior authorization of medication that delays the receipt of needed medication, or the lack of continuity among agencies, such as the prison system, psychiatric hospitals, and outpatient community services; and (8) that the care of the severely mentally ill should be integrated with primary medical care. **Referred.**

REFERRED TO: Council on Science and Public Health.

STATUS: See CSPH Report 5-A-16 in this handbook.

Resolution 309, Reject TCEQ's Invalid State Implementation Plan for Controlling North Texas Ozone (Dallas County Medical Society): That TMA urge the controlling agencies to reject the Texas Commission on Environmental Quality's (TCEQ's) 2015 State Implementation Plan (SIP) report and require TCEQ to develop a new SIP report conforming to the valid modeling methods used by the North Texas academic experts, implementing reasonably available control measures at the state level capable of meeting the ozone standard as identified by these experts, and passing scientific peer review by these experts. **Adopted as amended to read as follows: "That TMA reject the Texas Commission on Environmental Quality's (TCEQ's) 2015 State Implementation Plan (SIP) report and advocate for development of a new SIP report that conforms to the scientific, peer reviewed modeling methods developed by UT Southwestern and University of North Texas experts. TMA advocates for implementing reasonably available control measures at the state level capable of meeting national ozone standards, based on the UTSW and UNT validated models.**

REFERRED TO: Council on Science and Public Health; will be added to *TMA Policy Compendium*.

STATUS: Added 260.100, TCEQ 2015 State Implementation Plan, to *TMA Policy Compendium.* The Council had a presentation on a new report that identified the health outcomes of current and proposed lower air pollution standards for coal-fired power plants in north Texas. Based on TMA's review of state data on the prevalence of asthma, TMA submitted a request to Texas House and Senate leadership on an interim legislative study to assess the cost to Medicaid with acute asthma and other respiratory and health events brought on by air pollution associated with the coal-fired power plants. A TMA member (Dallas County Medical Society) testified before the TCEQ on the need for a revised State Implementation Plan for the 10 counties in north Texas that are still in an ozone non-attainment area. These activities are ongoing.

FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

Resolution 401, Notification to Physicians Regarding COBRA "Grace Period" (Harris County Medical Society): That (1) the Texas Delegation to the American Medical Association take to the AMA House of Delegates a resolution requesting that AMA work with Congress to apply the same ACA-required insurance marketplace 90-day "grace period" physician notification to any "grace period" created by ERISA health coverage due to COBRA or any employer and insurer/third-party administrator delay or issue, and where possible, provide real-time information; and (2) the Texas Medical Association work with the Texas Department of Insurance to align a successful outcome of AMA efforts. **Adopted as amended by deleting the second resolve.**

REFERRED TO: The Texas Delegation will take a resolution to the AMA 2015 Annual Meeting; will be added to *TMA Policy Compendium*

STATUS: Added 145.033, Notification to Physicians Regarding COBRA Grace Period, to *TMA Policy Compendium*. Resolution 710-A-15 was introduced and adopted at AMA annual meeting.

Resolution 402, Posting of Charges by All Entities Providing Services in Texas (Harris County medical Society): That, if legislation is proposed to single out physicians to post their charge data, the Texas Medical Association support legislation mandating the posting of charges by all individuals, companies, businesses, and/or other entities that are licensed to provide any services in Texas. This would provide a level playing field for the consumer and a measure of fairness to service providers. **Adopted as amended to read, "That, if legislation is proposed to single out physicians to post their charge data, the Texas Medical Association support legislation mandating the posting of charges by all individuals, companies, businesses, facilities and other entities that are licensed to provide, pay for, and/or administer any health care services in Texas. This would provide a level playing field for the consumer and a measure of fairness to service providers.**

REFERRED TO: Council on Legislation; will be added to *TMA Policy Compendium*.

STATUS: Added 230.007, Posting of Charges by All Entities Providing Services in Texas, to *TMA Policy Compendium.* COL will monitor.

Resolution 403, Oppose Implementation of ICD-10-CM (Harris County Medical Society): That the Texas Medical Association oppose implementation of ICD-10-CM and urge Congress to permanently abandon its implementation. **Adopted.**

REFERRED TO: TMA Communications Division; will be added to *TMA Policy Compendium*.

STATUS: Added 65.014, Opposition to Implementation of ICD-10-CM, to *TMA Policy Compendium.* Several articles published concerning TMA's continued opposition to ICD-10*:*

- http://bloggedarteries.texmed.org/2015/06/icd-10-stop-this-freight-train-or-at.html (blog post)
- https://www.texmed.org/Template.aspx?id=34559 (news release)
- https://www.texmed.org/Template.aspx?id=34429 (Texas Medicine article)
- https://www.texmed.org/Template.aspx?id=34069 (Action article)
- https://www.texmed.org/Template.aspx?id=34016 (news release)

Resolution 405, Implementing a Single Data Source for Physician Hospital Credentialing (Lubbock-Crosby-Garza County Medical Society): That the Texas Medical Association Council on Health Service Organizations study the value of hospitals participating in Universal Provider Datasource or developing a similar data source in Texas by organizations such as the Texas Hospital Association. **Adopted.**

REFERRED TO: Council on Health Service Organizations.

STATUS: The Council on Health Service Organizations has discussed this issue extensively and is currently working with other stakeholders to seek automated solutions for physician credentialing. The council will continue to monitor and be active in finding solutions that meet the expectations of Texas physicians.

Resolution 406, Health Care of Undocumented Children (Medical Student Section): That TMA (1) advocate that undocumented children be able to receive non-emergency and preventive care; (2) support health care professionals delivering medical care to children regardless of immigration status; (3) investigate alternative state-sponsored health plans for children in special populations like undocumented children; and (4) advocate for stronger legislative protection for increased access to health care for undocumented children and children in low socioeconomic circumstances. **Adopted as amended by deleting the third and fourth resolve.**

REFERRED TO: Council on Legislation; will be added to *TMA Policy Compendium*.

STATUS: Added 55.057, Health Care of Undocumented Children, to *TMA Policy Compendium*. COL will monitor.

Resolution 408, Adoption of Lifelong Medical Insurance for Living Organ Donors (Dallas County Medical Society): That TMA support legislation that allows all living organ donors to receive lifelong medical insurance provided by the federal government or organ recipient's insurance provider after the donation has been completed. **Referred.**

REFERRED TO: Council on Socioeconomics; Council on Legislation.

STATUS: See CSE Report 4-A-16 in this handbook.

Resolution 409, Informing Patients of Denial of Medical Care or Services (Webb-Zapata-Jim Hogg County Medical Society): That (1) third-party decisions to deny medical services must be made by an active practicing physician who holds an active Texas medical license and practices in the same specialty as the treating physician seeking authorization; (2) the third party must inform the treating physician (or representative) of denial of medical services within 24 hours after the treating physician has notified the third party verbally, with follow-up documentation via mail or electronically, of the medical course of action the treating physician and patient have decided on; (3) any denial of medical services be made to the patient by the third party's physician verbally and in writing within 24 hours after verbal notification to the patient's treating physician (or representative) or within three days if the treating physician is notified electronically or via mail; (4) if the above communication has not been so made, the individual case should be referred to the Texas Medical Board, Texas Department of Insurance, Texas Medical Association, and all other proper agencies or organizations so that appropriate regulatory and legal action may be taken; and (5) the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates for consideration. **Referred.**

REFERRED TO: Council on Socioeconomics.

STATUS: See CSE Report 5-A-16 in this handbook.

Resolution 414, Abolish Compulsory Electronic Health Records (Central Texas County Medical Society): That TMA (1) recommend repeal of compulsory electronic health records; and (2) urge our Congressional Delegation to advocate repeal of compulsory electronic health records. **Adopted**

REFERRED TO: The Texas Delegation will take a resolution to the AMA 2015 Annual Meeting; will be added to *TMA Policy Compendium.*

STATUS: Added 115.019, Abolish Compulsory Electronic Health Records, to *TMA Policy Compendium.* Resolution 228-A-15 was introduced and referred for further study along with several other proposals to reduce EHR hassles for physicians at the AMA annual meeting.

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Awards, amendments to the Constitution and Bylaws, and policy sunset review recommendations are not included.

FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS:

Board of Trustees Report 14, Sunset Review of TMA Standing Committees: To (1) continue 10 standing committees; (2) continue the Committee on Child and Adolescent Health and the Committee on Maternal and Perinatal Health for one year pending a review of the committees' purposes and an evaluation of whether the committees' activities should be integrated; (3) discharge the Committee on Professional Liability; and (4) discharge the Committee on Blood and Tissue Usage. **Adopted as amended by referring the fourth recommendation with a report back at the 2015 Annual Session.**

REFERRED TO: Board of Trustees.

STATUS: See Board of Trustees Report 14 behind the Financial and Organizational tab in this handbook.

Committee on Blood and Tissue Usage Report 1, Sunset Recommendation: To retain the Committee on Blood and Tissue Usage and amend its charge in TMA Bylaws to read, "The purposes of this committee shall be to (1) keep informed of all aspects of transfusion medicine, stem cell and tissue donation, processing, and transplantation; (2) recommend policy statements for the association, and measures for educating the profession and the public in these fields; (3) establish and maintain liaison with recognized agencies and organizations concerned with transfusion medicine, stem cell and tissue donation; and (4) promote policies that encourage development of adequate supplies of high-quality blood, stem cell, and tissue components in a cost-effective manner, and provide consultation and assistance to that end." **In lieu of this report, adopted Board of Trustees Report 14 as amended by referring the fourth recommendation with a report back at the 2015 Annual Session.**

REFERRED TO: Board of Trustees; Council on Science and Public Health.

STATUS: See Board of Trustees Report 14 behind the Financial and Organizational tab in this handbook.

Resolution 102, Retention of TMA Committee on Blood and Tissue Usage (Harris CMS): That TMA reverse the Board of Trustees' plan to sunset the Committee on Blood and Tissue Usage (BTU) and continue support of and current efforts by (BTU); retain the physician and executive expertise on blood and tissue matters within the BTU to further serve TMA members and Texans at large; and allow the BTU to retain experts in transfusion medicine within the committee structure given the finite number of such experts in Texas. **In lieu of this report, adopted Board of Trustees Report 14 as amended by referring the fourth recommendation with a report back at the 2015 Annual Session.**

REFERRED TO: Board of Trustees; Council on Science and Public Health.

STATUS: See Board of Trustees Report 14 behind the Financial and Organizational tab in this handbook.

Board of Trustees Report 15, Review of TMA Sections: To discontinue the International Medical Graduate Section and replace it with the following four actions: (1) assign a TMA staff member to be key contact for all IMG physicians to ensure that their issues are being heard and addressed; (2) update and maintain a dedicated webpage on the TMA website for key contacts, issues of relevance, latest advocacy wins, licensure requirements, and information on benefits and services; (3) develop messaging to

communicate and recognize the importance of IMG physicians; and (4) monitor licensing requirements, legislation, and regulations that would detrimentally impact IMG physicians and patient access to care. **Amended by substitution "That the International Medical Graduate (IMG) Section be continued for a period of two years with a report back to the House of Delegates at A-16 with information that demonstrates specific contributions of the IMG Section to the integration of international medical graduates in the Texas Medical Association."**

REFERRED TO: Board of Trustees.

STATUS: See IMGS Report 1 behind the Financial and Organizational tab in this handbook. Trustee Diana Fite, MD, is acting as board liaison to the section. A report will be submitted at the 2016 Annual Session.

Board of Trustees Report 16, Phased-In TMA Dues Structure for 2015-19: To approve a phased-in dues structure with flat increases of up to $12 per year for years 2015 through 2019. **Adopted.**

REFERRED TO: Board of Trustees.

STATUS: 2015 TMA dues included a $12 increase from $513 to $525. The board will review the phased-in dues structure annually to evaluate the need for $12 increases.

Board of Councilors Report 8, Board Certification Recognition on TMA iMIS: That TMA's iMIS system be updated to include all certifying boards recognized and approved by the Texas Medical Board for advertising purposes. **Adopted.**

REFERRED TO: Membership Operations.

STATUS: TMA currently purchases the data for Texas physician board certifications included in iMIS from the American Board of Medical Specialties. The American Osteopathic Association (AOA) has declined to provide TMA with its data file for board certifications. If TMA could identify an alternative source of this data or if the AOA allowed its board certifications data release policy to include TMA, then this data also would be included in iMIS.

Committee on Professional Liability Report 1, Policy Review: To delete policies on principles for Texas Medical Board discipline in expert medical testimony, frivolous suits, physician relief from product class actions, and product liability lawsuit impact on premiums. **Referred to the Council on Legislation for clarification and report back at A-15.**

REFERRED TO: Council on Legislation.

STATUS: See Council on Legislation Report 2 behind the Financial and Organizational tab in this handbook.

Resolution 101, Collaboration with Texas Academy of Physician Assistants (Harris CMS): That TMA consider developing professional, organizational, and interprofessional relationships with the Texas Academy of Physician Assistants. **Adopted.**

REFERRED TO: Interspecialty Society Committee.

STATUS: Physician assistants now are participating on seven TMA councils and committees as consultants with several others looking to add physician assistants this year.

Resolution 103, Federal Prohibition of the Independent Practice of Medicine by Nurse Practitioners (Harris CMS): That (1) TMA urge our Congress to create and support new legislation that recognizes physicians as the leaders and ultimate supervisors of the health care team, delegating responsibility and authority to nurse practitioners and physician assistants; (2) TMA write a letter to U.S. Department of Veterans Affairs Secretary Eric Shinseki condemning the proposal of the independent practice of medicine by nurse practitioners and physician assistants; and (3) the Texas Delegation to the American Medical Association present this to the AMA House of Delegates for immediate action by AMA leadership and the AMA Board of Trustees. **Adopted as amended by deleting the third resolve.**

REFERRED TO: Council on Legislation.

STATUS: TMA and our partner medical societies aggressively opposed legislation by advanced practice registered nurses (APRNs) seeking the ability to prescribe and to render a medical diagnosis independent of a physician's supervision. TMA has been successful in this effort to preserve the core principle that independent prescribing is the practice of medicine and that physicians can delegate but must supervise, because ultimately, physicians are accountable. Central to this is that all professionals — physicians, nurses, and others — cannot provide care to the citizens of Texas without being licensed by the appropriate state licensing board. The Veterans Health Administration (VHA) program, however, is federally designed and requires only that a practitioner be licensed in one state in order to practice his or her profession in any U.S. Department of Veterans Affairs (VA) facility in any state. This separation is clearly not viewed as ideal and has led, in some cases, to differing standards for the delegation and supervision of nonphysician practitioners in the VA system.

In October 2013, TMA joined with the American Medical Association, nearly all state medical associations, and most of the nation's national medical specialty societies as signers of a single letter addressed to the VA Under Secretary for Health, expressing medicine's strong opposition to a draft VHA policy that would have mandated that all APRNs in the VA system be designated as independent providers, without regard to state practice acts. The policy that the VHA was considering at the time was wrong on many levels not the least of which was its disregard of principles of physician led teams, care coordination and proper supervision. Throughout the fall of 2013 and well into 2014, TMA included this item as one of two key federal issues of importance during our Congressional visits.

With new leadership at Veterans Affairs in the last year and the emergence of other structural issues for the VA, this particular issue has subsided somewhat. However, TMA and our colleagues nationwide remain vigilant about efforts to revive any such future attempt of a similar policy change. TMA has updated its *Policy Compendium* regarding this policy.

Resolution 106, Texas Medical Board and Prescription Access in Texas (Smith CMS): That TMA petition the Texas Medical Board to revise its preliminary investigation process of patient complaints to include a query of the Prescription Access in Texas prescription monitoring program when the complaint involves Schedule II-V controlled substances, before sending a letter to the licensee notifying the licensee of the complaint. **Adopted.**

REFERRED TO: Office of General Counsel; Council on Legislation.

STATUS: The Council on Legislation supports improving the prescription monitoring program and is supportive of legislation that ultimately will improve the reliability and timeliness of the database. Under current law, the Texas Medical Board (TMB) is required to send notification of complaints to the physician and seeks to ensure that frivolous complaints get dismissed as quickly

as possible. TMB will not in every case query the Prescription Access in Texas prescription monitoring program without a statutory mandate to do so.

FROM REFERENCE COMMITTEE ON MEDICAL EDUCATION:

Resolution 201, State Budget to Fund Graduate Medical Education Over a 10-Year Period (Harris CMS): That (1) TMA support ongoing funding for appropriate numbers of graduate medical education slots over a 10-year period and (2) during the 2015 Texas Legislative Session, TMA work to support funding of a 10-year needs assessment to prepare for the next decade. **Referred.**

REFERRED TO: Council on Medical Education.

STATUS: See Council on Medical Education Report 4 behind the Medical Education tab in this handbook.

FROM REFERENCE COMMITTEE ON SCIENCE AND PUBLIC HEALTH:

Council on Science and Public Health Report 3, Resolution 305-A-13, Alternatives to Incarceration for Individuals With Nonviolent Behavioral Issues: That TMA (1) work with the Texas Association of Counties, the Texas Department of State Health Services, and local mental health authorities to identify resource information on Texas jail diversion programs and (2) develop information for physicians and county medical societies on Texas jail diversion programs and encourage physician engagement in support of programs. **Adopted.**

REFERRED TO: Council on Science and Public Health.

STATUS: The council appointed the Task Force on Behavioral Health, which is monitoring jail diversion policies during the legislative session as this continues to be a matter of legislative concern. TMA made initial contact with several county-level staff on local diversion programs, but resource information is still in development. TMA has updated its *Policy Compendium* with this policy.

Council on Science and Public Health Report 4, Physicians and Regulation of Electronic Cigarettes: That TMA (1) work with the Texas Department of State Health Services to develop communications for physicians to share with patients on e-cigarettes and to encourage the Texas Quitline to identify the use of e-cigarettes by callers; (2) encourage physicians to work with their county medical societies and local public officials to ensure that current smoke-free ordinances include e-cigarettes; and (3) work with the Texas Legislature to restrict the purchase of e-cigarettes by minors. **Adopted as amended by adding the words "and associated products" to all three recommendations to read "That TMA (1) work with the Texas Department of State Health Services to develop communications for physicians to share with patients on e-cigarettes and associated products and to encourage the Texas Quitline to identify the use of e-cigarettes by callers; (2) encourage physicians to work with their county medical societies and local public officials to ensure that current smoke-free ordinances include e-cigarettes and associated products; and (3) work with the Texas Legislature to restrict the purchase of e-cigarettes and associated products by minors."**

REFERRED TO: Council on Science and Public Health (#1, 2); Council on Legislation (#3).

STATUS: The 84th Texas Legislature is considering multiple legislative proposals to regulate e-cigarettes. TMA worked with the Texas Public Health Coalition to prioritize a restriction on the sale of e-cigarette sales to minors and has testified and submitted written testimony for all

e-cigarette bills that have had a hearing to date. Advocacy efforts are ongoing. TMA has updated its *Policy Compendium* with this policy.

Resolution 305, Restricting the Sale of Electronic Cigarettes to Minors (Medical Student Section): That TMA (1) adopt as policy that the sale of electronic cigarettes (e-cigarettes) should be limited only to those who are 18 years of age or older; (2) support regulation of e-cigarettes in Texas in a similar manner as tobacco products; (3) support increased clinical research on the effects of e-cigarettes; and (4) support education in schools for children and adolescents about the effects of e-cigarettes, nicotine, tobacco, and other addictive substances. **Adopted as amended by adding the words "and associated products" to the first resolve to read "That TMA (1) adopt as policy that the sale of electronic cigarettes (e-cigarettes) and associated products be limited only to those people who are 18 years of age or older …"**

REFERRED TO: Council on Science and Public Health.

STATUS: The 84th Texas Legislature is considering multiple legislative proposals to regulate e-cigarettes. TMA worked with the Texas Public Health Coalition to prioritize a restriction on the sale of e-cigarette sales to minors and has testified and submitted written testimony for all e-cigarette bills that have had a hearing to date. Advocacy efforts are ongoing. TMA has updated its *Policy Compendium* with this policy.

Committee on Cancer Report 1, Lung Cancer Screening: That TMA adopt the guidelines from the American Cancer Society and recommend the screening of high-risk patients for lung cancer with low-dose computed tomography (CT) provided that certain conditions exist: (1) the patient is aged 55 to 74 years, has at least a 30-pack-per-year* smoking history, and currently smokes or has quit within the past 15 years; (2) the patient has undergone a thorough discussion of the benefits, limitations, and risks of screening; and (3) the patient can be screened in a setting with experience in lung cancer screening.

**Pack-years are calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person has smoked* (CM-C Rep. 1).

Adopted as amended to read "That TMA adopt U.S. Preventive Services Task Force December 2013 recommendations regarding the annual screening of appropriately selected high-risk patients for lung cancer with low-dose computed tomography."

REFERRED TO: Committee on Cancer.

STATUS: An article asking physicians to write Congress on this issue was published in TMA's *Action* e-newsletter in May 2014. TMA has updated its *Policy Compendium* with this policy.

Committee on Infectious Diseases Report 2, Post Exposure Prophylaxis for Management of Communicable Diseases: That TMA work with (1) the Texas Medical Board to ensure appropriate rule changes are developed to inform physicians and allow them to implement recommendations for post-exposure prophylaxis (PEP) that are approved by the Centers for Disease Control and Prevention and (2) the Texas Department of State Health Services to ensure physicians are informed of the PEP recommendations and the services available from state and local health authorities and that timely information on outbreaks of preventable diseases is provided to physicians. **Adopted.**

REFERRED TO: Committee on Infectious Diseases.

STATUS: TMA met with the Texas Medical Board (TMB) in its review of post-exposure prophylaxis (PEP) by physicians. TMA, the Texas Pediatric Society, and the Texas Infectious

Diseases Society sent a comment letter on the proposed draft rules for PEP in June 2014. The Committee on Infectious Diseases will continue to follow up with the Texas Department of State Health Services to promote awareness of the state resources for PEP. TMA has updated its *Policy Compendium* with this policy.

Resolution 301, Requirement for Epinephrine Auto-Injectors in Texas Schools (Harris CMS; Nueces CMS; and Louise H. Bethea, MD, Texas Allergy and Immunology Society): That TMA provide lobbying support as it seeks the passage of legislation mandating, not recommending, that all Texas schools have epinephrine auto-injectors available on their campuses and at school activities to treat acute life-threatening allergic emergencies. The legislation also should include a mandate that school personnel be trained to recognize and treat allergic emergencies. This legislation must be accompanied by an amendment to Section 74.151(a) of the Civil Practice and Remedies Code that states that physicians prescribing unassigned epinephrine auto-injectors for use in schools and athletic settings, and nurses and trained school personnel administering epinephrine auto-injectors during medical emergencies, would not be liable for civil damages unless the act was willfully or wantonly negligent. **Adopted as amended to read "That TMA advocate the passage of legislation requiring all Texas schools, prekindergarten through 12th grade, have epinephrine auto-injectors available on their campuses and at school activities to treat acute life-threatening allergic emergencies. This legislation also should include a mandate that school personnel be trained to recognize and treat allergic emergencies and must be accompanied by an amendment to Section 74.151(a) of the Civil Practice and Remedies Code stating that physicians prescribing unassigned epinephrine auto-injectors for use in schools and athletic settings, and nurses and trained school personnel administering epinephrine auto-injectors during medical emergencies, not be liable for civil damages unless the act was willfully or wantonly negligent."**

REFERRED TO: Council on Legislation.

STATUS: TMA worked with Texas Allergy, Asthma and Immunology Society and Sen. Juan "Chuy" Hinojosa (D-McAllen) in filing Senate Bill 66 in the 84th Texas Legislative Session. It requires public and open-enrollment charter schools to have unassigned auto-injectors available on campus. The bill also establishes an advisory committee to the Texas Department of State Health Services commissioner developing rules related to storing the injectors, training personnel, and procedures for schools. TMA has worked with the bill authors to provide comments and language protecting physician liability and has provided testimony during committee hearings. SB 66 is expected to be voted out of committee on April 2.

TMA provided comments for House Bill 2847 filed by Rep. Myra Crowner (R-Denton). HB 2847 would allow school districts to implement policies related to stocking unassigned epinephrine auto-injectors. Additionally, TMA provided liability language in House Bill 1676 by Rep. Jimmie Aycock (R-Killeen). HB 1676 allows school districts to maintain a supply of epinephrine auto-injectors and includes language on liability protections for physicians. Sen. Judith Zaffirini (D-Laredo) has filed Senate Bill 2280, which allows school districts to maintain a supply of anaphylaxis medicine and includes language on liability protections to individuals involved with the administration of medicine. TMA has updated its *Policy Compendium* with this policy.

Resolution 302, Reinstate a Mandatory Helmet Law for Motorcyclists (Harris CMS): That TMA approach the 2015 Texas Legislature to change the current law to better reflect existing TMA policy for motorcyclists' safety by repealing the helmet exemption law and reinstating a mandatory helmet law for all motorcyclists, regardless of age or insurance coverage. **Adopted.**

REFERRED TO: Council on Legislation.

STATUS: The Council on Legislation reports there is no realistic opportunity to pass a mandatory helmet law for motorcyclists in the 2015 Texas Legislature. The council will focus legislative efforts regarding public health issues in areas where there is greater possibility of success, such as vaccines, vapor products, public health outbreaks, gun legislation, obesity, women's health, and mental health. If there are opportunities to make positive impacts on mandatory motorcycle helmets and the ability to encourage their use, we will certainly take advantage of those efforts.

Resolution 303, Legalization of Marijuana for Medical Purposes (Travis CMS): That TMA support the legalization of marijuana for medical purposes (Res. 303). **Adopted as amended to read "That TMA review the science regarding the medical use of marijuana."**

REFERRED TO: Council on Science and Public Health.

STATUS: See Council on Science and Public Health Report 2 behind the Science and Public Health tab in this handbook.

Resolution 304, Reduce Ozone-Causing Emissions From Three Antiquated Coal-Fired Power Plants (Dallas CMS): That TMA (1) urge the Texas Commission on Environmental Quality to modify the rules of the 2014 State Implementation Plan (SIP) on complying with the Environmental Protection Agency's (EPA's) present and future ozone standards to allow consideration and tighter regulation of sources of ozone-causing air pollution originating outside the non-attainment counties, specifically the three antiquated coal-fired power plants in Martin Lake, Big Brown, and Monticello; and (2) that if the 2014 SIP does not result in action that reduces ozone levels in the 10 non-attainment counties to levels below present and future EPA standards, the Texas Medical Association vigorously support legislative action or rulemaking that will ensure that by 2018, air-pollution emissions from the three antiquated coal-fired power plants will be reduced to levels allowed from newly built power plants. **Adopted.**

REFERRED TO: Council on Science and Public Health.

STATUS: TMA supported Dallas County Medical Society communications related to the Texas Commission on Environmental Quality's state implementation plan and related federal activities on the three coal-fired power plants in North Texas. This included public testimony and other communications.

Resolution 306, Public Health Implications of Natural Gas Extraction Using Hydraulic Fracturing (Medical Student Section): That TMA (1) amend Policy 260.087, Natural Gas Fracking in Texas, by advocating for full disclosure of chemical components used in the hydraulic fracturing process via removal of exemption from the Emergency Planning and Community Right-to-Know Act and the removal of a special exemption from the Safe Drinking Water Act; Clean Water Act; Clean Air Act; Resource Conservation and Recovery Act; Comprehensive Environmental Response, Compensation, and Liability Act; and National Environmental Policy Act for all companies engaged in this process; (2) work with state legislative leaders and others to increase environmental, wildlife, and health assessment or review of current energy practices or procedures, specifically for hydraulic fracturing; (3) advocate the study of potential public health risks associated with hydraulic fracturing; (4) advocate in-depth studies into the public safety and health of all new energy practices or procedures before they are implemented statewide; and (5) take a broad stance against any and all energy practices or procedures performed that pose serious health risks to the people of Texas. **Adopted as amended by changing the first resolve to read "(1) amend policy 260.087, Natural Gas Fracking in Texas, to read: 'The Texas Medical Association believes that the Texas Legislature, while encouraging natural gas production, should protect our water from the risk of fracking by requiring disclosure of fracking fluid components. This would include the removal of exemption from the Emergency Planning and Community Right-**

to-Know Act and the removal of a special exemption from the Safe Drinking Water Act; Clean Water Act; Clean Air Act; Resource Conservation and Recovery Act; Comprehensive Environmental Response, Compensation, and Liability Act; and National Environmental Policy Act for all companies engaged in this process'; "

REFERRED TO: Council on Science and Public Health.

STATUS: TMA has updated its *Policy Compendium* with this policy.

Resolution 307, We Are Our Brains (Webb-Zapata-Jim Hogg CMS): That (1) TMA try to protect the developing brains of our youth by seeking legislation that would criminalize the manufacture, sale, and possession of any mind-altering substances/agents; (2) all children ages 4 years and older be required to take a one-hour reading and drawing class per school week that informs students about the permanent brain damage and health consequences that substance abuse can cause; (3) Texas strive to be as successful as Singapore in its treatment of addictions and protecting its human brains; (4) TMA educate physicians on proven prevention and treatment strategies that reduce the incidence of alcohol and drug addiction; (5) TMA ask every Texas county medical society to make protecting the brains of its community from drug and alcohol addictions its No. 1 priority; and (6) TMA take this resolution to the American Medical Association. **Referred.**

REFERRED TO: Council on Science and Public Health.

STATUS: See the Joint Council on Science and Public Health and Committee on Child and Adolescent Health Report 1, Resolution 307-A-14, We Are Our Brains, behind the Science and Public Health tab in this handbook.

Resolution 308, Improving the ImmTrac Registry by Reverting Back to an Opt-Out System (Bexar CMS): That TMA work (1) to develop legislation to change the ImmTrac Registry back to an "opt-out" system for all ages; (2) work to require that all immunizations, for all ages, in persons who have not opted-out be submitted to the ImmTrac database either through ImmTrac itself or through the meaningful use-approved methods for electronic health records (EHRs) to transfer immunization data to public health agencies; and (3) with the Texas Department of Health and Human Services (DSHS) to relieve the burden on providers to create and test the connection to DSHS to submit EHR data and allow bidirectional immunization history data between the DSHS ImmTrac database and local public health agencies, and between the DSHS ImmTrac database and state-approved health information exchanges. **Adopted.**

REFERRED TO: Council on Science and Public Health; Council on Legislation.

STATUS: The Council on Science and Public Health worked with the Texas Public Health Coalition and state legislators on this issue. TMA testified on legislation to change the ImmTrac Registry back to an "opt-out" system for all ages. The council is unable to address the second and third items in this resolution directly. TMA has updated its *Policy Compendium* with this policy (#3 only).

Resolution 309, Petition the Food and Drug Administration Regarding Breast Implants (Angelina CMS): That TMA (1) recommend and petition the U.S. Food and Drug Administration to allow U.S. silicone breast implant manufacturers to produce implants up to 2000 cc's for use in breast reconstruction; and (2) endorse the right of U.S. women to select and U.S. breast implant manufacturers to manufacture implants in whatever size American women and their doctors require for proper breast reconstruction. **Referred.**

REFERRED TO: Council on Science and Public Health.

STATUS: The Council on Science and Public Health researched the process of allowing for the manufacture of larger silicone implants. While implants currently available are 800 cc or smaller, the U.S. Food and Drug Administration (FDA) approval process would require the manufacturer to take the lead in identifying the need for these products and conducting the necessary research before submitting an application for approval to the FDA. The council determined that TMA does not have a clear role in petitioning the FDA on this topic.

Resolution 310, Opposition to Changing Hydrocodone to Schedule II (Angelina CMS): That TMA oppose the Drug Enforcement Administration's (DEA's) proposal to change hydrocodone to a Schedule II drug by submitting an objection at the public comment site (www.regulations.gov, Docket #DEA-389) and by letter from a duly authorized TMA official. **Adopted as amended to read "That TMA reaffirm current policy opposing the reclassification of hydrocodone and submit a letter to the Drug Enforcement Agency expressing its opposition to reclassification."**

REFERRED TO: Council on Science and Public Health; Council on Legislation.

STATUS: The formal comment period ended in April 2014. TMA was unable to send a letter to the Drug Enforcement Administration (DEA) after TexMed 2014. TMA has conducted extensive activities informing physicians on the reclassification of hydrocodone to a Schedule II drug. Final DEA rules were published in August 2014 with reclassification taking effect in October 2014. TMA worked with the Texas Department of Public Safety (DPS) in anticipation of an increase for C-II prescription pad requests as a result of this drug reclassification. The association posted information in TMA *Action* with details about a free online CME course available through the end of 2016. See the Report Council on Science and Public Health and the Task Force on Behavioral Health Joint Report 1, Addressing Prescription Drug Abuse and Drug Overdoses, behind the Science and Public Health tab in this handbook. TMA has updated its *Policy Compendium* with this policy.

Resolution 311, Protest the United States Pharmacopeia and The National Formulary One-Hour-Rule (Evan G. Pivalizza, MD, Texas Society of Anesthesiologists): That TMA (1) instruct its delegate to the United States Pharmacopeial (USP) Convention to protest the "one-hour rule"; and (2) request the American Medical Association to instruct the AMA's delegate to the United States Pharmacopeial Convention to protest the "one-hour rule." **Adopted as amended to read "That (1) TMA instruct its delegate to the United States Pharmacopeial (USP) Convention to protest the immediate-use exception to the USP Chapter 797 guidelines as currently written and have the TMA USP delegate support adopted policy when the issue comes before the USP convention in 2015 and (2) the Texas Delegation to AMA submit a resolution to the AMA House of Delegates addressing the far-reaching effects of the immediate-use exception to the USP Chapter 797 at the earliest opportunity."**

STATUS: TMA worked with our delegate to the USP Convention and other TMA members to submit a resolution to the AMA calling for all USP delegates to protest the "immediate-use" exception to the USP Chapter 797 guidelines and for AMA to inform physicians on the effects of this exception.

The AMA House of Delegates in June 2015 adopted a substitute resolution as follows: "That our AMA (1) inform physicians on the far-reaching effects of the immediate-use exception to practice and patient safety; (2) encourage and facilitate as a convener for all state, medical school, and specialty organization delegates to the United States Pharmacopeial Convention to protest the 'immediate-use' exception to the USP Chapter 797 guidelines as currently written, including the 'one-hour-rule,' and seek reasonable accommodation and modification of Chapter 797 guidelines with interested stakeholders; (3) encourage and facilitate as a convener for all state, medical

school, and specialty organization delegates to the United States Pharmacopeial Convention to protest the USP Chapter 797 guidelines as currently written, including the prohibition to enter a container no more than twice, and seek reasonable accommodation and modification of Chapter 797 guidelines with interested stakeholders; (4) urge The Joint Commission and other deeming organizations to suspend the enforcement of the 'immediate-use' exception to the USP Chapter 797 as currently written, including the "one-hour-rule" until the reconvening of the USP in June 2015; and (5) urge the USP to employ evidence-based methods to survey current medical practice as it relates to USP Chapter 797 guidelines." TMA has updated its *Policy Compendium* with this policy.

FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

Council on Socioeconomics Report 4, Overwhelming Compliance Mandates and Payment Uncertainty: That TMA (1) work with the American Medical Association and other state medical societies to request that Congress require evidence-based data that prove that any newly proposed health care regulations positively affect outcome and (2) support legislation at the Texas Legislature to require evidence-based data which prove that any newly proposed health care regulations positively affect outcomes. **Adopted.**

REFERRED TO: Council on Socioeconomics; Council on Legislation.

STATUS: TMA continues to support legislation on this issue. TMA has updated its *Policy Compendium* with this policy.

Council on Socioeconomics Report 5, Insurance Coverage for Cost of Interpreters for Hearing-Impaired Patients: That (1) current Policy 90.002 be reaffirmed; (2) the Council on Socioeconomics send a letter to the health plans with whom it has contacts and inquire about health plans developing a network of qualified interpreters and providing reimbursement if a physician uses the services of one of these interpreters; (3) the Texas Medical Association work with Texas Medicaid to revise its guideline that reimbursement for the use of a qualified interpreter is available only for physicians or physician groups employing fewer than 15 employees; and (4) TMA inform physicians of the TMA Knowledge Center resources available to them regarding interpreters for the deaf. **Adopted.**

REFERRED TO: Council on Socioeconomics.

STATUS: Ongoing advocacy efforts continue. TMA has updated its *Policy Compendium* with this policy.

Council on Socioeconomics Report 6, Federal Advocacy to Protect Prompt Pay Laws: That the TMA Delegation to the AMA take a resolution to the next meeting of the AMA House of Delegates calling for changes in federal law or federal regulations to prevent the preemption of state prompt payment laws and that calls upon the AMA to develop alternative financing solutions for physician payments during the grace period. **Adopted the following substitute in lieu of the recommendations in this report (and Resolution 403): "That the TMA Delegation to the AMA take a resolution to the next meeting of the AMA House of Delegates calling for changes in federal law or federal regulations that will prevent recoupment of payments to physicians made during the grace period when notice to the physician has not been provided and that will prevent the preemption of state prompt payment laws. The resolution should also call upon the AMA to support the development of alternative financing solutions, such as reinsurance for unpaid premiums, for physician payments during the grace period."**

REFERRED TO: Texas Delegation to the AMA.

STATUS: In lieu of the resolution submitted by the Texas Delegation, the AMA House of Delegates, at its June 2014 meeting, adopted a resolution that (a) amended AMA Policy H-185.938 to read: 1. Our AMA opposes the preemption of state law by federal laws relating to the federal grace period for subsidized health benefit exchange enrollees and will seek appropriate changes to federal laws and regulations to protect state prompt payment laws. 2. Our AMA will advocate that health plans be required to notify physicians that a patient is in the federal grace period for subsidized health benefit exchange enrollees upon an eligibility verification check by the physician. The notification must specify which month of the grace period a patient is in. Failure to notify physicians of patient grace period status would result in a binding eligibility determination upon the insurer. 3. Our AMA will continue to advocate that plans be required to pay providers for all claims for services rendered that would otherwise be covered under the contract during a grace period. (b) our AMA take all possible means available to change the current federal rule permitting the pending of claims during the grace period; (c) our AMA vigorously support state societies in their legal attempts to enforce prompt pay statutes and rules during grace periods; and (d) our AMA support the development of alternative financing solutions, such as reinsurance for unpaid premiums, for physicians payments during the grace period.

Select Committee on Medicaid, CHIP, and the Uninsured Report 1, Texas Medicaid Initiatives: That TMA (1) partner with the American Medical Association, American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Physicians to urge Congress to extend the Medicaid to Medicare parity payment increase for primary care physicians permanently; (2) encourage the Texas Legislature to extend the Medicaid to Medicare parity primary care physician payment increase through the 2015-16 legislative biennium if Congress fails to act on this issue; and (3) advocate an increase in Medicaid payment to competitive payment levels for the physician specialties that did not benefit from the Affordable Care Act primary care physician payment increase. **Adopted.**

REFERRED TO: Council on Socioeconomics; Council on Legislation.

STATUS: Ongoing advocacy efforts continue. TMA has updated its *Policy Compendium* with this policy.

Resolution 401, Payment for Centers for Medicare & Medicaid Services Mandated Services (Harris CMS): That TMA (1) take to the American Medical Association House of Delegates a resolution requesting that the AMA perform (or commission) an analysis to compare the official Centers for Medicare & Medicaid Services' (CMS') estimates of direct and indirect costs attributable to the Physician Quality Reporting System (PQRS), EHR Meaningful Use, and ICD-10, then compare these estimates to the actual time and costs required by the individual and group physicians to comply with these mandates; and (2) request in the same resolution that a letter be sent to CMS, cosigned by its member state associations and national specialty societies, outlining the result of the analysis. **Adopted.**

REFERRED TO: Texas Delegation to the AMA.

STATUS: The Texas Delegation submitted Resolution 730, Payment for Centers for Medicare & Medicaid Services Mandated Services, to the June 2014 AMA House of Delegates; the house adopted the following substitute resolution: That our AMA perform or commission an analysis of the direct and indirect costs and documented benefits associated with the significant administrative and regulatory requirements imposed by the Centers for Medicare & Medicaid Services, including but not limited to face-to-face documentation requirements, the Physician Quality Reporting System, and the Meaningful Use program.

Resolution 403, Health Care Exchange Rules (Harris CMS): That TMA work with the Texas Department of Insurance to establish rules that prohibit carriers from demanding refunds from providers of health insurance exchange patients who have not paid their premium dues unless those providers have been duly notified that their patients are in a nonpayment status and risk termination of services within 90 days. **Adopted the following substitute in lieu of Resolution 403 (and the recommendations in Council on Socioeconomics Report 6): "That the TMA Delegation to the AMA take a resolution to the next meeting of the AMA House of Delegates calling for changes in federal law or federal regulations that will prevent recoupment of payments to physicians made during the grace period when notice to the physician has not been provided and that will prevent the preemption of state prompt payment laws. The resolution should also call upon the AMA to support the development of alternative financing solutions, such as reinsurance for unpaid premiums, for physician payments during the grace period."**

REFERRED TO: Texas Delegation to the AMA.

STATUS: In lieu of the resolution submitted by the Texas Delegation, the AMA House of Delegates, at its June 2014 meeting, adopted a resolution that (a) amended AMA Policy H-185.938 to read: 1. Our AMA opposes the preemption of state law by federal laws relating to the federal grace period for subsidized health benefit exchange enrollees and will seek appropriate changes to federal laws and regulations to protect state prompt payment laws. 2. Our AMA will advocate that health plans be required to notify physicians that a patient is in the federal grace period for subsidized health benefit exchange enrollees upon an eligibility verification check by the physician. The notification must specify which month of the grace period a patient is in. Failure to notify physicians of patient grace period status would result in a binding eligibility determination upon the insurer. 3. Our AMA will continue to advocate that plans be required to pay providers for all claims for services rendered that would otherwise be covered under the contract during a grace period. (b) our AMA take all possible means available to change the current federal rule permitting the pending of claims during the grace period; (c) our AMA vigorously support state societies in their legal attempts to enforce prompt pay statutes and rules during grace periods; and (d) our AMA support the development of alternative financing solutions, such as reinsurance for unpaid premiums, for physicians payments during the grace period.

Resolution 404, Floor for Medicaid Payments (Harris CMS): That TMA offer model legislation to create a floor in Article II of the state budget for Medicaid provider payments that cannot be less than 80 percent of Medicare or 50 percent of the average commercial rates as determined by the Texas Department of Insurance, whichever is higher. **Adopted the following substitute in lieu of this resolution (and Resolution 413): "That TMA 'work with all applicable agencies to increase Medicaid payment equal to at least Medicare payments and that TMA offer model legislation in Article II of the state budget to ensure Medicaid payments are sufficient to support medical practices of all specialties and include annual updates based on the Medical Economic Index."**

REFERRED TO: Council on Socioeconomics; Council on Legislation.

STATUS: Ongoing advocacy efforts continue. TMA has updated its *Policy Compendium* with this policy.

Resolution 405, No New Causes of Action for Professional Liability as a Result of the Affordable Care Act (Webb-Zapata-Jim Hogg CMS): That TMA (1) support legislation that would prevent anything in the Affordable Care Act (ACA) that would preempt our existing state laws that govern medical liability and (2) support legislation that will prevent the ACA guidelines and standards from being used to establish a standard of care in Texas that could be used in medical liability cases. **Referred.**

REFERRED TO: Council on Legislation.

STATUS: TMA has supported legislation on this numerous times and signed off on a letter with the Texas Medical Liability Trust and Texas Alliance for Patient Access in February 2015 to Congressman Kevin Brady on the House Ways & Means Committee asking for his support of the Standard of Care Protection Act, which will soon be introduced in the House and Senate.

Resolution 406, Change Medicaid Policy Requiring Women to Sign an Informed Consent Form 30 Days Prior to Obtaining Sterilization (Hidalgo-Starr CMS): That (1) TMA seek (a) elimination of the Medicaid policy mandating a 30-day waiting period prior to sterilization for adult women; and (b) revision of the required consent form so that it is more easily understood by the patient; (2) organized medicine recommend that prior to sterilization, adult women be given counseling about the potential benefits and risks of sterilization, including that the procedure is irreversible, and that the consent form be cosigned by the treating physician as well as a second physician not involved in the women's care; and (3) the Texas Delegation take this resolution to the American Medical Association House of Delegates for its consideration. **Referred.**

REFERRED TO: Council on Socioeconomics.

STATUS: Ongoing advocacy efforts continue. TMA has updated its *Policy Compendium* with this policy.

Resolution 407, Requirement for Medical Insurance Companies to Provide Online Real-Time Insurance Claim Adjudication (Nacogdoches-San Augustine CMS): That (1) TMA adopt as policy that medical insurance companies provide online real-time adjudication of medical insurance claims, including verification of insurance eligibility for beneficiaries, real-time verification of current deductible amounts and copay fees, and benefits schedules for all covered office, and hospital outpatient and inpatient services; (2) TMA urge the Texas Legislature to make changes in state law to require the provision of such real-time claim adjudication by medical insurance companies; (3) TMA urge Congress to make changes in federal law to require provision of such real-time claims adjudication by medical insurance companies; and (4) the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates for consideration. **Adopted.**

REFERRED TO: Council on Socioeconomics (#1); Council on Legislation (#2 & #3).

STATUS: TMA supported the adoption of Texas Insurance Code Chapter 1661, which requires using information technology that provides a participating provider with real-time data at the point of care concerning: (1) the enrollee's: (A) copayment and coinsurance; (B) applicable deductibles; and (C) covered benefits and services; and (2) the enrollee's estimated total financial responsibility for the care. TMA also supported Chapter 1213, which ensures a health benefit plan may not directly or indirectly charge or hold a health care professional, health care facility, or person enrolled in a health benefit plan responsible for a fee for the adjudication of a claim. This is ongoing advocacy, and TMA will continue to advocate real-time adjudication on both the state and federal levels. The Texas Delegation submitted Resolution 731, Requirement for Medical Insurance Companies to Provide Online Real-time Insurance Claim Adjustment, to the 2014 AMA House of Delegates Annual Meeting. In lieu of the resolution, the house reaffirmed Policy D-185.999 that "Our AMA will continue to work with payers, the federal and state governments, and standards organizations to adopt and implement appropriate policies, technologies (e.g., smart cards, telephone hot lines, electronic data interchange, and website access), and national technology standards to provide physicians with accurate and real-time verification of patient eligibility, copayment due, deductible payable information, and claims processing. (Sub. Res.

828, A-99; Modified: Sub. Res. 713, A-08; Reaffirmation A-09; Reaffirmed in lieu of Res. 816, I-12; Reaffirmed: Res. 813, I-13; Reaffirmation A-14)." TMA has updated its *Policy Compendium* with this policy.

Resolution 408, Permanent Delay of ICD-10 Implementation (Bexar CMS): That TMA work to delay the implementation of ICD-10 permanently. **Adopted.**

REFERRED TO: Council on Socioeconomics.

STATUS: TMA recently sent a letter calling for the continued use of ICD-9 to the members of the Texas Congressional Delegation and the Centers for Medicare & Medicaid Services. TMA has updated its *Policy Compendium* with this policy.

Resolution 410, American Medical Association Support for Patients' Access (Dallas CMS): That (1) the Texas Delegation to the American Medical Association present a resolution at the 2014 Annual Meeting of the AMA House of Delegates that calls on the Council on Ethical and Judicial Affairs (CEJA) to exercise its authority to make public its opinions as to whether the AMA's continuing support for issues outlined in the Affordable Care Act that impede patients' access to appropriate health care services violates the AMA's *Code of Medical Ethics*; and (2) the resolution call on CEJA to render its opinion on any future positions adopted by the AMA that could impede patients' access to appropriate health care services under the council's authority to interpret the AMA's *Code of Medical Ethics*. **Adopted.**

REFERRED TO: Texas Delegation to the AMA.

STATUS: At the 2014 Annual Meeting, the AMA House of Delegates reaffirmed Policy D-165.940, Monitoring the Affordable Care Act, in lieu of the resolution submitted by the Texas Delegation. That policy reads: Our AMA will assess the progress of implementation of the Patient Protection and Affordable Care Act based on AMA policy, as well as the estimated budgetary, coverage and physician-practice impacts of the law, and report back to the House of Delegates at the 2013 Interim Meeting. (Res. 210, I-12; Modified: Res. 237, A-13; Reaffirmed in lieu of Res. 6, A-14)

Resolution 412, Cost Comparison Resource for Providers (Medical Student Section): That TMA encourage the display of Medicare allowable fees of orders to providers at the point of care within electronic health record systems to facilitate cost comparison. **Referred.**

REFERRED TO: Committee on Health Information Technology.

STATUS: See Council on Practice Management Services Report 1 behind the Socioeconomics tab in this handbook.

Resolution 413, Medicaid and Medicare Parity (El Paso CMS): That TMA work with all applicable agencies to enhance reimbursement for Medicaid to the Medicare levels for the years 2013 and 2014 be extended for two more years. **Adopted the following substitute in lieu of this resolution (and Resolution 404): "That TMA work with all applicable agencies to increase Medicaid payment equal to at least Medicare payments and that TMA offer model legislation in Article II of the state budget to ensure Medicaid payments are sufficient to support medical practices of all specialties and include annual updates based on the Medical Economic Index."**

REFERRED TO: Council on Socioeconomics; Council on Legislation.

STATUS: After TMA's ongoing advocacy efforts for additional increases, the Texas House of Representatives has recommended $1 billion over the next biennium in the state's budget for Medicaid and Medicare Parity. TMA has updated its *Policy Compendium* with this policy.

Resolution 414, Enhancing Children's Health Insurance Program Coverage (Travis CMS): That TMA support efforts to repeal the provision in Texas law prohibiting Children's Health Insurance Program coverage for contraception used for reproductive health. **Adopted.**

REFERRED TO: Council on Legislation.

STATUS: The Council on Legislation is monitoring any legislation introduced regarding this issue. TMA has updated its *Policy Compendium* with this policy.

Resolution 415, Optometry Scope of Practice Oversight and Regulation (Jack Pierce, MD, Texas Ophthalmological Association): That (1) TMA seek legislation to prohibit optometrists from prescribing oral antibiotics and narcotic pain medications; (2) TMA petition the Texas Medical Board to establish a mechanism to oversee all ophthalmologists engaged in co-management with optometrists where patients are prescribed intraocular pressure-lowering medications by an optometrist for all diagnoses necessitating the use of these medications. Information tracked should include the date the patient was first seen by the optometrist, the name of the consulting ophthalmologist, the date the consulting ophthalmologist first examined the patient, and the date the consulting ophthalmologist last saw the patient; (3) the tracking information on each co-management of ophthalmologists with optometrists be available to the public; (4) TMA seek legislation requiring that optometrists using any diagnostic codes when treating a patient with glaucoma would necessarily have to consult an ophthalmologist within 30 days of the initial diagnosis. This would be to confirm the diagnosis and to formulate a treatment plan; and (5) TMA seek legislation to provide that optometrists not be allowed to initiate treatment with intraocular pressure-lowering medications before consulting an ophthalmologist. **Adopted the following substitute in lieu of Resolution 415 to read "That the Texas Medical Association and Texas Ophthalmological Association work together to petition state government in regard to ophthalmologists engaged in patient co-management with optometrists and address patient safety issues."**

REFERRED TO: Council on Legislation.

STATUS: The Council on Legislation defends the standards of the practice of medicine and will fight against any inappropriate expansion by nonphysician providers. TMA staff are working with the Texas Ophthalmological Association and ophthalmologists in Texas on issues in the resolution to ensure appropriate care coordination.

Resolution 417, Excessive Federal Paperwork Requirements (Angelina CMS): That TMA work with any and all other interested and willing medical organizations and professional societies to aggressively pursue the reduction or elimination of as much of this paperwork burden as possible including, if necessary, the consideration of a class-action lawsuit against the federal government on the basis of paperwork creating an unnecessary and undue burden on physicians in violation of the Paperwork Reduction Acts of 1980 and 1995. **Adopted as amended to read "That TMA work with willing medical organizations and professional societies to pursue aggressively the reduction or elimination of as much documentation burden as possible."**

REFERRED TO: Council on Socioeconomics.

STATUS: TMA is engaged in ongoing advocacy through a coalition of state societies to reduce administrative burden. TMA has not filed a class-action lawsuit against the federal government. TMA has updated its *Policy Compendium* with this policy.

Resolution 418, Barriers to Psychoactive Pharmacotherapy for Medicaid Pediatric Patients (Daniel V. Vijjeswarapu, MD, Texas Pediatric Society): That TMA urge Texas legislators to enact legislation to remove the requirements for prior authorization of psychoactive medications that are arbitrary and unnecessarily burdensome for children enrolled in Texas Medicaid. **Adopted.**

REFERRED TO: Council on Legislation.

STATUS: The Texas Health and Human Services Commission (HHSC) is establishing two new Vendor Drug Program (VDP) prior authorization requirements with input from Texas' Drug Utilization Review (DUR) Board for any antipsychotic prescription to a child under age 3 enrolled in Medicaid, and for the third antipsychotic medication prescribed concurrently to any child under age 18 in Medicaid. A 72-hour emergency supply of a prescribed drug must be provided when a medication is needed without delay and prior authorization is not available. HHSC will modify the pharmacy claims system to implement these requirements. TMA has updated its *Policy Compendium* with this policy.

Resolution 419, Opposition to Laboratory Reporting Provisions of HR 4302 (Bexar CMS): That (1) TMA oppose the laboratory private sector reporting provisions of HR 4302 and support changes in the federal law to eliminate the reporting requirement or use of such reporting information for rate setting and (2) the Texas Delegation to the American Medical Association take a resolution to the AMA House of Delegates opposing the laboratory private sector reporting provisions of HR 4302 asking AMA to seek changes in the federal law to eliminate the reporting requirement or use of such reporting information for rate setting. **Adopted.**

REFERRED TO: Texas Delegation to the AMA.

STATUS: TMA will continue to advocate against the reporting of cost data by pathology laboratories as opportunities arise. The Texas Delegation to the AMA submitted Resolution 419, Opposition to Laboratory Reporting Provisions of HR 4302, to the 2014 AMA House of Delegates Annual Meeting. The resolution was referred. TMA has updated its *Policy Compendium* with this policy.

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2013 AUDIT TRAIL
Texas Medical Association House of Delegates

Awards, amendments to the Constitution and Bylaws, and sunset policy review recommendations are not included.

FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS:

Board of Trustee's Report 13, Dr. Betty P. Stephenson Legislative Internship: To, in lieu of Resolution 102-A-12, name TMA's current legislative internship the Dr. Betty P. Stephenson Legislative Internship. **Adopted.**

REFERRED TO: Human Resources; Division of Advocacy

STATUS: The intern position is filled during sessions of the Texas Legislature.

Board of Trustee's Report 17, Standing Committee on Medical Home and Primary Care: To establish a standing Committee on Medical Home and Primary Care. **Adopted.**

REFERRED TO: Executive Office; TMA President

STATUS: The Committee on Medical Home and Primary Care was established. Charges will be recommended to the house in 2014. See Council on Constitution and Bylaws Report 1 in this handbook.

Resolution 101, Texas Medical Board Correspondence by Certified Mail (McLennan CMS): That TMA request the Texas Medical Board to send all official communications to physicians regarding disciplinary or punitive action by certified mail. **Referred to Council on Legislation for study and report back at A-14.**

REFERRED TO: Council on Legislation

STATUS: See Council on Legislation Report 1 behind the Informational Reports tab in this handbook.

Resolution 102, Physician-Initiated Mental Health Holds (Robert D. Greenberg, MD, FACEP, Texas College of Emergency Physicians): That TMA (1) support activities, including legislation, that give a physician the authority to hold a person who is suffering from mental illness and exhibits a substantial risk of serious harm to himself or others in order to evaluate and coordinate care for that patient; and (2) work with interested parties, including patient advocacy groups, other medical care organizations, law enforcement, the mental health community, and the legal community to ensure that there is no increased medical liability exposure or criminal exposure to the physician who places a patient in a mental health hold when the professional judgment of the physician is in the patient's best interest. **Adopted by amending the first resolve to read that TMA, "support activities, including legislation, that give a physician the authority to hold, until such time a judge or justice of the peace can hear the case, a person who is suffering from mental illness and exhibits a substantial risk of serious harm to himself or others in order to evaluate and coordinate care for that patient."**

REFERRED TO: Committee on Emergency Medical Services and Trauma

STATUS: TMA convened a workgroup to formulate model legislation to allow physician-initiated emergency detentions. In addition to TMA, the workgroup includes representatives from the Texas Hospital Association, the Federation of Texas Psychiatry, Texas College of Emergency

Physicians, and the Texas Academy of Family Physicians. The workgroup held its initial meeting on February 28. After the workgroup achieves consensus on its legislative goals and strategies, it will invite other stakeholders, including consumer organizations, law enforcement officials, and county judges to review and discuss the proposal with the goal of creating a broad coalition of organizations supporting such legislation in the 2015 legislative session. The TMA *Policy Compendium* has been updated with this policy.

Resolution 103, Increasing Public Knowledge of Advance Directives by Designation on Driver Licenses and Use of Registry (Yasmin Qaseem, Baylor College of Medicine; Stefi Lee, Texas A&M Health Science Center College of Medicine; Vanessa Yataco Marquez, The University of Texas Medical School at Houston; Matt Edwards, The University of Texas Medical Branch; Rebekah Sessoms, University of North Texas Health Science Center at Fort Worth, Texas College of Osteopathic Medicine; Austin Meyer, Texas Tech University Health Sciences Center School of Medicine): That TMA (1) encourage adults of all ages and states of health to talk with family, friends, spiritual advisors, and physicians about what would be important to them if they became terminally or irreversibly ill and were unable to communicate their health care wishes, and to record these wishes and keep them updated on an advance directive registry such as TexasLivingWill.org; (2) work with the Texas Department of Public Safety and other related organizations on educational materials that could be included in the *Texas Driver's Handbook*, online, and mailed with license renewal notifications. Additional education efforts could be testing of advance directives on examination of license applicants; (3) advocate that all recipients of a state driver license or identification card over the age of 18 and those renewing their license be given educational materials about advance directives then be given the chance to indicate whether they have an advance directive, or if they desire more information about one; and (4) recommend that DPS offer an icon designating the presence of an advance directive directly on the front of the driver license for all individuals stating they have an advance directive, and encourage discussions of advance directives with their physician and the use of an advance directive registry searchable by driver license number such as TexasLivingWill.org. **Referred to Board of Trustees with report back at A-14.**

REFERRED TO: Office of General Counsel and Board of Trustees

STATUS: TMA shared this resolution with the Department of Public Safety (DPS) for its review. DPS reported back that educational materials and information about advance directives (with some guidance from TMA) could be provided to customers, but that DPS ultimately believe this initiative would be better promoted through the medical community. DPS cited the following concerns: (1) lack of space available on the front of driver licenses for an icon; (2) associated costs to redesign the card to create space; (3) costs associated with additional computer programming necessary to solicit this information from customers; and (4) DPS noted that while having an organ donor logo on the front of the license is helpful to first responders and emergency personnel at accident scenes, having an advanced directive logo may not be because those are utilized in hospital settings. TMA is reviewing this feedback to determine the best course of action.

Resolution 104, Physicians Retaining Autonomous Clinical Decision-Making Authority (Medical Student Section): That (1) TMA oppose policy that prohibits physicians from following best practice guidelines as developed by their various specialty societies; (2) a physician may lawfully administer Food and Drug Administration-approved drugs in doses other than the recommended dosage, including but not limited to medications for medical abortions, when such use is aligned with evidence-based practices; and (3) TMA oppose any policy that hinders the autonomous clinical decision-making authority of a physician or prevents a physician from providing evidence-based, empathic, and comprehensive treatment options to a patient. **Adopted by amending the second resolve to read, "That a physician may**

lawfully administer Food and Drug Administration-approved drugs in doses other than the recommended dosage when such use is aligned with evidence-based practices."

STATUS: The TMA *Policy Compendium* has been updated with this policy.

Resolution 105, Revoke Additional Eligibility Requirement for Non-Citizens for Medical Licensure (Harris CMS): That TMA (1) work with the Texas Medical Board to monitor the impact of Section 155.045, "Additional Eligibility Requirements for Certain Aliens," of Title 3, Subtitle B, Chapter 155, Subchapter A of the Texas Occupations Code/Medical Practice Act on the affected population and report its impact to the House of Delegates prior to the 84th Legislative session; and (2) petition the 84th Texas Legislature to remove Section 155.045, "Additional Eligibility Requirements for Certain Aliens," of Title 3, Subtitle B, Chapter 155, Subchapter A of the Texas Occupations Code/Medical Practice Act, because it creates an additional barrier for new physicians obtaining their Texas license to practice medicine, exacerbating the physician workforce shortage. **Referred to Committee on Physician Distribution and Health Care Access with report back at A-14.**

REFERRED TO: Council on Legislation

STATUS: TMA's Office of General Council and Division of Advocacy staff lobbied in support of J.D. Sheffield's Senate Bill 949 which passed repealing Section 155.045 of the Texas Occupation Code. Because of this, all additional eligibility requirements imposed in Section 155.045 on certain aliens no longer exist.

Resolution 106, Opposition to Maintenance of Licensure (Harris CMS): That TMA (1) oppose any efforts by the Texas Medical Board to require the Federation of State Medical Boards' "Maintenance of Licensure (MOL)" program as a condition of licensure; and (2) oppose any effort by the Texas Medical Board to unilaterally implement different Maintenance of Licensure requirements other than those currently in place for physicians in Texas. **Adopted.**

STATUS: The TMA *Policy Compendium* has been updated with this policy.

Resolution 107, EMS Medical Director Statutory Authority (Harris CMS): That TMA evaluate the role of EMS physician medical directors in Texas and assess whether state statutes and regulations provide adequate support for the EMS physician authority of the practice of medicine and care of patients. **Referred to Committee on Emergency Medical Services and Trauma with report back at A-14.**

REFERRED TO: Committee on Emergency Medical Services and Trauma

STATUS: TMA and the Texas College of Emergency Physicians submitted comments to the Texas Medical Board (TMB) twice in late 2012 relating to the physician's role as an offline medical director. Our comments discussed the educational requirements of offline medical directors and we requested clarification on some of the rule language. TMB incorporated several of medicine's recommendations, including our suggested educational requirements language. The committee continues to discuss the role of offline medical directors and monitor any regulations relating to this topic.

Resolution 108, Patient-Doctor Privileged Communication (Harris CMS): That (1) TMA oppose efforts by the Texas Legislature to insert itself into the doctor-patient relationship in any way that interferes with the free and full disclosure of health care information in the best interests of our patients; (2) TMA reaffirm its support of the free exchange of professional information in the patient-doctor relationship as privileged and worthy of the highest professional protection; and (3) the Texas Delegation

to the American Medical Association take this resolution to the AMA so that the same policy is applied at the federal level. **Adopted as amended by deleting the third resolve.**

STATUS: The TMA *Policy Compendium* has been updated with this policy.

FROM REFERENCE COMMITTEE ON MEDICAL EDUCATION:

Council on Medical Education Report 2, Resolution 308-A-12, Improving Patient Care Quality by Decreasing Communication Errors from Language Barriers: To, in lieu of Resolution 308-A-12, adopt policy on resident training on use of translation services in patient care. **Adopted.**

STATUS: Council on Medical Education sent a letter to the graduate medical education directors at each health-related institution to inform them of TMA's new policy on training residents on the use of translation services in patient care. The TMA *Policy Compendium* has been updated with this policy.

Resolution 204, Fair Access to Science and Technology Research Act for Improved Access to Medical Research (Austin Meyer, Texas Tech University Health Sciences Center School of Medicine): That (1) TMA publicly support Senator John Cornyn (R-TX) and his introduction of the FASTR bill in the U.S. Senate and the companion bill in the U.S. House of Representatives; (2) TMA publicly support the similar Executive Office of the President, Office of Science and Technology Policy (OSTP), Agency Public Access Plan; (3) TMA urge its members and physicians across the state to support initiatives about open access to research literature; and (4) the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates for consideration. **Adopted as amended by deleting the first and second resolves.** No further action needed.

REFERRED TO: Knowledge Center; Division of Communications

STATUS: The Texas Delegation submitted a resolution to the AMA House of Delegates at its 2013 Annual Meeting. The resolution was referred for a report back to better inform the House of Delegates on AMA's publishing initiatives and to provide more information about the Fair Access to Science and Technology Research Act. The TMA *Policy Compendium* has been updated with this policy.

Resolution 205, Advocacy Education in Medical School Curricula (Harris CMS):
That (1) TMA support mandatory inclusion of at least two hours of didactic education per year in advocacy education for every medical student in the Texas; and (2) the TMA Delegation to the American Medical Association House of Delegates submit a resolution to the AMA House at the 2013 AMA Annual Meeting that calls for the inclusion of at least two hours of didactic education per year in advocacy education for every medical student in the United States. **Adopted as amended by deleting the second resolve and changing the first resolve to read, "That TMA support medical school efforts to provide advocacy education for medical students."**

REFERRED TO: Council on Medical Education

STATUS: Council on Medical Education sent a letter to each medical school dean to inform them of TMA's new policy in support of advocacy education for medical students. The TMA *Policy Compendium* has been updated with this policy.

FROM REFERENCE COMMITTEE ON SCIENCE AND PUBLIC HEALTH:

Council on Health Care Quality Report 1, Choosing Wisely Campaign: Asks for approval for the Texas Medical Association to participate in and advocate for the adoption of the "Choosing Wisely" campaign. **Adopted.**

REFERRED TO: Council on Health Care Quality

STATUS: TMA has representation on the Texas Institute of Health Care Quality and Efficiency. The institute, created by Senate Bill 7, passed in 2011 during the 82nd Texas Legislature. The institute's goal is to "improve health care quality, accountability, education, and cost containment in Texas by encouraging health care provider collaboration, effective health care delivery models, and coordination of health care services." Because of TMA's participation, the institute is recommending "Choosing Wisely" as a quality improvement initiative to the state and the institute has linked to TMA's Choosing Wisely website. This recommendation has been incorporated in the institute's 2014-2019 strategic plan to the Texas Legislature. The TMA *Policy Compendium* has been updated with this policy.

Council on Health Care Quality Report 2, Bridges to Excellence as Best Practice Model: To adopt the Bridges to Excellence (BTE) modules for asthma, cardiac care, and diabetes as best practice models. **Adopted as amended to read "That the Texas Medical Association support best practice models such as Bridges to Excellence (BTE) modules for asthma, cardiac care, and diabetes as best practice models and that TMA investigate risk stratification models and patient compliance assessment tools as modifiers in measuring quality of care."**

REFERRED TO: Council on Health Care Quality

STATUS: TMA is represented on the Texas Institute of Health Care Quality and Efficiency. The institute created by Senate Bill 7, passed in 2011 during the 82nd Texas Legislature. The institute's goal is to "improve health care quality, accountability, education and cost containment in Texas by encouraging health care provider collaboration, effective health care delivery models, and coordination of health care services." Because of TMA's participation the institute is recommending "Choosing Wisely" as a quality improvement initiative in Texas and the institute has linked to TMA's Choosing Wisely website. This recommendation is incorporated into the institute's 2014-19 strategic plan to the Texas Legislature. Additionally, the Bridges to Excellence program has been recommended by the institute as a best practice model for asthma, cardiovascular, and diabetes care. The TMA *Policy Compendium* has been updated with this policy.

Council on Science and Public Health Report 2, Resolution 305-A-12, Automated External Defibrillator Availability and Access: In lieu of Resolution 305-A-12, that TMA (1) work with local emergency medical services agencies and county medical societies to study how to optimize the location and number of automated external defibrillators (AEDs) in the community. An emphasis should be placed on the importance of screening for risk factors for sudden cardiac arrest and the appropriate history and physical health of student athletes as well as the causes of sudden cardiac arrest (SCA); (2) encourage the use of a registry such as the Cardiac Arrest Registry to Enhance Survival (CARES) maintained by the Centers for Disease Control and Prevention to determine the rates of SCA survivorship and to develop a strategy for improvements in Texas. With information from a state registry of AED placement, TMA encourages the development of applications for smartphones for all localities to readily identify the location of the nearest AED; (3) encourage training for cardiopulmonary resuscitation (CPR) or chest-compression-only CPR for all worksites and public schools. TMA should promote the public's use of the

high quality videos providing training on CPR and the use of AEDs through public service announcements and in coordination with county medical societies. TMA's strategy to support improved public response to SCA calls for promoting three steps when an individual recognizes a SCA event: (A) call 9-1-1; (B) start CPR or chest-compression-only CPR, and (C) get help in locating the nearest AED if one is not readily available; and (4) recognize that only the prevention of heart disease, the leading cause of sudden cardiac arrest, will reduce the incidence of these events. Physicians are encouraged to maximize the use of screening tools for heart disease and stress the need for patients to be aware of their family history and encourage them to determine their own risk and aid them in adopting individual strategies for the prevention of heart disease. **Adopted.**

REFERRED TO: Council on Science and Public Health

STATUS: TMA has communicated with the DSHS School Health Advisory Committee on implementing 2013 requirements for CPR training in public schools, but no definitive action has occurred. TMA also has been in contact with Cardiovascular Disease stakeholders on action items. This activity is ongoing. The TMA *Policy Compendium* has been updated with this policy.

Council on Science and Public Health Report 4, Resolution 309-A-12, Obesity Awareness Funding: To amend policy on obesity. **Adopted as amended so that #8 will read, "That TMA supports limiting screen time (computer, television, and digital media including electronic games) both at home and in child care settings, to fewer than two hours a day for children age 2 and older, and recommends no screen time for children younger than age 2;" and by adding a new #12a to read, "TMA should actively seek to collaborate with the food and restaurant industry to increase menu labeling in Texas, and work to advance this initiative nationally through the American Medical Association."**

STATUS: A subcommittee of the Council on Science and Public Health has been appointed to coordinate efforts to increase physician awareness of obesity-related issues including nutrition, sugar sweetened beverages, and physical activity. The subcommittee's work is ongoing. The TMA *Policy Compendium* has been updated with this policy.

Committee on Maternal and Perinatal Health Report 2, Maternal Mortality Review: That TMA advocate for (1) the creation of a maternal mortality review process in Texas conducted by a qualified review committee to support improvements in services and systems to prevent future deaths; and (2) the use of national best practice guidelines provided by the Centers for Disease Control and Prevention in the creation and operation of Texas' maternal mortality review system and TMA representation on the state's review committee. **Adopted.**

STATUS: TMA provided testimony in support of Senate Bill 495 to establish the Maternal Mortality and Morbidity Task Force. Legislation passed in 2013 during the 83rd Texas Legislature and a TMA member was appointed recently to serve as chair of the task force. The TMA *Policy Compendium* has been updated with this policy.

Committee on Maternal and Perinatal Health Report 3, Maternal Obesity: To (1) adopt policy on maternal obesity; and (2) support efforts to increase public awareness especially among young women, about the risks associated with obesity during pregnancy and the importance of maintaining a healthy weight to support a healthy pregnancy and a healthy baby. TMA will work with the appropriate state agency programs to assist them in their development of informational materials on maternal obesity, including prevention strategies, associated health concerns, and current guidelines for healthy weight gain during pregnancy. **Adopted.**

STATUS: Supporting efforts for recommendation 2 are an ongoing activity for the Committee on Maternal and Perinatal Health. The TMA *Policy Compendium* has been updated with this policy.

Committee on Child and Adolescent Health and Council on Science and Public Health Joint Report 2, Resolution 310-A-12, Cheerleading Head Injuries and Concussion: That TMA (1) advocate for stronger University Interscholastic League (UIL) oversight of cheer programs in Texas. Oversight should include requirements for safety training and certification for coaches and safety and technique training for cheerleaders in line with national guidelines; (2) work with external groups, including UIL, to strengthen injury surveillance in Texas including monitoring cheerleading injuries and identify high-risk activities; (3) promote educational programming for students, coaches, and physicians on concussions and injury prevention; and (4) encourage physicians to get involved in local development of policies and strategies focusing on injury prevention through the school health advisory councils. **Adopted.**

REFERRED TO: Committee on Child and Adolescent Health

STATUS: The committee continues to engage with the University Interscholastic League (UIL) and the Texas Department of State Health Services to promote stronger injury surveillance in Texas. The committee cosponsored an on-demand webinar, Hard Knocks: An Update on Sports Concussion and Texas Law. That webinar is available on the TMA website. TMA advocated with UIL for adding cheerleading as an activity governed by the association and in June 2013, the UIL voted to add cheerleading as a school activity that had to meet its concussion management requirements. The TMA *Policy Compendium* has been updated with this policy.

Resolution 301, Umbilical Cord Blood Education (Courtney Kauffman, The University of Texas Southwestern Medical School): That TMA (1) support increasing awareness among physicians regarding umbilical cord blood to increase dissemination of balanced and accurate information to patients; (2) support physician-led education of patients regarding public versus private umbilical cord blood banking options; (3) support policy requiring a physician or other person permitted by law to attend a pregnant woman during gestation or at delivery of an infant to provide the woman with educational materials on umbilical cord blood options before the third trimester of the woman's pregnancy or as soon as reasonably feasible; and (4) support working with the Texas Department of State Health Services Maternal and Child Health Department to increase education about umbilical cord blood banking and donation targeted at females of childbearing age. **Referred.**

REFERRED TO: Council on Science and Public Health

STATUS: The Committees on Blood and Tissue Usage and Maternal and Perinatal Health are coordinating a joint communication to go out in the May 2014 edition of *ACTION*. The article will promote use of the state-developed brochure on umbilical cord blood banking options.

Resolution 302, Eligibility of Sugar-Sweetened Beverages for SNAP (Yasmin Qaseem, Baylor College of Medicine and Vanessa Yataco Marquez, The University of Texas Medical School at Houston): That TMA (1) publish an educational brief for physicians about the effects of sugar-sweetened beverages (SSBs) on obesity and overall health, and encourage them to educate their patients in turn; (2) encourage the Texas Health and Human Services Commission to include educational materials about nutrition and healthy food and beverage choices in routine materials that are currently sent to Supplemental Nutrition Assistance Program (SNAP) recipients along with the revised eligible foods and beverages guidelines; and (3) work with both the Texas Legislature and the Texas Health and Human Services Commission to remove SSBs from SNAP. **Adopted as amended by changing the third resolve to read, "that TMA work with the Texas Delegation to the AMA to bring this issue to limit the purchase of sugar-sweetened beverages with SNAP benefits to the AMA HOD for consideration."**

REFERRED TO: Council on Science and Public Health; *Texas Medicine* staff; and Texas Delegation to the AMA

STATUS: The Texas Delegation submitted a resolution to the AMA House of Delegates at its 2013 Annual Meeting and it was adopted. Coverage provided pre- and post-AMA meeting in TMA publications, including *EVPGRAM, Blogged Arteries,* and *Texas Medicine*. A subcommittee of the Council on Science and Public Health continues activities on SSBs and other obesity-related education topics for physicians. The TMA *Policy Compendium* has been updated with this policy.

Resolution 304, Align the Recognition Periods for the Bridges to Excellence and the National Committee on Quality Assurance Recognition Programs (Harris CMS): That the Texas Delegation to the American Medical Association House of Delegates carry a resolution to the AMA house requesting Bridges to Excellence to align its validation periods for its recognition programs with the validation periods of the National Committee on Quality Assurance recognition programs. **Adopted.**

REFERRED TO: Texas Delegation to the AMA

STATUS: The Texas Delegation submitted a resolution to the AMA House of Delegates at its 2013 Annual Meeting and it was adopted.

Resolution 305, Alternative to Incarceration for Individuals With Non-Violent Behavioral Issues (Harris CMS): That TMA study the emerging alternatives to incarceration for individuals with nonviolent behavioral issues and mental health problems in Texas and devise ways to support the appropriate delivery of mental health, psychiatric care, and substance abuse treatment options as alternatives to incarceration. **Adopted as amended to read, "That the Texas Medical Association study the emerging alternatives to incarceration for individuals in Texas with nonviolent behavioral issues and mental health problems and devise ways to support the appropriate delivery of mental health care and substance abuse treatment options as alternatives to incarceration."**

REFERRED TO: Council on Science and Public Health

STATUS: The 83rd Texas legislature appropriated funding to support an alternative to incarceration program in Harris County. See Council on Science and Public Health Report 3 behind the Science and Public Health tab in this handbook.

Resolution 306, Responsible Opioid Prescribing for Pain Management (Harris CMS; C.M. Schade, MD, Texas Pain Society): That, by the end of calendar year 2013, TMA, in conjunction with state specialty societies and those professional societies of all Texas health care professionals authorized to prescribe controlled substances, create and implement multidimensional strategies to optimize the treatment of pain, the responsible management of opioid analgesia, and prescribing of controlled substances through education and awareness, with the goal of reducing the risk to patients and enhancing public safety. **Adopted as amended to read, "That, by the end of calendar year 2014, the Texas Medical Association, in conjunction with state specialty societies for all Texas health care professionals authorized to prescribe controlled substances, create and implement strategies regarding the appropriate treatment of pain, the responsible management of opioid analgesia, and prescribing of controlled substances through education and awareness, with the goal of reducing the risk to patients and enhancing public safety."**

REFERRED TO: Inter Specialty Society Committee; Committee on Continuing Education

STATUS: A subcommittee of stakeholders was formed. The Council on Science and Public Health reviewed TMA policy 95.025, Hydrocodone, and propose amendments to reflect the same focus on responsible physician prescription and management of this controlled substance. A Council on Science & Public Health representative is coordinating a mental health symposium for inclusion in *Texas Medicine* in 2015; the symposium will cover substance dependence in chronic pain patients. See Council on Science and Public Health Report 2 behind the Science and Public Health tab in this handbook.

Resolution 307, Human Papillomavirus Vaccine for Suspected Victims of Child Sexual Abuse (Daniel Vijjeswarapu, MD, Texas Pediatric Society): That TMA promote (1) the human papillomavirus vaccine for all children 9 years and older who are evaluated for suspected sexual abuse or assault if they have not been fully vaccinated; and (2) evidence-based clinical guidelines for the management and treatment of sexual abuse or assault. **Adopted as amended to delete the second resolve and amend the first resolve to read "That the Texas Medical Association promote the human papillomavirus vaccination for all children 9 years and older at the time of evaluation for suspected sexual abuse or assault if they have not been fully vaccinated."**

REFERRED TO: Council on Health Promotion

STATUS: An article on barriers to HPV vaccination was published in April 2014 issue of *Texas Medicine*: http://www.texmed.org/Template.aspx?id=30268. The TMA *Policy Compendium* has been updated with this policy.

Resolution 309, EPA-Compliant Pollution Controls on Old Coal Plants (Dallas CMS): That TMA support (1) legislative proposals or rulemaking by the Texas Commission on Environmental Quality to require the current EPA-compliant Selective Catalytic Reduction technology for pollution controls be installed at coal-fired power plants that change ownership in Texas and on all coal-fired power plants in East Texas within five years; and (2) legislative and Public Utility Commission incentives to encourage the Building of more energy-productive and less polluting alternatives to replace the peak energy-generating capacity of these three old plants. **Adopted as amended by adding a third resolve to read, "That the TMA Board of Trustees take action on this resolution at the earliest opportunity."**

REFERRED TO: Council on Science and Public Health

STATUS: Dallas County Medical Society and TMA petitioned the Texas Commission on Environmental Quality (TCEQ) regarding emission limits for the three major coal-fired power plants due to their impact on plant emissions into clean air in East Texas. A TMA member testified before the TCEQ and extensive media coverage has occurred on this issue. The TMA *Policy Compendium* has been updated with this policy.

FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

Council on Practice Management Services Report 2, Status of 2012 Resolutions Regarding Health Information Technology: That (1) in lieu of Resolution 405-A-12, TMA adopt policy on physician access to clinical laboratory reports; (2) in lieu of Resolution 413-A-12, TMA's Ad Hoc Committee on Health Informational Technology continue to oversee the numerous association activities that align with the resolution; and (3) TMA amend policy 265.012, Health Information Technology and Health Information Exchange. **Adopted.**

REFERRED TO: Ad Hoc Committee on Health Information Technology

STATUS: The Ad Hoc Committee on HIT continues to advocate for electronic health record (EHR) vendors to create useable, safe, efficient, transportable, and cost-effective EHRs and other health information technology tools that align their processes with typical clinical diagnosis and treatment plan processes. The efforts are ongoing. The TMA *Policy Compendium* has been updated with this policy.

Committee on Emergency Medical Services and Trauma and Council on Health Service Organizations Joint Report 1, Physician Coverage of Hospital Emergency Departments: That TMA support minimum standards established by DSHS requiring general hospitals (1) in urban counties to ensure a physician is on site and available to respond to emergencies within the facility 24 hours per day and (2) in rural counties to have a physician available to respond to emergencies immediately by phone and in person within 30 minutes. **Adopted.**

STATUS: The TMA *Policy Compendium* has been updated with this policy.

Board of Trustees, Council on Legislation, Council on Socioeconomics, and the Select Committee on Medicaid, CHIP and the Uninsured Joint Report 3, Medicaid Reform: To adopt the statement approved by the Board of Trustees at its Feb. 1, 2013 meeting as association policy on Medicaid coverage and reform. **Adopted as amended by adding the words "at least" to statement #5; adding a statement #6 to the last paragraph; and adding a final paragraph, so that the policy on Medicaid Coverage and Reform reads:**

It is the vision of the Texas Medical Association to improve the health of all Texans. Too many Texans, too many of our patients, cannot afford the health care they need. This hurts their health, the economic growth and prosperity of our state, and taxpayers all across Texas.

We currently have a tremendously cost-effective opportunity to improve access to health care for these Texans. Unfortunately, that federal offer comes in the form of expanding before reforming our Medicaid program to cover the working poor.

Medicaid provides essential health services for millions of Texans. But many parts of the current Texas Medicaid system are broken. It offers the promise of coverage without adequate funding to ensure access to care. It is fraught with exasperating, unyielding red tape. It's overzealous "fraud inspectors" are getting in the way of our taking care of patients. We should not accept the option of simply expanding that broken program.

On the other hand, we cannot reject the federal government's offer to help us care for the working poor of Texas. We need to take this money and use it for our people, our patients.

We must look beyond the federal government's expansion solution to design a solution that's for Texas and for Texans. The people of this state are ingenious and innovative problem solvers. We are confident that state leaders and lawmakers – with input from employers, physicians, taxpayers, and others – can design a comprehensive solution that:

1. **Draws down all available federal dollars to expand access to health care for poor Texans;**
2. **Gives Texas the flexibility to change the plan as our needs and circumstances change;**

3. **Clears away Medicaid's financial, administrative, and regulatory hurdles that are driving up costs and driving Texas physicians away from the program;**
4. **Relieves local Texas taxpayers and Texans with insurance from the unfair and unnecessary burden of paying the entire cost of caring for their uninsured neighbors; and**
5. **Provides Medicaid payments directly to physicians for patient care equal to at least those of Medicare payments.**
6. **Continue to uphold and improve due process of law for physicians in the State of Texas as it relates to the Office of Inspector General.**

The Texas Medical Association shall call upon the American Medical Association to advocate for Medicaid payments to all physicians for patient care to be at least equal to Medicare payments.

REFERRED TO: Division of Communications

STATUS: TMA's position is publicized extensively through collaboration with the news media and via TMA publications *Texas Medicine*, *Action*, *Me & My Doctor*, and *Blogged Arteries*. It will be incorporated into the next edition of *Healthy Vision 2020*. The TMA *Policy Compendium* has been updated with this policy.

Resolution 401, Reducing Administrative Complexity and Unfunded Mandates (Lubbock-Crosby-Garza CMS): That (1) TMA support the creation of a new office within the U.S. Department of Health and Human Services whose sole mission is to reduce the administrative complexity imposed on physicians by federal health programs, regulations, and contractors; and (2) the appropriate TMA council or committee study the value of the creation of such an office within state government and, should that office be recommended, which state agency is best suited to undertake the effort. **Referred.**

REFERRED TO: Council on Socioeconomics

STATUS: Council on Socioeconomics voted not to move forward with Resolution 401.

Resolution 403, Data Transition Costs When Switching to Electronic Medical Records (Dallas CMS): That (1) TMA work with the American Medical Association, the Office of the National Coordinator for Health Information Technology (ONC), and other interested parties to make low-cost EMR-to-EMR medical record data transition capabilities a requirement of ONC's EMR product certification; and (2) if the ONC is unwilling or unable to make EMR medical record data transition a certification requirement, TMA work with AMA to seek legislative action requiring EMR vendors to provide low-cost EMR-to-EMR medical record data transition capabilities. **Adopted as amended to read, "That (1) TMA work with the American Medical Association, the Office of the National Coordinator for Health Information Technology (ONC), and other interested parties to make EMR-to-EMR medical record data transition capabilities a requirement of ONC's EMR product certification; and (2) if the ONC is unwilling or unable to make EMR medical record data transition a certification requirement, TMA work with AMA to seek legislative action requiring EMR vendors to provide EMR-to-EMR medical record data transition capabilities."**

REFERRED TO: Division of Communications, Ad Hoc Committee on Health Information Technology

STATUS: The Ad Hoc Committee on Health Information Technology discussed Resolution 403 at its winter meeting in January. TMA also is advocating for this through the regulatory process,

and has started conversations with the AMA. The committee will propose amendments to TMA Policy **265.012** in 2014 that will support advocacy on ONC through the AMA. See the Council on Practice Management Services Report 1 behind the Socioeconomics tab in this handbook.

Resolution 404, Eliminate Sexually Transmitted Diseases References on Explanation of Benefits (Dallas CMS): That TMA pursue through the Council on Legislation regulatory and legislative action to direct insurers to eliminate reference to sexually transmitted disease examinations and testing on Explanation of Benefit. **Referred.**

REFERRED TO: Council on Legislation and Council on Socioeconomics

STATUS: See Council on Socioeconomics Report 1 behind the Socioeconomics tab in this handbook.

Resolution 407, Insurance Coverage for Cost of Interpreters for Hearing-Impaired Patients (Harris CMS): That TMA work with insurance companies to provide coverage and reimbursement to physicians for the cost of the interpreter as part of the visit, and to provide a list to physicians of approved interpreters for hearing-impaired patients. **Adopted.**

REFERRED TO: Council on Socioeconomics

STATUS: See Council on Socioeconomics Report 5 in this handbook.

Resolution 408, Overwhelming Compliance Mandates and Payment Uncertainty (Harris CMS): That TMA (1) work with the American Medical Association and other state medical societies to insist that Congress provide adequate funding to implement all current and future health care requirements, require evidence-based data that proves that such new requirements positively affect outcomes, require a cost-benefit analysis of every new health care-related regulation, and initiate a moratorium on all new health care rules and regulations until the current ones are reviewed for cost and benefit; (2) insist that the Texas Legislature provide adequate funding to implement all current and future health care requirements, require evidence-based data that proves that such new requirements positively affect outcomes, require a cost-benefit analysis of every new health care-related regulation, and initiate a moratorium on all new health care rules and regulations until the current ones are reviewed for cost and benefit; (3) work with AMA to consider taking legal action against the federal and/or state government for excessive and deleterious regulatory practices; and (4) work with AMA and other state medical societies to develop an awareness campaign to educate the public about the burdens being placed on physicians due to the regulatory changes in the health care system. **Referred.**

REFERRED TO: Council on Socioeconomics; Council on Legislation; Office of General Counsel; and Division of Communications

STATUS: Regarding item 1-2, see Council on Socioeconomics Report 4 behind the Socioeconomics tab in this handbook.

Regarding item 3, TMA is a founding member of The Litigation Center of the AMA and State Medical Societies and continues to cooperate, help fund, and support its mission. A summary of this litigation is available on the AMA website. TMA comments regularly on federal and state proposed rules, influencing final outcomes of rules favorably.

Litigation challenging onerous laws and rules also is often necessary. TMA participates in challenges to PPACA legal restrictions (e.g., restrictions on physician ownership of hospitals) and

to overreaching insurance company practices permitted under federal and state laws (e.g. Aetna and CITNA out-of network cases & United Healthcare's de-selection of health insurance exchange network physicians).

Regarding item 4, regular coverage of physicians' regulatory burden in *Texas Medicine* and in correspondence with elected officials. TMA's Chief Executive Officer, Louis J. Goodman, PhD, is a regular contributor to *Forbes*.

Resolution 409, Long-Term Care Funding and Quality Improvement (Matt Edwards, The University of Texas Medical Branch School of Medicine): That TMA advocate for (1) increased state funding for all direct nursing home care in Texas to mitigate the impact of funding cuts on mandatory staffing requirements, and staff training recruitment, training, and retention; and (2) supplemental state grants for deficient nursing homes that show increases in quality improvement measures to offer incentives for improvement in nursing home care and efficiency. **Adopted as amended by deleting the second resolve and changing the first resolve to read, "That TMA advocate for increased state funding for all direct and supervisory nursing home care in Texas to mitigate the impact of funding cuts on mandatory staffing requirements, and staff training recruitment, training, and retention."**

STATUS: The TMA *Policy Compendium* has been updated with this policy.

Resolution 410, Physician Outpatient Visits for Obesity (Travis CMS): That (1) TMA and the American Medical Association strongly advocate that insurance plans include obesity as a covered outpatient medical condition; and (2) our Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates for consideration. **Adopted.**

REFERRED TO: Texas Delegation to the AMA

STATUS: The Texas Delegation signed on to a similar resolution (Resolution 420, Recognition of Obesity as a Disease) that was submitted at the AMA 2013 Annual Meeting. Concluding that the ramifications of obesity warrant a paradigm shift in the way the medical community tackles this complicated issue, the house adopted the resolution. The TMA *Policy Compendium* has been updated with this policy.

Resolution 411, Medicaid Expansion (Bexar CMS): That TMA undertake all necessary efforts to effect the state's participation in the Medicaid expansion option of the Patient Protection and Affordable Care Act. **Adopted.**

REFERRED TO: Executive Office and Board of Trustees

STATUS: See Board of Trustees Report 11 behind the Informational Reports tab in this handbook.

Resolution 412, Medicare Opt Out (Russell W.H. Kridel, MD): That (1) the Texas Delegation to the AMA submit a resolution to the AMA House of Delegates for consideration at the 2013 AMA Annual Session that asks AMA to work to amend the Medicare law to allow physicians to opt out of the Medicare program on a one-time basis. The opt-out period must be for at least two years. The opt-out period must be effective indefinitely until the physician chooses to join or rejoin Medicare as a participating or non-participating physician; and (2) AMA work with the Centers for Medicare & Medicaid Services to allow for a safe harbor period for a physician to opt out of the Medicare program properly without penalty for a set period of time, if they have not been opting out every two years. **Adopted.**

REFERRED TO: Texas Delegation to the AMA

STATUS: The Texas Delegation submitted a resolution to the AMA House of Delegates at its 2013 Annual Meeting. The house adopted the resolution as amended that AMA seek regulation or legislation to amend the Medicare law to allow physicians to opt out of the Medicare program without a requirement to reaffirm that opt-out and seek legislation and work with the Centers for Medicare Medicaid Services, as appropriate, to allow for a safe-harbor period for a physician to continue to remain opted out of the Medicare program, without penalty or possibility of recoupment, in those circumstances where the physician has mistakenly not been reaffirming an intention to be opted out. The TMA *Policy Compendium* has been updated with this policy.

Resolution 413, Transparency of the American Medical Association's Policy Concerning the Patient Protection and Affordable Care Act (Dallas CMS): That the Texas Delegation to the AMA, at the next meeting of the AMA House of Delegates, put forward a resolution that requires the AMA, under supervision of its Board of Trustees (BOT), to implement the following: (1) develop policy statements that clearly explain the organization's positions on the aspects of the Patient Protection and Affordable Care Act (PPACA) that potentially impact patient access to appropriate and affordable health care: specifically, the diverting of funding for the Medicare program into funding the newly uninsured, increasing the tax burdens on investment income, increasing the Medicare payroll tax and medical device tax, raising the ceiling for medical expense deductions, lowering the cap on flexible spending accounts, imposing the non-compliance tax starting in 2014, and placing a 40 percent excise tax in 2018 on "Cadillac" health care plans; (2) make public AMA's position on employer-mandated coverage for employees, restriction of physician ownership of health care facilities, accountable care organizations that are not physician led, and the pharmaceutical industry's mandate for increased funding as the result of closing the "donut hole" in the Medicare Part D program; (3) where policy exists on the issues above, the AMA release this information to the membership and the media before Sept. 1, 2013; (4) where the AMA House of Delegates has not formulated policy on the issues above, refer these issues to the BOT for evaluation and report back to the house at its 2013 Interim Meeting; (5) assess the costs for developing legislative efforts to repeal each aspect of the PPACA with which the AMA disagrees and present that assessment in an informational report to the house at the 2013 Interim Meeting; and (6) continue to advocate for the repeal of the flawed SGR formula. **Adopted as amended to read, "That the Texas Delegation to the AMA, at the next meeting of the AMA House of Delegates, put forward a resolution that requires the AMA to present in a concise format its policy positions and analyses of all aspects of the Patient Protection and Affordable Care Act and to make that information available online for physicians and the public. The AMA should report this information at the 2013 Interim Meeting of the AMA House of Delegates."**

REFERRED TO: Texas Delegation to the AMA

STATUS: The Texas Delegation submitted a resolution to the AMA House of Delegates at its 2013 Annual Meeting. In lieu of the resolution, the house approved amending Policy D-165.940 that AMA will assess the progress of implementation of the Patient Protection and Affordable Care Act based on AMA policy, as well as the estimated budgetary, coverage, and physician-practice impacts of the law, and report back to the House of Delegates at the 2013 Interim Meeting. At the 2013 Interim Meeting, the AMA Council on Medical Service presented an informational report providing background on how the ACA relates to AMA policy and outlining the expected coverage, budgetary, and physician-practice impacts of the law. The report provided a chart that assesses the implementation of ACA provisions based on AMA policy.

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2012 AUDIT TRAIL
Texas Medical Association House of Delegates

Awards, amendments to the Constitution and Bylaws, and sunset policy recommendations are not included.

FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS:

President's Report 1, Ad Hoc Committee to Study Inactive County Medical Societies: To (1) establish an at-large membership classification for members where no county society charter exists (because of a revocation of charter by TMA); recommends at-large members (2) have all rights and privileges of membership; (3) be entitled to delegate representation in the house per TMA Bylaws Section 3.20; (4) pay annual dues in the same amount as required of active members and pay an at-large member fee in lieu of CMS dues (amount to be determined by the board); and (5) amend the constitution and bylaws so that TMA is composed of members of duly chartered CMSs, and affiliate and at-large members of the association. **Adopted.**

REFERRED TO: Board of Councilors; Council on Constitution and Bylaws; Committee on Membership

STATUS: Bylaws have been revised. TMA currently has 25 at-large members representing the former Cass-Marion, Falls, LaSalle-Frio-Dimmit, and Van Zandt County Medical Societies. These members have been invited to attend an organizational meeting during TexMed 2013 to elect a delegate and to discuss dues structure and member needs. Hill, Kimble-Mason-Menard-McCulloch, Limestone, Red River, Runnels, Tierra Blanca, and Wood County Medical Societies also are under consideration for at-large membership on the Board of Councilor's May agenda.

Speaker's Report 1, TMA Election Process: To approve TMA's election process regarding guidelines for campaigns and for the candidate profile. **Adopted.**

REFERRED TO: Delegate Affairs Department

STATUS: Each candidate and his or her sponsoring caucus were sent a copy of the process. At the Feb. 1, 2013 meeting of the speaker and vice speaker with caucus chairs, it was decided that no campaign stickers, buttons, or ribbons would be used for 2013 campaigns. The TMA *Policy Compendium* has been updated with this policy.

Board of Councilors Report 7, Optional Grievance/Dispute Resolution Process (Resolution 105-A-11): That, in lieu of Resolution 105-A-11, (1) CMSs be allowed to determine whether to maintain a separate public grievance committee or allow the county society's Board of Censors to serve as the public grievance committee; (2) an informal mediation process not be adopted at this time; and (3) TMA bylaws be amended to reflect these changes. **Adopted.**

REFERRED TO: Board of Councilors; Council on Constitution and Bylaws

STATUS: See Council on Constitution and Bylaws Report 3 behind the Financial and Organizational tab in this handbook. County medical society model bylaws have been updated.

Committee on Cancer Report 2, Smoke-Free Texas: That TMA makes Smoke-Free Texas a priority for the 2013 legislative session. **Adopted.**

REFERRED TO: Council on Legislation; Council on Science and Public Health

STATUS: TMA staff worked with the American Cancer Society and the American Heart Association to coordinate the Public Health Coalition forum on tobacco for legislative staff. On Nov. 15, 2012, Committee on Cancer Chair Debra Patt, MD, presented *Texas's Budget Up in Smoke* to TMA legislative staff and members of the Texas Public Health Coalition. Legislative work is ongoing.

Committee on Cancer Report 3, Smoke-Free TMA Building: To adopt a smoke-free policy at the TMA building. **Referred to Board of Trustees.**

REFERRED TO: Board of Trustees

STATUS: See Board of Trustees Report 12 behind the Financial and Organizational Affairs tab in this handbook.

Resolution 102, Legislative Internship in Austin (G. Ray Callas, MD, Texas Society of Anesthesiologists): That TMA (1) establish a physician legislative internship for a minimum period of one month during each legislative session; (2) coordinate with TEXPAC a full report at the conclusion of the internship; and (3) name the internship after former TMA President Dr. Betty P. Stephenson. **Adopted.**

REFERRED TO: Board of Trustees

STATUS: See Board of Trustees Report 13 behind the Financial and Organizational tab in this handbook.

Resolution 104, Physician-Patient Confidentiality in Criminal Proceedings (Kristin Harrington, Texas Tech University Health Sciences Center School of Medicine): That TMA (1) educate membership on current Rule #509(b) of the Texas Rules of Evidence; (2) publicize specifics of the rule to garner support for its modification; and (3) work to introduce a modification of Rule #509(b) during the upcoming legislative session such that criminal courts may neither subpoena physician testimony regarding patient admission of criminal activity nor require further disclosure of confidential medical records. **Referred to Board of Trustees for further study.**

REFERRED TO: Board of Trustees; Council on Legislation; Office of the General Counsel

STATUS: See Board of Trustees Report 15 behind the Financial and Organizational Affairs tab in this handbook.

Resolution 105, Medical Record Violations Made by Nurse Practitioners (Harris County Medical Society): That TMA work with the TMB, so that if a physician is providing supervision, in the absence of deviation from the standard of care or harm to the patient, and appropriate physician oversight was established, that medical record violations by nurse practitioners should be referred by the TMB to the Texas State Board of Nurse Examiners rather than punishing the supervising physician. **Referred to Board of Trustees.**

REFERRED TO: Office of the General Counsel; Division of Advocacy

STATUS: The Office of the General Counsel and Division of Advocacy are working with the Texas Medical Board (TMB) to address this issue legislatively to improve collaboration among

TMB, Texas Board of Nursing, and Texas Physician Assistant Board regarding investigations and disciplinary actions pertaining to licensees.

Resolution 106, Hospital Committee Members to Disclose Conflicts of Interest (Harris County Medical Society): That TMA develop policy supporting requirements that all chairs and members of hospital committees disclose, in writing, all financial affiliations and associations with hospitals, ambulatory care centers, accountable care organizations, and clinical integration models, and that these disclosures be made available at each meeting and prior to every election. **Adopted.**

REFERRED TO: Council on Health Service Organizations

STATUS: See Council on Health Service Organizations Report 2 behind the Financial and Organizational Affairs tab in this handbook.

Resolution 107, TEXPAC and Texas Medical Association Foundation Leadership (Harris County Medical Society): That TMA (1) communicate the importance of leaders at the county and state levels being members of TEXPAC and contributors to the TMA Foundation; and (2) recognize delegations that have outstanding participation in TEXPAC and the TMA Foundation. **Adopted.**

REFERRED TO: Division of Communications; Delegate Affairs

STATUS: Communications are ongoing through *Texas Medicine* and other publications. In 2012, *Texas Medicine* included two cover stories. House of Delegates staff is working with the resolution author on further implementation.

Resolution 109, Ending the State's Interference in the Ethical Practice of Medicine for Physicians Participating in the Women's Health Program (Travis County Medical Society): That TMA work with the Texas Health and Human Services Commission to ensure that rules governing the Women's Health Program do not interfere with physicians' ethical and legal obligations to provide medically accurate, candid, and unbiased medical advice to their obstetric patients. **Adopted.**

REFERRED TO: Board of Councilors

STATUS: TMA provided comments to the Department of State Health Services (DSHS) on the Women's Health Program proposed rules urging DSHS not to interfere with the physician patient-relationship and to allow candid discussions and nondirective counseling. TMA's comments on the final rules as adopted by the Health and Human Services Commission (HHSC) were well received and were covered by the media. HHSC adopted new rules, in accordance with TMA's comments, to allow neutral, factual information and nondirective counseling. The TMA *Policy Compendium* has been updated with this policy.

Resolution 110, Legislation Seeking to Limit Physician and Patient Conversations (Daniel V. Vijjeswarapu, MD, Texas Pediatric Society): That TMA oppose any legislation that would seek to limit the scope of conversations physicians can have with their patients or their patients' parents, when the patient is a child. **Adopted.**

REFERRED TO: Division of Advocacy; Board of Councilors

STATUS: The TMA *Policy Compendium* has been updated with this policy.

FROM REFERENCE COMMITTEE ON MEDICAL EDUCATION:

Resolution 202, Loan Deferment During Residency (Rikki Baldwin, University of North Texas Health Science Center at Fort Worth, Texas College of Osteopathic Medicine): That TMA actively work to reinstate qualification criterion referred to as the "20/220 pathway" for economic hardship deferment and support mechanisms addressing the financial needs of resident physicians who have medical school loan debt. **Adopted.**

REFERRED TO: Council on Medical Education

STATUS: The TMA *Policy Compendium* has been updated with this policy.

Resolution 203, Restoring Parity and Interest Subsidies to Federal Graduate Student Loans (Rikki Baldwin, University of North Texas Health Science Center at Fort Worth, Texas College of Osteopathic Medicine): That TMA (1) advocate on behalf of current and future medical students by encouraging members of Congress to restore funding for interest subsidies on need-based Direct Stafford Loans for graduate and professional students; and (2) encourage members of Congress to set equitable interest rates for Direct Stafford Loans issued by the U. S. Department of Education so that graduate students will not have a higher repayment obligation than undergraduate students who borrow equivalent amounts from the same program. **Amended to read that TMA "(1) advocate on behalf of current and future medical students by encouraging members of Congress to restore funding for interest subsidies on need-based Direct Stafford Loans for medical students; (2) encourage members of Congress to set equitable interest rates for Direct Stafford Loans issued by the U. S. Department of Education so that medical students will not have a higher repayment obligation than undergraduate students who borrow equivalent amounts from the same program; and (3) work with our American Medical Association in accomplishing these goals."**

REFERRED TO: Council on Medical Education; Council on Legislation

STATUS: Federal loan policies must be dealt with at the national rather than the state level. The AMA continued to raise awareness of the need to reduce medical education-related debt and the need for medical students to retain access to low-interest educational loans. Articles were published in the *AMNews* in 2012 on the negative impact of the newly eliminated loan subsidies once offered through the Direct Stafford Loans program. Further, the AMA's Council on Medical education reaffirmed comprehensive policy at the AMA's 2012 Annual Meeting in support of reducing medical student debt, and making it a high priority for legislative or other action to create, expand, and support opportunities to reduce medical education costs to students. In addition, a comprehensive report on loan repayment was issued in 2012 by the AMA Resident and Fellow Section Legislative Advocacy Committee. TMA continues to monitor policies relating to student loans and loan repayment. The TMA *Policy Compendium* has been updated with this policy.

Resolution 206, More Residency Slots Needed (Harris County Medical Society): That TMA make a top priority of its lobbying efforts at the Texas Legislature to generate more residency slots to ensure we are educating physicians for Texas. **Adopted as amended to read, that TMA "make a priority of its lobbying efforts at the Texas Legislature to generate more residency slots to ensure we are educating physicians for Texas."**

REFERRED TO: Council on Medical Education; Council on Legislation

STATUS: TMA scheduled a series of meetings with legislative liaison staff at the medical schools during the legislative interim period to discuss Graduate Medical Education (GME) needs. This was followed by TMA's development of the 2013 Medical Education and Physician Workforce Consensus Statement which all 11 health related institutions, as well as the Teaching Hospitals of Texas professional association agreed to. The need for GME expansions was featured prominently in the consensus statement. During the current legislative session, TMA's Division of Public Affairs and Medical Education staff visited with a large number of legislators and their staff on this topic. In addition, TMA leaders testified in favor of the need to grow GME capacity at all relevant legislative committee hearings this session. The TMA *Policy Compendium* has been updated with this policy.

Resolution 207, Reinstate and Enhance Texas Physician Education Loan Repayment Program (Harris County Medical Society): That TMA make a top priority in its lobbying efforts to fully reinstate the Texas Physician Education Loan Repayment Program as well as enhance the program ensuring its viability through the remainder of the decade. **Adopted as amended to read, that TMA "make a priority in its lobbying efforts to fully reinstate the Texas Physician Education Loan Repayment Program as well as to enhance the program to ensure its viability through the remainder of the decade."**

REFERRED TO: Council on Medical Education; Council on Legislation

STATUS: TMA lobbied in support of restoration for the state funding cuts made to this program in the 2012-13 state budget. This lobbying activity was accomplished in various ways. For example, this program was included in printed "leave behind" material utilized by physicians, medical students, and TMA Alliance members during their visits with legislators on First Tuesday's at the Capitol this session. In addition, this program was featured in the 2013 TMA Medical Education and Physician Workforce Consensus Statement that was agreed to by all Texas medical schools and teaching hospitals. This statement was distributed to all legislative budget and higher education committees. Both the senate and house budget proposals include $33.8 million in funding for this program for the next biennial budget, about six times more than the current funding level for this program. The TMA *Policy Compendium* has been updated with this policy.

Resolution 208, Restore Funding of Statewide Preceptorship Program (Harris County Medical Society): That TMA make a top priority in its lobbying efforts to encourage the 2013 Texas Legislature to restore funding to the Statewide Preceptorship Program ensuring its viability through the remainder of this decade. **Adopted.**

REFERRED TO: Council on Medical Education; Council on Legislation

STATUS: TMA lobbied in support of restoration of state funding for this program. The need to fund this program was highlighted in the printed "leave behinds" utilized during each of the TMA First Tuesday's at the Capitol and in the 2013 TMA Medical Education and Physician Workforce Consensus Statement which was distributed among relevant legislative committees. TMA lobbyists also engaged numerous legislative offices in discussions on the merits of the program, including the return on investment, the relative low cost, and the demonstrated value of the program in encouraging medical students in selecting primary care careers. The TMA *Policy Compendium* has been updated with this policy.

FROM REFERENCE COMMITTEE ON SCIENCE AND PUBLIC HEALTH:

Council on Health Care Quality Report 1, Efforts to Building Tools and Decision Support to Assist Physicians: That TMA (1) promote using practice tools such as coding calculators that evaluate costs and benefits of participation in programs based on evidence-based guidelines such as Medicare's Physician Quality Reporting System (PQRS) and Blue Cross Blue Shield's Bridges to Excellence (BTE); (2) develop practical hands-on clinical tools and practice management resources that assist practices with participation in quality measurement programs based on the use of evidence-based guidelines such as PQRS and BTE; and (3) develop future quality services and education and help physicians transition to an electronic format including using electronic medical records. **Adopted.**

REFERRED TO: Council on Health Care Quality; Ad Hoc Committee on Health Information Technology; Division of Communications

STATUS: TMA has and will continue to develop tools and resources. In 2012, TMA created over 30 quality tools and provided numerous Continuing Medical Education presentations regarding Electronic Health Records and quality improvement.

Council on Science and Public Health Report 1, Border Violence Awareness Support: That TMA (1) promote physician engagement to help influence state drug policies on illegal drug use and awareness of how U.S. demand for illicit drugs contributes to border violence; (2) work with Texas state leadership, DSHS, and higher education institutions, particularly those with knowledge of the U.S.-Mexico border, to support research on the effects of drug-related and other violence in communities; (3) assist border CMSs to survey physicians on their experience with border violence and assist to disseminate information on survey findings; and (4) encourage border CMSs to work with public schools and community organizations such as child protection agencies, health departments, police, faith groups, and others that provide support services for populations affected by violence. **Adopted.**

REFERRED TO: Council on Health Promotion; Council on Science and Public Health

STATUS: TMA staff and a physician member consulted with the Department of State Health Services (DSHS) in December. Follow up is underway with contacts recommended by DSHS on several activities. The TMA *Policy Compendium* has been updated with this policy.

Council on Science and Public Health Report 2, Distracted Driving: That TMA (1) promote TxDOT's program on distracted driving and encourage TxDOT to adopt national best-practice guidance to improve surveillance of distracted driving in Texas to include developing a linkage between TxDOT data on traffic accidents and DSHS EMS/Trauma Registry to enable the state to assess distracted driving and its impact on preventable deaths and disability in Texas; (2) encourage the Texas Legislature to develop appropriate regulatory actions to reduce distracted driving; and (3) promote physician awareness of distracted driving education campaigns and information resources for patients. **Adopted.**

REFERRED TO: Council on Legislation; Division of Communications

STATUS: Theodore Spinks, MD, a board certified neurosurgeon and spine surgeon in Austin testified before the House Transportation Committee in support of several bills to ban texting while driving. Robert Greenberg, MD, a Temple emergency physician, participated in a Capitol news conference on this issue. Three discussion topics have been added to the *Me & My Doctor* blog: Oct. 29, 2012, Health Hazard: Texting While Driving; Nov. 13, 2012, Ban Texting While Driving, Round Two at Capitol; and Nov. 25, 2011, Drive Text-Free this Holiday Season. The TMA *Policy Compendium* has been updated with this policy.

Council on Science and Public Health Report 4, Clinical Approaches to Obesity Prevention and Treatment: That TMA (1) identify current assessment practices of physicians to determine the tools needed to address overweight and obesity in the care of their patients (2) survey health plans to identify current coverage policies and reimbursement practices and to identify tools that health plans are using to assist patients, families, and physicians to better address overweight and obesity; (3) work with health plans on payment strategies for obesity prevention and treatment, including conducting a pilot project with one or more health plans to include payment for evidence-based approaches to assess and treat overweight or obese patients supporting the necessary evaluation and research to optimize prevention, screening, diagnosis, and treatment of obesity in the primary care setting; and (4) develop the necessary tools and communications to assist physicians on covered preventive services including obesity treatment. **Adopted.**

REFERRED TO: Council on Science and Public Health; Council on Socioeconomics

STATUS: Four council members served on a subcommittee of the Council on Health Care Quality providing input on physician prevention calculators, which also include obesity prevention. In November a subcommittee of the Council on Science and Public Health was formed to review obesity policy and action. Its activities are ongoing. The TMA *Policy Compendium* has been updated with this policy.

Resolution 301, Adult Immunizations (El Paso County Medical Society): That TMA identify the barriers to increasing adult immunization, inform TMA physicians on adult immunization recommendations, advocate for funding for the state's adult safety net program, and promote activities to improve access throughout the state including working with state health and human service agencies to develop strategies to increase immunizations that can be implemented at the local level and targeting worksite immunization programming with emphasis on reaching those who care for our most vulnerable populations — children and persons with disabilities. **Adopted.**

REFERRED TO: Council on Science and Public Health

STATUS: TMA worked with the Department of State Health Services (DSHS) to assure information is provided to the relevant TMA component regarding funding gaps in adult immunization programs. TMA provided legislative testimony twice this session in support of additional appropriations to DSHS for adult immunizations; this bill is pending. Senator Nelson filed SB 64 with support from TMA, which would require child care centers to implement employee immunization policies. TMA provided testimony on the bill, which is currently pending. TMA also has worked with one of the largest child care associations on educating members on immunizations. TMA physicians presented on two occasions, and Be Wise Immunize coordinated an immunization clinic. The TMA *Policy Compendium* has been updated with this policy.

Resolution 302, Simplification and Modernization of Controlled Substances Registration Program (Bexar County Medical Society): That TMA work with DPS to better streamline processing through an electronic method similar to that of the DEA, and ideally to have such registrations coincide with those of the DEA to ease the burden on state agencies, hospitals, and physicians, as well as, reduce the cost of maintaining and operating the department's Controlled Substances Registration Program. **Adopted.**

REFERRED TO: Council on Legislation; Office of the General Counsel; Division of Legislative Affairs

STATUS: TMA has drafted and advocated a bill in the 83rd Legislative Session, in accordance with this policy and in cooperation with the Department of Public Safety and the Texas Medical Board (TMB). The bill streamlines controlled substances registration to coincide with a physician's medical registration renewal and be permitted electronically through the TMB online renewal system minimizing administrative burdens and lowering associated costs. The TMA *Policy Compendium* has been updated with this policy.

Resolution 304, Women's Health (Bexar County Medical Society; Gregg-Upshur County Medical Society): That TMA advocate for continuation and restoration of funding for state family planning and the Women's Health Program for Texas women. **Adopted.**

REFERRED TO: Council on Legislation; Committee on Maternal and Perinatal Health

STATUS: TMA has a steering committee member on the Texas Women's Healthcare Coalition, which advocates extensively in support of funding for the Women's Health Program and state family planning. A current appropriations bill for fiscal year 2014-15 includes additional funding for these activities, but it is not final. The TMA *Policy Compendium* has been updated with this policy.

Resolution 305, Automated Electronic Defibrillator Availability and Access (Rikki Baldwin, University of North Texas Health Science Center at Fort Worth, Texas College of Osteopathic Medicine): That (1) TMA recommend that automated external defibrillators (AEDs) be placed in all public and private venues in Texas where large numbers of people congregate and/or where vigorous physical activities are performed such as university campuses, both public and private; sports stadiums and arenas; shopping malls; amusement parks, and the like; and (2) AEDs currently installed be properly monitored and maintained. **Referred with a report back.**

REFERRED TO: Council on Science and Public Health

STATUS: See Council on Science and Public Health Report 2 behind the Science and Public Health tab in this handbook.

Resolution 306, Patient Autonomy and Accuracy of Information in Informed Consent for Abortion (Nadeja Bespalova, Baylor College of Medicine; An La, The University of Texas Medical School at Houston; Kristin Harrington, Texas Tech University Health Sciences Center School of Medicine): That TMA (1) urge DSHS to distribute printed material to patients that accurately reflects current medical consensus of the potential health effects of abortion, updating the potential complications and risks of abortion so they are described in such a way that women understand the overall safety of the procedure; (2) respect the autonomy and dignity of the patient by respecting the patient's right to decide what information she does and does not receive; (3) advocate for the Texas Legislature to relieve the penalties of refusal to admit to license exam or refusal of license issue or renewal if physicians are noncompliant with 82(R) HR 15; and (4) protect the integrity of the patient-physician relationship and urge the Texas Legislature to amend 82(R) HR 15 to allow the sonogram requirement be waived based on physicians' clinical judgment (Res. 306). **Adopted by amending the second resolved to read, "That TMA support the autonomy and dignity of the patient by respecting the patient's right to decide what information she does and does not receive."**

REFERRED TO: Board of Councilors; Council on Legislation; Office of the General Counsel; Council on Science and Public Health

STATUS: TMA has communicated with the Department of State Health Services (DHSH) and submitted written comments to DSHS regarding the Women's Right to Know (WRTK) booklet, the state's booklet is required to be given to a woman as part of a state mandated informed consent process. In September, TMA sent a letter on the state review process for WRTK asking for opportunities to participate in the WRTK revision process. A letter also was sent to DSHS in March providing references and comments on specific incorrect statements in the WRTK booklet. TMA also provided written testimony to the House State Affairs Committee in support of HB 2945 by Rep. Sarah Davis, which calls for elimination of the requirement to inform women of their risk for breast cancer if they have an abortion. These actions are ongoing. The TMA *Policy Compendium* has been updated with this policy.

Resolution 308, Improving Patient Care Quality by Decreasing Communication Errors From Language Barriers (An La, The University of Texas Medical School at Houston): That TMA encourage (1) the Council on Graduate Medical Education to offer residents who are preparing for clinical rotations courses that emphasize the importance and availability of preexisting interpretation services, appropriate times to use them, and how to use them; and (2) individual hospitals to offer to health care personnel training regimens that include education on interpretation services already available and to use these services in orientation sessions for first-year residents. **Referred.**

REFERRED TO: Council on Health Service Organizations; Council on Medical Education

STATUS: See Council on Medical Education Report 3 behind the Medical Education tab in this handbook.

Resolution 309, Obesity Awareness Funding (Ken Hollis, MD, Harris County Medical Society): That TMA promote legislation giving qualified, nonprofit organizations access to state and federal programs, including those providing funding for purposes of improving obesity awareness, advancing education and technology, and promoting best access and coverage for preventative obesity care including surgery. **Referred.**

REFERRED TO: Council on Science and Public Health

STATUS: See Council on Science and Public Health Report 4 behind the Science and Public Health tab in this handbook.

Resolution 310, Cheerleading Head Injuries and Concussions (Harris County Medical Society): That TMA work with the 83rd Texas Legislature to amend the 2011 Texas law regarding head injuries and concussions that occur during junior high and high school events to include cheerleaders. **Referred.**

REFERRED TO: Council on Science and Public Health

STATUS: See Committee on Child and Adolescent Health and the Council on Science and Public Health Joint Report 2 behind the Science and Public Health tab in this handbook.

Resolution 311, Ensuring Availability of Essential Medications and Addressing Constant Backorder Issues (Harris County Medical Society): That TMA work with the AMA and the FDA to: (1) classify certain classes of drugs and biologics as critical for the practice of medicine; create a mechanism, either by stockpiling certain drugs and biologics, or reducing regulatory hurdles that lead to the likelihood of sudden shortage; require manufacturers to provide six months' advance notice of planned interruptions and prompt notification of unplanned disruptions; and (2) work with the AMA in reviewing the drug regulations of the FDA and other federal regulatory agencies that potentially create wholesale shortages

of critical drugs and biologics, and require that a plan be in place to address that shortage prior to these regulations being implemented . **Adopted.**

REFERRED TO: Division of Advocacy; Office of the General Counsel

STATUS: AMA legislative staff has been very involved in this issue. A report on shortages has been provided at the past two HOD meetings. Another report will be provided at the AMA 2013 Annual Meeting. In addition to multiple support letters, some of the advocacy AMA has done on this issue is as follows:

Congress passed legislation last summer, addressing immediate measures to mitigate or avert shortages. A new round of legislation is being offered to address the underlying causes that may contribute to shortages, particularly in the area of generic sterile injectables. Last year, after extensive input from impacted stakeholders, Congress passed the Food and Drug Administration Safety and Innovation Act of 2012 (FDASIA) which included a number of provisions to mitigate and avert drug shortages. The FDASIA incorporated authorization of a new Generic Drug User Fee Act that will streamline the approval pathway for manufacturers bringing to market competitor generics. The FDASIA also includes the following provisions:

- Manufacturers are subject to early notification requirements when there is an anticipated (or actual) shortage.
- FDA is authorized to provide expedited review.
- FDA and the Drug Enforcement Agency (DEA) are required to coordinate when there is shortage of a drug subject to a DEA quota.
- Creation of a Drug Shortages Task Force and Strategic Plan.
- Public drug shortages list.
- Authorization for hospitals to repackage during a drug shortage.
- Three reports including a Government Accountability Office report identifying underlying causes and recommended solutions as well as annual reports to Congress on shortages.

The Food and Drug Administration (FDA) reports that it continues to employ a number of additional strategies to avert or mitigate shortages including:

- Assist manufacturers to resolve any underlying quality and manufacturing issues;
- Expedite FDA inspections and reviews of manufacturer compliance plans;
- Identify other manufacturers willing and able to initiate or increase production;
- Assist firms in qualifying new sources of raw material; and
- Exercise enforcement discretion in appropriate circumstances if this would not cause undue risk to patients (e.g., foreign importation, extended expiration dating, or distribution with special instructions to health care providers).

While shortages remain an ongoing problem, the FDA reported a decrease in drug shortages in 2012 from 2011. The most significant and concentrated area of shortages has been among sterile injectables. The Generic Pharmaceutical Association (GPhA) sought and obtained an advisory opinion from the Federal Trade Commission (FTC) concerning its proposed Accelerated Recovery Initiative (ARI) which would provide the FDA with information that GPhA believes will enable agency staff “more efficiently and effectively to accelerate the recovery of critical drugs in short supply.” A key element of the ARI is an agreement among competitors to transmit competitively sensitive production information from manufacturers of shortage drugs to this newly created independent entity, ARI, which compiles and transmits the information to the

FDA. The FTC issued an advisory opinion signing off on the arrangement in August of last year with a number of provisos to ensure that it does not become a mechanism for anti-competitive behavior.

A consensus has not been reached as to the fundamental causes of drug shortages. (There are likely different reasons for drug shortages subject to a DEA quota and those that could be caused by a structural market failure which may be the case for generic sterile injectables.) Under FDASIA, the GAO has been charged with an extensive review of the varied causes and identification of possible solutions for the drug shortages.

The U.S. Department of Health and Human Services (HHS) has issued a couple of reports identifying a number of causes contributing to the shortages including:

- More than 50 percent due to manufacturing delays and quality concerns such as:
  - Sterility: bacterial and mold contamination.
  - Particles of foreign matter: glass, metal, and fibers in vials.
  - Crystallization of the active ingredient.
  - Precipitate formation, e.g., due to reaction with raw materials.
- Business decisions to discontinue a product.
- Difficulty obtaining raw materials.
- Loss of manufacturing sites.
- Increased demand.

The TMA *Policy Compendium* has been updated with this policy

Resolution 312, Immunization Records Maintained and Provided (Harris County Medical Society): That, upon graduation from a public or private high school, the graduating student or his or her family is provided with their immunization record that has been maintained at the school; and (2) that the necessary paperwork be included to instruct ImmTrac to maintain the patient's immunization record. **Adopted.**

REFERRED TO: Council on Science and Public Health; Division of Advocacy

STATUS: TMA participated in two meetings with the Department of State Health Services (DSHS) immunization management staff discussing this issue. DSHS placed a broadcast message in the ImmTrac web application and developed a Lifetime Registry module on targeting graduating seniors regarding how to consent to have their immunization data in ImmTrac. DSHS also carried out other activities on this issue. Information was shared with the Committee on Infectious Diseases, as well as the Committee on Child and Adolescent Health. TMA also invited DSHS ImmTrac staff to provide information on ImmTrac at the influenza clinic at TMA's Fall Conference. The TMA *Policy Compendium* has been updated with this policy.

Resolution 313, Responsible Opioid Prescribing for Pain Management (Harris County Medical Society; C. M. Schade, Texas Pain Society): That TMA (1) develop, in conjunction with the appropriate state and national specialty societies, multidimensional strategies to optimize the treatment of pain; and (2) educate Texas physicians about the latest evidence-based literature on responsible opioid analgesia management with the goal of reducing the risk to patients and enhancing public safety regarding opioid use, misuse, abuse, diversion, and nontherapeutic prescribing. **Adopted.**

REFERRED TO: Committee on Cancer; Committee on Physician Health and Rehabilitation; Physician Oncology Education Program

STATUS: The Committee on Physician Health and Rehabilitation offers a CME course, "Ethics and Regulation of Pain Management" to physicians via live presentations, home study materials, and online courses. The activity explores the ethical issues of pain management, differences between addiction and physiological dependence, and the problems of under-treatment and over-treatment of pain. It also discusses ethics faced by physicians to adequately treat pain patients while minimizing risk of Substance Use Disorders and diversion. Physicians completing the activity learn ethical, appropriate pain management strategies, and the significance of documenting appropriately. They also are taught the importance of evidence-based clinical practice of pain management and its regulations to improve patient outcomes. During 2010-11, more than 950 physicians completed this CME activity through live presentations and enduring materials. The Physician Oncology Education Program (POEP), in collaboration with the Texas Pain Society, launched a course in December's issue of *Texas Medicine*. The POEP course qualifies for 1.5 AMA PRA Category 1 Credits including 1.5 hours of Ethics/Professional Responsibility. Objectives of this course are to: (1) discuss the number of opioid overdoses in the U.S.; (2) restate the most commonly prescribed drugs detected in 2011 drug-related fatalities; (3) cite common dangerous drug cocktails; and (4) how to appraise a patient's risk for substance abuse. The TMA *Policy Compendium* has been updated with this policy.

Resolution 314, Nonpunitive Sobering Centers and Community Recovery Services (Harris County Medical Society): That TMA explore the development of sobering centers in Texas, identify key medical and professional needs for these community centers, and promulgate efforts to appropriately support the development of these entities in Texas communities. **Adopted.**

REFERRED TO: Council on Science and Public Health

STATUS: This was added as a TMA recommendation to Healthy Vision 2020. TMA staff and two physician members met with the Commissioner of Health and other mental health staff at the Department of Public Health Services in December to discuss how to better collaborate on mental health and substance abuse activities.

Resolution 315, Policy Against the Sale of Raw Milk in Texas (Dallas County Medical Society): That TMA adopt a policy opposing the sale of raw milk in Texas. **Adopted as amended to read, "That TMA oppose the expanded distribution of raw milk and raw milk products in Texas and encourage education on the risks associated with raw milk, particularly for infants, the immunocompromised, pregnant women, and the elderly."**

REFERRED TO: Council on Legislation; Division of Communications

STATUS: On behalf of TMA, the Texas Pediatric Society, and the Texas Academy of Family Physicians, Edward Sherwood, MD, FACP, a member of the U.S. Department of State Health Services Health Care Associated Infections and Preventable Adverse Events Advisory Panel, infectious diseases and internal medicine specialist, and past chair of TMA's Committee on Infectious Diseases, testified before the House Public Health Committee against House Bill 46 by Rep. Dan Flynn (R-Van), which would make raw milk more accessible. *Texas Medicine* published a letter to the editor on the topic from Jason Terk, MD, chair of the Council on Science and Public Health. Multiple articles were posted in *Blogged Arteries*, the TMA blog aimed at member physicians. The TMA *Policy Compendium* has been updated with this policy.

Resolution 316, Adolescent Parent Immunization (Travis County Medical Society): That TMA support legislation that would allow all parents, including minors, to give consent for their own vaccines as an

important mechanism of preventing the spread of communicable diseases, including those that could harm infants and children. **Adopted.**

REFERRED TO: Council on Legislation; Council on Science and Public Health; Office of the General Counsel

STATUS: Senator Jane Nelson (R-Flower Mound) filed SB 63 with support from TMA. TMA provided legislative testimony on SB 63. The bill passed the Senate and is pending a hearing with House Public Health Committee. The TMA *Policy Compendium* has been updated with this policy.

Resolution 317, Physician Role in Preventing Teen Pregnancies (Travis County Medical Society): That TMA (1) acquire market research to determine the best strategy and messaging to educate physicians and patients on preventing teen pregnancy and sexually transmitted diseases (STDs); (2) make information available to physicians on how to use every patient encounter as an opportunity to educate patients about preventing an unplanned pregnancy and STDs; and (3) as part of its educational effort, include information on the risks and benefits of contraceptive use including the benefits of LARC (long-acting reversible contraceptives) in adolescents. **Adopted as amended to read, "That TMA acquire market research to determine the best strategy and messaging to educate physicians and patients on preventing teen pregnancy and sexually transmitted infections (STIs) and make information available to physicians to educate teen patients about preventing an unplanned pregnancy and STIs."**

REFERRED TO: Council on Science and Public Health

STATUS: Market research was completed and presentations were made to the Council on Legislation and Council on Science and Public Health at the 2012 TMA Fall Conference on the survey results. Results indicate that there is minimal support for legislative action related to addressing teen pregnancy and STIs proposing changes in current STI policies for consideration at TexMed. Work to develop educational materials is ongoing.

Resolution 319, Patient Satisfaction Surveys (Bell County Medical Society): That TMA determine minimal criteria, limitations, and appropriate utilization of patient satisfaction surveys. **Adopted as amended by substitution to read, "That TMA develop policy and advocacy regarding optimal criteria and provide recommendation for use of standardized and scientifically validated patient satisfaction assessment tools, with the understanding that patient satisfaction has not been shown to be indicative of optimal patient care or outcomes."**

REFERRED TO: Council on Health Care Quality; Council on Socioeconomics

STATUS: A meeting titled "TMA of the Future" was held in August 2012. The following charges were identified at this meeting: create a patient satisfaction analysis and best-practices promotion. The Ad Hoc Committee on Patient Satisfaction was formed under TMA's Council on Health Care Quality to explore this charge. The ad hoc committee included membership from the Council on Health Care Quality, Council on Socioeconomics, and Council on Practice Management. The Council on Health Care Quality will create a patient satisfaction page on the TMA website to educate physicians and their practices on: (1) pros and cons of patient satisfaction; (2) patient satisfaction within the context of possible reimbursement as the landscape changes; (3) sharing links to *Texas Medicine* articles on patient satisfaction; and (4) educate TMA's Knowledge Center on how to respond to physician inquiries on this topic.

FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

Council on Socioeconomics Report 2, Medicare Value-Based Payment Modifier: That TMA advocate that Medicare's Value-Based Purchasing program be designed so that: (1) the measures and standards used do not result in financial penalties for physicians when their patients do not comply with orders or recommendations for testing and treatment; (2) physicians are not penalized for providing services to disadvantaged patients; (3) physicians are not penalized for noncompliance with obsolete or superseded guidelines and standards; and (4) both cost and quality measures are adequately risk adjusted to eliminate the effects of poverty, poor educational attainment, and cultural differences from the measures used to adjust payment. Until all of the above are implemented, Medicare payments should not be adjusted using these measures. **Adopted.**

REFERRED TO: Council on Health Care Quality; Council on Socioeconomics

STATUS: This resolution was implemented in the TMA Formal Response to the Centers for Medicare & Medicaid Services' 2013 Final Payment Rules. The TMA *Policy Compendium* has been updated with this policy.

Council on Socioeconomics Report 3, Release of Medicare Claims Data Under ACA: That TMA develop a guide on how physicians may challenge ratings resulting from the disclosure of Medicare data under the Affordable Care Act that is similar to TMA's guide already available to physicians on how to dispute physician ranking and tiering by commercial health plans under Texas HB 1888. **Adopted.**

REFERRED TO: Council on Socioeconomics

STATUS: The federal government has not finalized regulations. The Council on Socioeconomics continues to monitor the outcome; implementation is ongoing.

Council on Socioeconomics Report 4, Risk Adjustment Under ACA: That (1) because the risk adjustment relies heavily on diagnostic information, that the TMA develop educational materials to inform physicians of the implementation and impact of risk adjustment under the Affordable Care Act focusing on coding to the highest degree of specificity, documenting the patient's diagnosis both in the medical record and on the claim sent to the health plan, as well as, eliminating the use of NOS (not otherwise specified) codes; and (2) TMA work closely with EMR vendors, practice management system vendors, clearinghouses, and health plans to determine how each will receive, transmit, and process this information. **Adopted.**

REFERRED TO: Council on Socioeconomics; Ad Hoc Committee on Health Information Technology; Division of Communications; Department of Medical Education

STATUS: This topic continues to develop as the government continues to adopt regulations. Efforts to implement are ongoing as regulations become finalized. The TMA *Policy Compendium* has been updated with this policy.

Committee on Emergency Medical Services and Trauma and Council on Health Service Organizations Joint Report 1, Physician Coverage of Hospital Emergency Departments: That TMA (1) support the minimum standards established by DHSS requiring general hospitals in urban counties to ensure a physician is on site and available to respond to emergencies within the facility 24 hours per day, 7 days per week; and (2) support the minimum standards established by DSHS requiring that general

hospitals in rural counties have a physician available to respond to emergencies immediately by phone and in person within 30 minutes. **Referred.**

REFERRED TO: Council on Health Services Organizations; Committee on Emergency Medical Services and Trauma

STATUS: The Council on Health Service Organizations and the Committee on Emergency Medical Services and Trauma met via conference call in September and held a joint meeting at TMA's 2012 Fall Conference to discuss this topic. The council and committee invited interested stakeholders to present their positions on the issue (or submit comments in writing.) A vote was taken and strong support for requiring urban hospitals to maintain 24/7 onsite physician coverage of hospital emergency departments was reaffirmed. See Committee on Emergency Medical Services and Trauma and the Council on Health Service Organizations Joint Report 1 behind the Socioeconomics tab in this handbook.

Select Committee on Medicaid, CHIP, and the Uninsured Report 1, Texas Medicaid Reform Initiatives: That TMA (1) vigorously advocate the repeal of the Medicaid payment reduction for physicians who care for dual-eligible patients; (2) support efforts to maintain and adequately fund the Women's Health Program and to increase physician and provider participation in the program to ensure that eligible, low-income women retain timely access to contraception and preventive health services in their communities; and (3) strongly support restoration of funding for the family planning programs administered by the Texas Department of State Health Services and vigorously oppose legislative or regulatory efforts to restrict women's access to contraception. **Adopted.**

REFERRED TO: Council on Legislation; Council on Science and Public Health

STATUS: TMA member Travis Bias, DO, testified at the September 2012 Department of State Health Services Legislative Appropriations Request hearing in support of family planning funding and women's health. TMA members have contributed numerous blogs on this topic for TMA's *Me and My Doctor*. TMA serves on the steering committee of the Texas Women's Healthcare Coalition which also testified at legislative hearings in support of funding for family planning and women's health. The TMA *Policy Compendium* has been updated with this policy.

Resolution 401, Unequal Insurance Contract Reimbursement for Solo Practitioners (Bexar County Medical Society): That TMA work with insurance companies to establish fair contracting regarding reimbursement with physicians regardless of the size of the practice. **Adopted as amended to read, "That TMA continue to advocate for fair contracting between physicians and payers."**

REFERRED TO: Council on Socioeconomics

STATUS: Through the Division on Medical Economics and the Council on Socioeconomics, the association continues to advocate for fair contracting regarding reimbursement with physicians regardless of the size of their practice. The TMA *Policy Compendium* has been updated with this policy.

Resolution 404, Protections of Non-employed Physicians Extended to 501(a)s (Harris County Medical Society): That TMA work legislatively to ensure that institutions that utilize 501(a) organizations be required to observe the following rules, as passed by the 82nd Texas Legislature in 2011, for institutions that employ physicians: (1) Place the responsibility for all clinical matters – bylaws, credentialing, utilization review, and peer review – under the medical staff; (2) Guarantee physicians' independent medical judgment; (3) State that all physicians – employed, part of a 501(a), or independent – are subject

to the same rights and responsibilities; (4) Allow physicians in 501(a) entities to participate in the selection of their liability insurance and have the right to consent to settle in a liability action; and (5) Require the medical staff to designate a chief medical officer (CMO) who must be approved by the 29 hospital board. The CMO has the duty to report to the TMB that the hospital is utilizing physicians in 501(a) entities and that the CMO is the contact with TMB. The CMO has a duty to report instances of interference to TMB. **Adopted as amended to read, "That TMA work legislatively to ensure that institutions that utilize non-profit health corporations (NPHCs), formerly known as 501(a) organizations, be required to observe the following rules, as passed by the 82nd Texas Legislature in 2011, for institutions that employ physicians: (1) Place the responsibility for all clinical matters – bylaws, credentialing, utilization review, and peer review – under the medical staff; (2) guarantee physicians' independent medical judgment; (3) State that all physicians – employed, part of a NPHC 501(a), or independent – are subject to the same rights and responsibilities; (4) Allow physicians in NPHCs 501(a) entities to participate in the selection of their liability insurance and have the right to consent to settle in a liability action; and (5) Require the medical staff to designate a chief medical officer (CMO) who must be approved by the NPHC hospital board. The CMO has the duty to report to the Texas Medical Board (TMB) that the hospital is utilizing physicians in NPHCs 501(a) entities and that the CMO is the contact with TMB. The CMO has a duty to report instances of interference to TMB.**

REFERRED TO: Council on Legislation

STATUS: TMA continues to work in conjunction with the Texas Medical Board to ensure that all hospitals utilizing mechanisms for hiring physicians comply with the laws enacted in 2011, and that any necessary revisions are added to help ensure the sanctity of the patient-physician relationship. The TMA *Policy Compendium* has been updated with this policy.

Resolution 405, Physician Access to Clinical Laboratory Reports (Harris County Medical Society): Resolution that (1) clinical laboratories allow the unencumbered sharing of a patient's laboratory results among all treating physicians, regardless of which physician actually ordered the tests; and (2) that TMA work with the major clinical laboratories to develop electronic portals to facilitate the sharing of this clinical information. **Referred.**

REFERRED TO: Ad Hoc Committee on Health Information Technology

STATUS: See Council on Practice Management Services Report 2 behind the Socioeconomics tab in this handbook. The TMA *Policy Compendium* has been updated with this policy.

Resolution 406, AMA Task Force on Hospital Governing Board Oversight and Accountability (Harris County Medical Society): That TMA ask the AMA to form a Special Task Force on Hospital Governing Boards (GB) to:

(1) Study GB characteristics in for-profit v. nonprofit hospitals:

(A) How members are qualified to be seated on a GB.

(B) How transparency for conflicts of interest between GB members is established and monitored and reported.

(C) How individual GB members should and do participate in GB agenda formation and voting on issues.

(2) Research the way that organized medical staffs (OMSs) actually and should be able to interact with and effectively influence GBs by:

(A) Their voting representation and effective voice on final votes by GBs.

(B) Accessibility to individual GB members.

(3) Study GB accountability:

(A) How qualified members are to vote on the issues brought before them.
(B) What the responsibility is of the GB to be informed on crucial issues before exercising a vote and how it is validated that they are duly prepared; and that TMA ask the AMA to establish a task force on hospital GBs with these minimal ultimate goals:
(1) Codify guidelines and rules for proper GB performance per the medical profession.
(2) Define operational GB mechanisms for: accountability, transparency, communication, and competency.
(3) Propose a watch-dog mechanism outside the OMS, hospital administration, and GB to oversee and enforce the above, with the power to: disqualify GB officers/members, disband GBs, and take legal action, as needed, against GBs or individual members for wrongdoing.
(4) Define and implement a lobbying/legislative agenda to achieve the above. **Adopted as amended by deleting the first resolve, to read, "that TMA ask the AMA to form a Special Task Force on Hospital Governing Boards (GB) to:**
(1) Study GB characteristics in for-profit v. nonprofit hospitals:
(A) How members are qualified to be seated on a GB.
(B) How transparency for conflicts of interest between GB members is established and monitored and reported.
(C) How individual GB members should and do participate in GB agenda formation and voting on issues.
(2) Research the way that organized medical staffs (OMSs) actually and should be able to interact with and effectively influence GBs by:
(A) Their voting representation and effective voice on final votes by GBs.
(B) Accessibility to individual GB members.
(3) Study GB accountability:
(A) How qualified members are to vote on the issues brought before them.
(B) What the responsibility is of the GB to be informed on crucial issues before exercising a vote and how it is validated that they are duly prepared.

REFERRED TO: Council on Socioeconomics

STATUS: John Flores, MD, TMA's representative to the AMA Organized Medical Staff Section (OMSS), presented Resolution 17, Task Force on Hospital Governing Board Oversight and Accountability, to the section. The section referred the resolution for a report back to the OMSS at the 2013 Annual Meeting.

Resolution 407, Prohibit Pharmacy Benefit Managers From Requiring a Therapeutic Failure of "Preferred" Medications Before a Prescribed Medication Is Dispensed (Harris County Medical Society): That TMA advocate (1) legislatively for pharmacy benefit managers to be prohibited from requiring a recent therapeutic failure on a "preferred" medication; (2) for pharmacy benefit managers to be required to notify the patient that the third-party payer is requesting a medication change for financial reasons, and that the change may pose risks to the patient's health; and (3) that pharmacy benefit managers be prohibited from causing an interruption in medication being dispensed due to attempts to change medications. **Referred.**

REFERRED TO: Council on Legislation

STATUS: TMA is working with various stakeholders on legislation to hold Pharmacy Benefit Managers (PBMs) accountable for the decisions they render to patients that impact or have the potential to impact care delivery.

Resolution 408, Preauthorization Requirements for Medications (Harris County Medical Society): That TMA advocate (1) legislatively and with the Texas Pharmacy Association to require that pharmacies be responsible for gathering and transmitting to the physician all necessary forms and guidelines for obtaining a preauthorization of medication as required by the patient's managed care plan, as well as, a list of acceptable alternate medications, along with an accurate address, phone number, and fax number for the forwarding of the authorization information to the pharmacy benefits manager; (2) to require that pharmacies notify the patient of the delay in filling the prescribed medication and state clearly that the patient's third-payer has caused the delay in filling the prescription by requiring additional administrative steps that are beyond the control of the prescribing physician; and (3) to require pharmacies to provide the patient with accurate contact information so that the patient can communicate with the pharmacy benefits manager about any concerns regarding the delay in the medication being dispensed. **Referred.**

REFERRED TO: Council on Legislation

STATUS: TMA is working on legislation to standardize prior authorization requirements for medications.

Resolution 409, Texas Prehospital Care and Emergency Medical Services Physicians (Harris County Medical Society): That TMA (1) recognize and develop policy supporting licensed Texas physicians' role as essential and vital components of pre-hospital EMS and emergency care and worthy of medical and surgical subspecialty recognition and certification; (2) undertake efforts to properly define and support legitimate pre-hospital EMS medical directors' responsibilities and roles, including educational and reference material regarding the unique aspects of physician EMS and pre-hospital practice in Texas, including patient transfer and proper Medicare and Medicaid filings; and (3) where appropriate, intervene with regulatory agencies to develop and support appropriate delivery of scheduled medications. **Adopted as amended to read, "that TMA (1) recognize and develop policy supporting licensed Texas physicians' role as essential and vital components of pre-hospital EMS and emergency care and worthy of medical and surgical subspecialty recognition and certification; (2) support the Texas Medical Board and its regulations in Chapter 197 as the basis for legitimate prehospital EMS medical directors' responsibilities and roles; and (3) where appropriate, intervene with regulatory agencies to develop and support appropriate delivery of scheduled medications."**

REFERRED TO: Committee on Emergency Medical Services and Trauma; Office of the General Counsel

STATUS: TMA worked with relevant stakeholders to address changes to the Texas Medical Board's Chapter 197, Offline Medical Director rules. Two letters were sent to the board outlining our concerns and suggestions. We are continuing to work with the board as they finalize the rules. The TMA *Policy Compendium* has been updated with this policy.

Resolution 410, Recognize and Monitor Development of the Patient-Centered Surgical Coordination Concept (Harris County Medical Society): That TMA support the concept and monitor the development of a coordinated perioperative or surgical home model to achieve better value for beneficiaries through care coordination led by physicians in the perioperative setting. **Adopted.**

REFERRED TO: Council on Socioeconomics; Ad Hoc Committee on Accountable Care Organizations

STATUS: The TMA *Policy Compendium* has been updated with this policy.

Resolution 411, Avoiding Bias in Medical Executive Committees (Bexar County Medical Society): That TMA work to ensure that hospital committees, particularly executive committees, have physician members who are elected by the active medical staff. **Adopted as amended to read, "That TMA strongly encourage adoption of medical staff bylaws that ensure hospital medical staff committees, particularly executive committees, are composed of a majority of physician members, elected by the medical staff."**

REFERRED TO: Council on Health Services Organizations

STATUS: The council will discuss options to promote this policy at an upcoming meeting. Work on this issue is ongoing. The TMA *Policy Compendium* has been updated with this policy.

Resolution 412, TMA Federal Advocacy (Harris County Medical Society): That TMA, in conjunction with other state medical associations, conduct an aggressive advocacy effort in the legislative and executive branches of the federal government to address laws, rules, and regulations that are detrimental to physicians and their patients by repealing relevant sections of the Affordable Care Act and other federal laws, as well as, working with federal regulators to adjust rules and regulations and begin these efforts in areas including but not limited to the following: (1) unrestricted right of a physician to own all or part of any medical facility; (2) repeal of Section 2706(a) of the Public Health Service Act created by Section 1201 of the Affordable Care Act, which mandates equal payments for all health care professionals regardless of their level of training; (3) clear identification of the training, educational background, and licensure of all health care professionals who provide care in any U.S. hospital, ambulatory care facility, or medical office; and (4) repeal of the Independent Payment Advisory Board. **Referred.**

REFERRED TO: Council on Legislation; Council on Socioeconomics

STATUS: As pointed out in the 2012 Report of the Reference Committee on Socioeconomics, these activities already are TMA policy and are ongoing. Points made in the resolution were incomplete and do not reflect the full breadth of TMA's federal advocacy efforts. TMA continues to submit comments on federal regulations and work with other state societies on congressional advocacy.

Resolution 413, Improvement in Electronic Health Record (Harris County Medical Society): That TMA work with the Office of the National Coordinator for Health Information Technology, the AMA, and other interested parties to educate and motivate electronic health record (EHR) vendors to create useable, safe, efficient, transportable, and cost-effective EHRs and other health information technology tools that align their processes with typical clinical diagnosis and treatment plan processes. **Referred.**

REFERRED TO: Ad Hoc Committee on Health Information Technology

STATUS: See Council on Practice Management Services Report 2 behind the Socioeconomics tab in this handbook.

Resolution 414, Cost and Benefit Analysis for Electronic Health Record Implementation (Harris County Medical Society): That (1) TMA monitor and communicate to members the current cost and/or benefit of implementing an EHR for physicians in the ambulatory setting to determine if practices are able to realize a financial return on investment and an increase in quality of care from their EHR; and (2) the Texas Delegation carry a resolution to the AMA House of Delegates asking AMA to conduct a comprehensive literature review and/or study to analyze the current cost and/or benefit of implementing an EHR for physicians in the ambulatory setting to determine if practices are able to realize a financial return on investment and an increase in quality of care from their EHR, and to advocate for the position

that the parties benefiting most financially from the implementation of EHRs must share fairly in the cost. **Adopted as amended by deleting the first resolve, so that it reads, "That the Texas Delegation carry a resolution to the AMA House of Delegates asking AMA to conduct a comprehensive literature review and/or study to analyze the current cost and/or benefit of implementing an EHR for physicians in the ambulatory setting to determine if practices are able to realize a financial return on investment and an increase in quality of care from their EHR, and to advocate for the position that the parties benefiting most financially from the implementation of EHRs must share fairly in the cost.**

REFERRED TO: Texas Delegation to the AMA; Ad Hoc Committee on Health Information Technology

STATUS: See Council on Practice Management Services Report 2 behind the Socioeconomics tab in this handbook.

Resolution 415, Comprehensive Analysis of Potential Errors Facilitated by the Implementation of Computerized Physician Order Entry Systems (Harris County Medical Society): That TMA (1) monitor the potential increase in errors incurred by computerized physician order entry (CPOE) adoption in hospitals and ambulatory clinics and suggest suitable solutions or alternatives including CPOE standardization; (2) work with patient safety organizations that are willing to develop mechanisms for physicians to report safety-related issues regarding medical records and other health information technology for the purpose of aggregating these issues and developing recommendations to drive changes for best practices for the improvement of patient safety; and (3) that the Texas Delegation to the AMA carry a resolution to the AMA House of Delegates asking AMA to conduct a comprehensive study of the potential increase in errors incurred by CPOE adoption in hospitals and ambulatory clinics and suggest suitable solutions or alternatives such as CPOE standardization within different EHR systems. **Adopted as amended to read, "That TMA (1) monitor the potential increase in errors incurred by computerized physician order entry (CPOE) adoption in hospitals and ambulatory clinics and suggest suitable solutions or alternatives including CPOE standardization; (2) work with patient safety organizations that are willing to develop mechanisms for physicians to report safety-related issues regarding medical records and other health information technology for the purpose of aggregating these issues and developing recommendations to drive changes for best practices for the improvement of patient safety; and (3) that the Texas Delegation to the AMA carry a resolution to the AMA House of Delegates asking AMA to conduct a comprehensive study of the impact of computerized CPOE adoption on errors in hospitals and ambulatory clinics and suggest suitable solutions or alternatives such as CPOE standardization within different EHR systems."**

REFERRED TO: Texas Delegation to the AMA; Ad Hoc Committee on Health Information Technology

STATUS: See Council on Practice Management Services Report 2 behind the Socioeconomics tab in this handbook.

Resolution 416, Require Pharmacies to Provide a Current List of Patients' Medications and Their Prescribing Physicians (Harris County Medical Society): That (1) TMA advocate legislatively and with the Texas Pharmacy Association to require that pharmacies provide to each customer's prescribing physicians a chronologic list of all medications that have been dispensed; (2) the list of medications includes the name of each prescribing physician; (3) the list be provided every six months, covering the preceding six-month period; and (4) the list be provided with no requirement for a specific request from the prescribing physicians. **Referred.**

REFERRED TO: Council on Legislation; Council on Socioeconomics

STATUS: TMA is working in the legislature to make information on medications being prescribed to their patients more available to physicians.

Resolution 418, Electronic Medical Records (Central Texas County Medical Society): That TMA oppose compulsory use of the electronic medical record and its central storage, and convey this to the Texas Congressional Delegation and the Secretary of Health. **Adopted as amended to read, "That TMA oppose compulsory adoption of an electronic medical record if it lacks an appropriate exemption process, and continue to support positive incentives for EMR adoption."**

REFERRED TO: Ad Hoc Committee on Health Information Technology

STATUS: See Council on Practice Management Services Report 2 behind the Socioeconomics tab in this handbook. The TMA *Policy Compendium* has been updated with this policy.

Resolution 419, Adoption of Medical Orders For Scope of Treatment as Texas Law (Dallas County Medical Society): That TMA work with other health care organizations to promote legislative adoption of a statewide medical orders for scope of treatment (MOST) document to replace the out-of-hospital do-not-resuscitate form (OOH-DNR) going forward, thus better promoting patient-centered care and enhancing communication between sites of care. **Adopted as amended to read, "That TMA work with other health care organizations to promote legislative adoption of a statewide medical orders for scope of treatment (MOST) document to replace the out-of-hospital do-not resuscitate form (OOH-DNR) going forward, thus better promoting patient-centered care and enhancing communication between sites of care, and that TMA encourage the development of an education program for physicians and patients about the appropriate use of MOST if so enacted."**

REFERRED TO: Board of Councilors; Council on Legislation; Council on Health Service Organizations

STATUS: The Council on Health Service Organizations will continue to work with the Division of Advocacy and the Board of Councilors to promote legislative action regarding this issue. The TMA *Policy Compendium* has been updated with this policy.

Resolution 420, Saving the Private Practice of Medicine (Matt Sloan, MD, Dallas County Medical Society): That TMA (1) adopt as policy and support legislation to: allow physicians, at their discretion, to bill Medicare and Medicaid patients for amounts not paid by the government; allow physicians a direct, federal tax dollar deduction for amounts not paid to physicians for medical and surgical services provided to indigent patients; allow physicians a direct, federal tax write-off for bad debt and at the physician's billed charge; mandate generic-only medications for Medicare and Medicaid patients with brand name medication price differentials paid for by the patient or third-party payer; exclude nonpatient-related government officials from medical decision making; penalize redundant, objective studies performed for convenience or preference only; obtain increased payment for physicians; enact meaningful tort reform nationally; and require patients, their physicians, and family to establish and carry out end-of-life planning; (2) establish a committee to develop concepts and solutions that are patient-focused and responsive to physician medical practice concerns that address medical cost containment; and (3) encourage the American Medical Association to publicize to the general public and the medical community at large steps the federation of medicine is taking to help reduce medical costs. **Adopted as amended by deleting the first and second resolves to read, "That TMA encourage the American Medical Association to publicize to the general public and the medical community at large steps the federation of medicine is taking to help reduce medical costs."**

REFERRED TO: Division of Communications

STATUS: The following letter was sent to James Madera, MD, AMA EVP/CEO:

Dear Dr. Madera:

What are we – the American Medical Association, Texas Medical Association, and the entire federation of medicine – doing to "bend the cost curve"? Does the public know and understand that? Do our own members?

At last week's meeting of the TMA House of Delegates, the burgeoning cost of health care, its financial impact on our country, and its public relations impact on physicians, came up over and over again. We recognize that private practitioners do not, and in most cases cannot, provide solutions to the high cost of medical care. However, in the absence of powerful and well-coordinated proposals from organized medicine, we fear that those decisions will continue to be made by a government interested only in reducing costs.

Well, what are we doing? TMA leaders and members, for example are:

- Building and supporting patient-centered medical homes that reduce costs by avoiding duplication and better coordinating care;
- Teaching Texas physicians to better monitor the quality and cost of care they provide through the appropriate use of health information technology; and
- Strongly promoting the concept that health plans, government payors, and individual Texans all must invest in prevention.

On behalf of the TMA House of Delegates I am writing to ask the AMA to better publicize to the general public and the medical community at large what steps the federation of medicine is taking to help reduce medical costs. We would be happy to work with you – and recruit other societies to join us – in this project.

Sincerely,

Michael E. Speer, MD
President
Texas Medical Association

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2011 AUDIT TRAIL
Texas Medical Association House of Delegates

Awards, amendments to the Constitution and Bylaws, and sunset policy recommendations are not included.

FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS:

Board of Trustees Report 14, Establishment of Council on Health Care Quality: To (1) establish a standing Council on Health Care Quality; and (2) amend the TMA Bylaws to add a new section for the Council on Health Care Quality. **Adopted.**

REFERRED TO: TMA President

STATUS: TMA President Bruce Malone, MD, appointed members to the Council on Health Care Quality. TMA Bylaws have been updated with Section 10.802 to provide the charge to the council.

Council on Constitution and Bylaws Report 1, Method of Counting Ballots: That (1) the current wording in TMA Bylaws regarding method of election, as passed by the house in 2009, remain; (2) the speaker and vice speaker publicize in advance of the meeting the balloting procedure to all HOD members and all CMS leaders; and (3) amend the bylaws so that ballots that are counted for AMA alternate delegates are consistent with how ballots are counted for at-large trustee positions. **Referred.**

REFERRED TO: Council on Constitution and Bylaws

STATUS: See Council on Constitution and Bylaws Report 2, Method of Counting Ballots, in this handbook.

Council on Constitution and Bylaws Report 3, Young Physician Slotted Seat on Texas Delegation to AMA: That, in lieu of adopting Resolution 102-A-10, (1) TMA encourage young physicians to run for open alternate delegate positions on the Texas Delegation; (2) county medical societies nominate young physicians to the TMA incoming president to serve on association councils and committees; and (3) mentors, TMA leaders, and county medical societies involve young physicians in the organizational structure of the federation of medicine. **Adopted.**

REFERRED TO: Committee on Membership and TMA Appointments Staff

STATUS: Dr. Speer has invited the following young physicians to serve:

Councils:
Mark Cassanova, MD, Dallas, 39 – Constitution and Bylaws (current Leadership College scholar)
George Galvan, MD, San Antonio, 39 – Constitution and Bylaws (current Leadership College scholar)
Benjamin Lee, MD, Dallas, 36 – Health Promotion (current Leadership College scholar)
Neha Mittal, MD, Lubbock, 36 – Health Service Organizations (current Leadership College scholar)
Jeffery Janis, MD, Dallas, 40 – Medical Education
Troy Fiesinger, MD, Sugar Land, 41 – Medical Education
Crystal Wright, MD, Houston, 34 – Medical Education (current Leadership College scholar)
Elizabeth Seymour, MD, Denton, 29 – Practice Management Services

Committees:
Neil Gandhi, MD, Sugar Land, 31 – EMS & Trauma
Gabriel Rodriguez, MD, San Antonio, 34 – EMS & Trauma (current Leadership College scholar)
Jaideep Mehta, MD, Houston, 39 – Patient-Physician Advocacy

Jayshree Patel, MD, Kilgore, 32 – Physician Distribution

Council on Constitution and Bylaws Report 5, Increasing Physician Participation in Leadership Roles: That (1) tenure for newly elected at-large trustees be changed from three three-year terms to two three-year terms; (2) the new tenure policy of two three-year terms apply to newly elected at-large trustees only, allowing incumbent at-large trustees to be eligible to be elected to three three-year terms; and (3) amend the TMA Bylaws to reflect that at-large trustees shall not serve more than two terms. **Referred for further study.**

REFERRED TO: Board of Trustees and Council on Constitution and Bylaws

STATUS: See Council on Constitution and Bylaws Report 3, Leadership Terms and Participation, and Boart of Trustee Report 14, Trustee Terms, in this handbook.

Council on Constitution and Bylaws Report 6, Voting Privileges for Past Presidents: That (1) past presidents be given voting privileges in the HOD; (2) amend the TMA Bylaws to reflect that past presidents shall have voting privileges; and (3) amend the TMA Constitution to reflect that HOD membership also shall include past presidents of the association who are active or emeritus members. **Referred for further study.**

REFERRED TO: Council on Constitution and Bylaws

STATUS: See Council on Constitution and Bylaws Report 4, TMA Past Presidents' Voting Privileges, in this handbook.

Resolution 101, Counting Ballots for At-Large Trustee Elections (Travis County Medical Society): That (1) ballots cast for at-large trustees be disqualified if the number of votes is fewer or more than the number of positions to be filled; and (2) the TMA Bylaws be amended, restoring the language to what it was previous to the change in 2009. **Referred.**

REFERRED TO: Council on Constitution and Bylaws

STATUS: See Council on Constitution and Bylaws Report 2, Method of Counting Ballots, in this handbook.

Resolution 104, Licensure Requirements by Texas Medical Board (Dallas County Medical Society): That (1) TMA ask TMB to reconsider the need for Question 19B on the licensure application for physicians; and (2) Question 19C, which asks for information regarding any physical or neurologic condition, includes a question regarding neuropsychiatric conditions that impair behavior, judgment, or ability to function. **Adopted as amended to read, "That the Texas Medical Association request the Texas Medical Board to (1) reconsider the need for Question 19B on the licensure application for physicians; and (2) revise Question 19C, which asks for information regarding any physical or neurologic condition, to include a question regarding neuropsychiatric conditions that impair behavior, judgment, or ability to function."**

REFERRED TO: Office of the General Counsel and Council on Medical Education

STATUS: TMA staff worked with the author of the resolution to draft a letter that was submitted to the Texas Medical Board.

Resolution 105, Optional Grievance/Dispute Resolution Process (Harris County Medical Society): That (1) TMA allow its county medical societies to determine whether or not they will maintain a Public Grievance Committee; and (2) county medical societies may establish an optional grievance/dispute resolution function using an informal mediation process of bringing the parties together to resolve the issue. **Referred.**

REFERRED TO: Board of Councilors

STATUS: See Board of Councilors Report 7, Optional Grievance/Dispute Resolution Process (Resolution 105-A-11), in this handbook.

Resolution 106, Fee for Copies from Electronic Medical Records (Harris County Medical Society): That TMA work (1) with TMB to include "electronic" in the medical records rule language; and (2) to establish a reasonable fee that physicians may charge for providing copies of medical records in an electronic format. **Adopted as amended to read, "That TMA request the Texas Medical Board to initiate rulemaking to (1) include "electronic" in the medical records rule language; and (2) establish a reasonable fee that physicians may charge for providing copies of medical records in an electronic format."**

REFERRED TO: Office of the General Counsel and Council on Medical Education

STATUS: TMA sent a letter to TMB to request that the board initiate rulemaking to add a reference to electronic medical records in the appropriate board rule and establish a reasonable fee schedule for use by physicians when providing copies of medical records in an electronic format.

Resolution 108, Physician Ethics and Health System Reform (Harris County Medical Society): That TMA create or update current ethical codes of conduct to cover ethical issues that are and will be developing in our evolving health care system. **Referred to the Board of Councilors.**

REFERRED TO: Board of Councilors

STATUS: See Board of Councilors Report 3, Physician Ethics and Health System Reform (Resolution 108-A-11), in this handbook.

Resolution 109, Candidate Background Information and TMA House of Delegates Elections (Harris County Medical Society): That the speaker of the TMA House of Delegates convene an Election and Campaign Committee to develop more explicit disclosure of a candidate's clinical practice, potential conflicts of interest, and non-clinical activities including expert witness and consulting activities, along with specific candidate campaign rules and election processes for HOD members, and report his recommendations to the 2012 TMA House of Delegates. **Referred for further study with report back at A-12.**

REFERRED TO: Speaker and Vice Speaker

STATUS: See Speaker's Report 1, TMA Election Process, in this handbook.

Resolution 110, Investigation of Advocacy Fund Creation (Harris County Medical Society): That TMA undertake an investigation into the creation of an advocacy fund to represent members' interests in the regulatory, administrative, and enforcement activities of state and federal bureaucracies, separate and distinct from political activities, to include a determination if this could be used as a legitimate tax-deductible business expense, and report back to the 2012 TMA House of Delegates. **Referred to the Board of Trustees with report back at A-12.**

REFERRED TO: Board of Trustees

STATUS: See Board of Trustees Report 13, Resolution 110-A-11, Investigation of Advocacy Fund Creation, in this handbook.

Resolution 111, Specialty Society Representation in TMA House of Delegates (Young Physician Section): That TMA Bylaws be amended to allow focused-practice or special-certificate American Board of Medical Specialties-approved specialties to qualify for organizational representation in the HOD. **Referred with report back at A-12.**

REFERRED TO: Council on Constitution and Bylaws

STATUS: See Council on Constitution and Bylaws Report 5, Increased Specialty Society Representation in the House of Delegates, in this handbook.

FROM REFERENCE COMMITTEE ON PUBLIC HEALTH:

Committee Infectious Diseases Report 1, Pertussis and Cocooning: That TMA (1) actively promote the CDC's Advisory Committee on Immunization Practices recommendations on the use of the tetanus-diphtheria-acelluar pertussis (Tdap) vaccine, and provide education and assistance to physicians with strategies for implementing pertussis vaccination in various settings, which includes providing tools to promote Tdap for postpartum women and their families, as well as the use of Tdap in emergency departments; (2) support increased physician awareness regarding payment for diphtheria-tetanus-pertussis (DTaP) and Tdap vaccine under health insurance plans; (3) work with DSHS and local public health agencies to ensure current infectious disease data, guidance on responding to disease outbreaks, and physician-focused materials are disseminated to physicians (TMA can work with stakeholders to encourage information sharing among public health agencies, hospitals, and health care professionals); (4) work with DSHS on reviewing Texas notifiable condition requirements and recommending enhancements to support improved surveillance of pertussis deaths among infants; and (5) advocate for the allocation of additional DSHS resources for Tdap vaccine that will assist local health departments during outbreaks. **Adopted.**

REFERRED TO: Council on Science and Public Health, Council on Health Promotion, and Committee on Infectious Diseases; WILL BE ADDED to TMA *Policy Compendium*

STATUS: TMA surveyed the major health insurers in Texas to assess their policies on reimbursement for Tdap. This information is being finalized and will be added to TMA's website. TMA also wrote a letter in support of House Bill 336 by Garnet Coleman which required new parents to be informed on the problem of pertussis and promoting cocooning coverage for family members. TMA staff met with DSHS staff to discuss surveillance and reporting related to pertussis; work in this area continues. Work is ongoing with TMA's BeWise program to update communications and materials on pertussis and to promote cocooning. Media coverage was produced and an article highlighting this issue was in *Texas Medicine*. The TMA *Policy Compendium* has been updated with this policy.

Committee Infectious Diseases Report 2, Drug Shortages and Physician Communications: That TMA work with the AMA and other appropriate federal agencies to increase federal monitoring of potential drug shortages and enhance communications with physicians regarding drug shortages and alternative treatments. **Adopted.**

REFERRED TO: Council on Science and Public Health and the Division of Communications; WILL BE ADDED to TMA *Policy Compendium*

STATUS: *Texas Medicine* ran an article highlighting this issue to alert physicians on the report and recommendations. TMA also issued a press release to highlight physician concerns on this issue which had good response from the media. The TMA *Policy Compendium* has been updated with this policy.

Committee on Infectious Diseases Report 3, Promotion of Antimicrobial Stewardship: That (1) TMA support physician efforts to promote antibiotic stewardship programs in health care facilities, and encourage physicians to participate in education programs and to use current evidence-based resources such as those provided by professional societies and the CDC. Physicians are encouraged to use the available patient education tools to inform their patients about antimicrobial therapy, prescribing guidelines, and appropriate use of antibiotic therapies. This includes the proper use and handling of antibiotics as prescribed by their physician, and the information that antibiotics should not be shared and are unnecessary and inappropriate for viral infections; and (2) DSHS and medical schools inform medical students and residents about antimicrobials and the impact of antimicrobial resistance on public health, and that TMA collaborate with DSHS to promote the use of evidence-based programs such as CDC's Get Smart program. **Adopted.**

> **REFERRED TO: Council on Science and Public Health, Council on Health Service Organizations, and Council on Medical Education; WILL BE ADDED to TMA *Policy Compendium***
>
> **STATUS:** An item in the TMA monthly e-newsletter, "*It's Academic*," informed academic leaders and faculty of this new policy. A new webpage was prepared for TMA's website with the latest resources on antimicrobial stewardship. The November 15th edition of *Action* included a notice to inform physicians on "Get Smart on Antibiotics" week, November 14-20th, and highlighted information on the topic from the Centers for Disease Control and Prevention. The TMA *Policy Compendium* has been updated with this policy.

Resolution 201, Driving While Using Hand-Held Electronic Communication Devices (Luis G. Granier, MD): That TMA (1) adopt as policy a firm stance against the epidemic use of hand-held electronic communication devices while driving; and (2) urge the Texas Legislature to prohibit the use of hand-held electronic communication devices while driving. **Adopted as amended to read, "That TMA (1) adopt as policy a firm stance against the epidemic use of hand-held electronic communication devices while driving; and (2) study the broader issue of distracted driving."**

> **REFERRED TO: Council on Science and Public Health and Council on Legislation; WILL BE ADDED to TMA *Policy Compendium***
>
> **STATUS:** House Bill 242, texting legislation, was passed by the Texas Legislature in 2011, but was vetoed by Governor Rick Perry. The bill author, Rep. Craddick (R-Midland) is planning to re-file the legislation. The author is interested in TMA's support and engagement on the issue along with the Texas Public Health Coalition. DSHS has preventable injury data which TMA staff has requested. TMA staff will seek to strengthen a coalition in support of the subject. The TMA *Policy Compendium* has been updated with this policy. See Council on Science and Public Health Report 2, Distracted Driving, in this handbook.

Resolution 202, Retire Coal-Fired Power Plants and Replace With Cleaner Energy Sources (Dallas County Medical Society): That TMA (1) urge the Texas Legislature to retire old coal-fired power plants and replace them with lower-emitting sources of energy, such as renewable technologies and natural gas combined with programs and incentives for increased energy efficiency; and (2) urge Congress to support the Environmental Protection Agency's efforts to toughen its air pollution rules to protect public health (Res. 202). **Adopted as amended to read, "That TMA urge the Texas Legislature to establish a statewide energy plan formulated and maintained by an energy planning council, whose goals are to maintain the integrity of the electricity grid; ensure reasonable electricity rates; reduce air, water, and other environmental pollution; and manage water usage in power generation."**

REFERRED TO: Council on Science and Public Health and Council on Legislation; WILL BE ADDED to TMA *Policy Compendium*

STATUS: TMA submitted comments on behalf of the Council on Science and Public Health to the Texas Commission on Environmental Quality (TCEQ) as part of a public comment period on water quality standards. TMA urged TCEQ to set tougher water quality standards related to mercury and recommended adopting the level established by the level established by the National Academy of Sciences and the Environmental Protection Agency. The TMA *Policy Compendium* has been updated with this policy.

Resolution 203, Natural Gas Fracking in Texas (Dallas County Medical Society): That TMA ask (1) the EPA and the Texas Legislature, while encouraging natural gas production, to protect our water from the risk of fracking, possibly by requiring disclosure of fracking fluid components, requiring or providing incentives for reuse of water used in fracking, and requiring incorporation of oil and gas water use into the Texas Water Plan; (2) the EPA and the Texas Legislature, while encouraging natural gas production, to protect our air through increased monitoring of air quality in the Dallas-Fort Worth area, empowering Texas Commission on Environmental Quality to oversee wellhead air emissions currently exempt from permitting requirements, requiring vapor recovery for storage tanks and reduced emission completions where favorable economics exist, and reducing the amount of natural gas vented or flared through enhanced methods of capture; use of TARP funds to improve existing facilities; and (3) the EPA and the Texas Legislature to secure public safety by continuing to allow municipalities in gas shale areas to provide additional safeguards for pipeline safety, establish minimum buffers from residents, and authorize safeguards for pipelines carrying fracking fluids. Possible legislative solutions include allowing municipalities to establish eminent domain rules and routing processes for pipelines, and providing safeguards for siting of compressor stations; to require the Texas Railroad Commission to provide safeguards and guidelines on pipelines containing fracking fluids; and to require minimum setbacks for pipelines. **Adopted as amended to read, "That TMA ask the Texas Legislature, while encouraging natural gas production, to protect our water from the risk of fracking by requiring disclosure of fracking fluid components."**

REFERRED TO: Council on Science and Public Health and Council on Legislation; WILL BE ADDED to TMA *Policy Compendium*

STATUS: Two bills on fracking were passed by the Texas Legislature in 2011. TMA monitored and supported House Bill 3328 during the 82nd Texas Legislative session. HB 3328 called for the disclosure of chemicals used in hydraulic fracturing fluids in Texas. HB 3328 was passed and went into effect September 2011. In response to passage of HB 3328, the Railroad Commission of Texas adopted one of the nation's most comprehensive chemical disclosure rules for hydraulic fracturing. Oil and gas operators must disclose the chemicals used in the hydraulic fracturing fluid pumped into their wells. The rules also require drillers to disclose the amount of water used for hydraulically fracturing each well in the state. Texas is one of the first states to require making that information easily accessible to the public. The TMA *Policy Compendium* has been updated with this policy.

Resolution 204, United States-Mexico Border Health Commission (Webb-Zapata-Jim Hogg County Medical Society): That TMA recognize the many contributions of both the United States-Mexico Border Health Commission and the Border Health Caucus and urge the two TMA-sponsored groups to continue to work together and advance the goals of TMA and organized medicine in Texas and all along the southern border of the United States. **Adopted.**

REFERRED TO: Council on Science and Public Health; WILL BE ADDED to TMA *Policy Compendium*

STATUS: A letter was signed by the TMA President recognizing the contributions of the Commission and the Caucus. These have been framed and will be sent to both. The TMA *Policy Compendium* has been updated with this policy.

Resolution 205, Emergency Department Diversion and Boarding (Harris County Medical Society): That TMA evaluate the current magnitude and scope of ambulance diversion in urban areas in the state, focusing on key large urban receiving hospitals providing high-intensity services such as treatment for acute myocardial infarction and trauma, and determine the availability and utilization of full capacity protocols, and report back to the 2012 TMA House of Delegates. **Adopted as amended to read, "That TMA evaluate the current magnitude and scope of ambulance diversion, focusing on hospitals providing high-intensity services such as treatment for acute myocardial infarction and trauma, and determine the availability and utilization of full capacity protocols, and report back to the 2012 TMA House of Delegates."**

REFERRED TO: Council on Health Service Organizations and Committee on Emergency Medical Services and Trauma

STATUS: To better inform physicians about how to effectively reduce ambulance diversion because of emergency department overcrowding, the committee distributed materials developed by the American College of Emergency Physicians via the TMA newsletter Action. Further, the *Action* article noted that The Joint Commission recently proposed a new standard to improve ER patient flow the quality of care and safety for patients awaiting inpatient admission or transfer. The new standard is expected to take effect in 2013. As of this writing, the committee also was in the process of surveying urban county medical societies to better determine the prevalence of ambulance diversion in Texas. If it is determined from the survey that diversion and boarding continue to burden hospital EDs, TMA will take additional steps to educate members on ways hospital medical staffs may be able to help reduce ER overcrowding. Report Submitted by EMS/Trauma Committee.

Resolution 206, Barriers From the Drug Enforcement Agency and Texas Department of Public Safety to Emergency Medical Services Use of Scheduled Medications (Harris County Medical Society): That TMA investigate administrative and enforcement barriers, created by the state DEA and DPS, to Texas EMS agencies using scheduled medications in prehospital emergency care; develop recommendations to support EMS agencies' appropriate delivery of scheduled medications; disseminate information for Texas EMS physician medical directors on these state issues; and report back to the 2012 TMA House of Delegates on its efforts and findings. **Adopted as amended to read, "That TMA study solutions to legal barriers to Texas emergency medical services (EMS) agencies' using Schedule II through V controlled substance medications in prehospital emergency care; develop recommendations to support EMS agencies' appropriate delivery of scheduled medications; disseminate information for Texas EMS physician medical directors on these state issues; and report back to the 2012 TMA House of Delegates on its efforts and findings."**

REFERRED TO: Council on Health Service Organizations and Committee on Emergency Medical Services and Trauma

STATUS: The committee, in consultation with the Governor's EMS and Trauma Council, Texas College of Emergency Physicians, and the Texas Department of State Health Services, is researching viable options to address the issue. No immediate resolution is in sight because of DEA concerns about controlled substance abuse within the state. Texas is one of several states with a troubling surge in the number of EMS professionals sanctioned for controlled substance diversion and abuse. As such, DEA has expressed reluctance to revise how it regulates controlled substance availability to EMS. The problem is partly attributable to lax EMS supervision by a handful of EMS medical directors. TMA and other stakeholders are working together with the Texas Medical Board to develop ways to

strengthen EMS medical supervision, which would in turn help Texas make a stronger case to the DEA about devising rules specifically addressing pre-hospital use of controlled substances. In January 2012, the national EMS medical director association disseminated a survey to its member to assess the prevalence of the problem nationwide. As of this writing, those results were not available. The committee will continue to actively work on this issue.

Resolution 208, Border Violence Awareness Support (Cameron-Willacy County Medical Society): That TMA (1) encourage physicians who practice and care for patients in Texas-Mexico border counties to inquire routinely about community violence; (2) work with border county medical societies to develop informational materials for physicians; and (3) assist these physicians in identifying resources and referral sites for their patients. **Referred for study.**

REFERRED TO: Council on Science and Public Health and Border Health Caucus

STATUS: See Council on Science and Public Health Report 1, Border Violence Awareness Support, in this handbook.

Resolution 209, Fairness in Timely Delivery of Vaccines (Calhoun County Medical Society): That TMA work to ensure fair and timely delivery of vaccines to all available sources that participate in the vaccination of patients. **Adopted.**

REFERRED TO: Council on Science and Public Health; WILL BE ADDED to TMA *Policy Compendium*

STATUS: TMA monitored vaccine-related topics as a major activity with influenza season, including vaccine supply issues, and provided updates via email and the *Action* newsletter for physicians. Staff met with DSHS to share physician concerns on vaccine delivery. The TMA *Policy Compendium* has been updated with this policy.

FROM REFERENCE COMMITTEE ON SCIENCE AND EDUCATION:

Committee on Physician Distribution and Health Care Access Report 1, Rural Physician Workforce Policy: That TMA adopt as policy 25 recommendations for improving physician supply in rural Texas. **Adopted.**

REFERRED TO: Communications Division, Committee on Physician Distribution and Health Care Access, Council on Medical Education, and Council on Socioeconomics; WILL BE ADDED to TMA *Policy Compendium*

STATUS: Ongoing. The Committee on Physician Distribution and Health Care Access is working with the Texas Primary Care Office at the Texas Department of State Health Services in implementing this new policy. Media coverage was produced and an article highlighting this issue was in *Texas Medicine*. The TMA *Policy Compendium* has been updated with this policy.

Council on Science and Public Health Report 1, Reclassify Schedule of Attention Deficit Disorder Medications: That in lieu of Resolution 302, (1) TMA work with the Texas Health and Human Services Commission or DSHS to evaluate any potential disparities between access to care in urban and nonurban areas regarding children's mental health, and any potential improvements for coordination and expansion of children's mental health services at the community levels; (2) TMA assist members in meeting the mental health needs of their minor patients by engaging members in training and research in all aspects of children's mental health, and promoting tools and strategies, including disease registries, that can assist in

managing the care of children with ADHD; and (3) TMA work with the Texas Health and Human Services Commission to explore options that will facilitate adequate access for Medicaid recipients to acquire greater than a 30-day supply of a controlled substance medication, as prescribed by their physician and as allowed by existing state statute. **Adopted.**

REFERRED TO: Council on Science and Public Health and Council on Socioeconomics; WILL BE ADDED to TMA *Policy Compendium*

STATUS: Ongoing. The Committee on Child and Adolescent Health reviewed the information and began discussion on the development of a resource on prescribing ADHD medications to can be used alongside other mental health resources for children and adolescents. The TMA *Policy Compendium* has been updated with this policy.

Council on Science and Public Health Report 2, Biohazardous Radiology Procedure Regulations: That in lieu of Resolution 305, TMA work with DSHS to enhance tracking and reporting of the imaging procedures that noncertified radiologic technicians perform and the geographic areas they serve, with the goal of identifying locations or communities that might be affected by limited access to pediatric imaging services. TMA should use information gathered through state tracking and reporting to promote education and awareness about the need for qualified pediatric imaging specialists. **Adopted.**

REFERRED TO: Council on Science and Public Health; WILL BE ADDED to TMA *Policy Compendium*

STATUS: TMA worked to complete research on the number and location of certified and non-certified radiologic technicians in Texas and to identify areas of the state that are potentially lacking coverage. Staff will follow up with DSHS to complete the assessment and with information to be placed on TMA's website. The TMA *Policy Compendium* has been updated with this policy.

Resolution 302, Legislation to Allow Physicians to Dispense Pharmaceuticals (Bexar County Medical Society): That TMA support legislation that will allow physicians to dispense and charge for dispensing pharmaceuticals from their offices. **Adopted as amended to read, "That TMA support legislation that will allow physicians to dispense and charge for dispensing pharmaceuticals other than Schedule I through V controlled substances, as defined in the Texas Health & Safety Code, Chapter 483 (2010)."**

REFERRED TO: Council on Legislation; WILL BE ADDED to TMA *Policy Compendium*

STATUS: Council on Legislation will work with bill sponsor from 2011 to support bill to be filed in 2013. The TMA *Policy Compendium* has been updated with this policy.

Resolution 303, Reinstitution of Student Loan Repayment Eligibility for Physicians Employed at Texas Department of Aging and Disability Services State-Supported Living Centers (Bexar County Medical Society): That TMA urge (1) state agencies to revise regulations so that physicians employed by the Texas Department of Aging and Disability Services state-supported living centers be included in federal and state primary care and psychiatry physicians student loan repayment programs; and (2) federal and state legislators and policymakers to recognize these state-supported living centers and other intermediate care facilities for the mentally retarded as primary care and psychiatry underserved areas and/or populations. **Adopted as amended to read, "That TMA (1) urge state legislators to reinstate the ability of physicians employed by the Texas Department of Aging and Disability Services to qualify for state physician education loan repayment programs; and (2) ask the AMA to urge the National Health Service Corps to amend its policies to allow facilities such as the Texas Department of Aging and Disability Services' state-supported living centers to be eligible practice sites for physicians to qualify for federal loan repayment."**

REFERRED TO: Council on Legislation and Council on Medical Education

STATUS: TMA sent a letter to the AMA to urge the National Health Service Corps to amend its policies to allow state-supported living centers to become eligible practice sites for staff physicians to qualify for federal loan repayment. In response, the AMA contacted the National Health Service Corps to relay this request and TMA staff informed the medical director of state-supported living centers of this action.

Resolution 304, Distribution of Donated Medications (Linda Flower, MD): That TMA support state and federal legislation to allow charity, county, and other gap clinics, as well as private practitioners who receive non-narcotic medications from patient assistance programs, to redistribute these drugs, free of charge, with proper documentation, to their own patients who are in need of such assistance. **Adopted as amended to read, "That TMA support state and federal legislation to allow charity, county, and other gap clinics, as well as other physicians who receive pharmaceuticals that are not controlled substances or insulin, from patient assistance programs, to dispense these drugs, free of charge, with proper documentation to their own patients who are in need of such assistance."**

REFERRED TO: Council on Legislation and Department of Governmental Affairs; WILL BE ADDED to TMA *Policy Compendium*

STATUS: Council on Legislation will monitor for opportunities to introduce or amend to other legislation.

FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

Council on Health Service Organizations Report 1, Clinical Ethics and Palliative Care: To propose a Joint Committee for Ethics and Palliative Care to the Texas Hospital Association and Texas Nurses Association for ongoing collaboration on policy matters related to clinical ethics and palliative care. **Adopted as amended to read, "That TMA explore collaboration with the Texas Hospital Association and Texas Nurses Association on policy matters related to clinical ethics and palliative care."**

REFERRED TO: Board of Councilors and Council on Socioeconomics

STATUS: Although the Board of Councilors remains opposed to formal collaboration with the Texas Hospital Association and Texas Nurses Association on policy matters related to clinical ethics and palliative care, TMA's Public Affairs team will take advantage of collaborating informally as legislative issues arise.

Council on Socioeconomics Report 2, Coordination of Benefits: To adopt policy that TMA will work with payers to (1) encourage expedited payment policies and streamline the coordination of benefit process by requiring that employers provide employee attestations directly to the health plans in a timely manner and provide an option for insured members to send this information directly to the health plan via a form or other electronic means and that all claims be processed and paid by a health plan immediately regardless of lack of coordination benefit attestation information on file from the employer and/or insured member; and (2) streamline the proof of full-time student status by requiring that employers provide proof of full-time student status directly to the health plans in a timely manner and provide an option for insured members to send this information directly to the health plan via electronic means. Further, TMA should work with payers to encourage that all claims be processed and paid by the health plan immediately regardless of the lack of proof of full-time student status information on file from the employer and/or insured member. **Adopted.**

WILL BE ADDED to TMA *Policy Compendium*

STATUS: The TMA *Policy Compendium* has been updated with this policy.

Council on Socioeconomics Report 3, Federal "Physician Compare Website": That TMA (1) monitor Centers for Medicare & Medicaid Services' development of the Physician Compare Website to ensure that physicians currently in clinical practice are involved in the development of the standards to evaluate physician performance, that the measures and methodology used for the website are transparent and valid, and that physicians are provided with an opportunity to challenge a rating through a fair process; and (2) write a formal letter to the Centers for Medicare & Medicaid Services outlining the association's concerns. **Adopted as amended with an additional third resolve that TMA direct the Texas Delegation to the AMA to bring a resolution to the AMA to monitor the ongoing development of the Federal Physician Compare Website.**

REFERRED TO: Texas Delegation to the AMA and Council on Health Care Quality; WILL BE ADDED to TMA *Policy Compendium*

STATUS: Council on Health Care Quality is monitoring updates to the Physician Compare website and creating advocacy and education on behalf of physicians in practice. Both formal TMA and AMA letters have been sent to CMS regarding the issues surrounding the current and future plans for the Physician Compare website. The Texas Delegation submitted a resolution at the 2011 Annual Session of the AMA House of Delegates; the resolution was placed on the reaffirmation calendar. The TMA *Policy Compendium* has been updated with this policy.

Council on Socioeconomics Report 4, Out-of-Network Referral Requirements: That TMA (1) oppose health insurance company policies or procedures that discourage or interfere with medically necessary referrals for medical care out of network by imposing requirements for physicians to obtain patient signatures, sign documents disclosing ownership interests, make telephone calls, or obtain notification numbers; and (2) advocate for changes in law or regulation that will ensure reasonable reimbursement for the administrative costs imposed by insurance company policies. **Adopted as amended by adopting the first resolve and referring the second resolve.**

REFERRED TO: Council on Socioeconomics; WILL BE ADDED to TMA *Policy Compendium*

STATUS: Policy adopted; no further action necessary.

Council on Socioeconomics Report 5, Physician Charge Transparency: That TMA support legislation on price transparency and educate physicians on methods for developing a fee schedule independently. **Adopted.**

REFERRED TO: Council on Legislation and Council on Practice Management Services; WILL BE ADDED to TMA *Policy Compendium*

STATUS: Ongoing. TMA's director of Research and Data Analysis provides seminars on how to develop fee schedules and also is in the process of developing white papers for distribution through the TMA Knowledge Center. The TMA *Policy Compendium* has been updated with this policy.

Council on Socioeconomics Report 6, Ad Hoc Committee on Accountable Care Organizations: To adopt policy on accountable care organizations. **Adopted.**

WILL BE ADDED to TMA *Policy Compendium*

STATUS: The TMA *Policy Compendium* has been updated with this policy.

Council on Socioeconomics Report 7, Physician Enrollment in Medicaid HMOs: That the existing Medicaid application processing system be maintained, but that TMA continue its efforts to streamline Medicaid HMO paperwork (CSE Rep. 7). **Adopted as amended to read, "That TMA continue its efforts to streamline Medicaid HMO paperwork."**

REFERRED TO: Council on Socioeconomics (Helen); WILL BE ADDED to TMA *Policy Compendium*

STATUS: Through the Select Committee on Medicaid, CHIP, and the Uninsured, TMA meets at least quarterly with HHSC to discuss opportunities to reduce Medicaid HMO paperwork. As a result of these discussions, HHSC will explore implementation of a standardized prior authorization process later this year, including a centralized prior authorization submission portal. The TMA *Policy Compendium* has been updated with this policy.

Resolution 401, Authorizations Initiated by Third-Party Payers (Angelina County Medical Society): That TMA support policy that third-party payers may not implement prior authorization schemes unless these payers compensate physician practices for work required independent of any payment for patient care; specifically, medical offices must be compensated for the burden of added staff and resources required to navigate payer-initiated prior authorizations for medications, studies, or procedures. **Adopted as amended to read, "That TMA support policy that third-party payers may not implement prior authorization mechanisms unless these payers compensate physician practices for work required independent of any payment for patient care; specifically, medical practices must be compensated for the burden of added staff and resources required to navigate payer-initiated prior authorizations for medications, studies, or procedures."**

REFERRED TO: Council on Socioeconomics; WILL BE ADDED to TMA *Policy Compendium*

STATUS: Policy adopted; no further action necessary. The TMA *Policy Compendium* has been updated with this policy.

Resolution 403, Drivers' License Swipe Bill (Bexar County Medical Society): That TMA devote resources to legislatively modify Section 521.126 of the Texas Transportation Code that would provide to physicians and physician offices an exemption so they may acquire and retain electronic information about a patient from a Texas driver license. **Adopted.**

REFERRED TO: Council on Legislation

STATUS: Council on Legislation will seek a sponsor to draft a bill.

Resolution 404, "A Modest Proposal" to Save our Health Care System (Young County Medical Society): That TMA, through its membership and leadership position in medicine, strive to change the cost curve by stopping the enlarging bureaucracies and the unfunded mandates, and by asking the federal government to consider cost when making clinical recommendations and changes to providing health care. **Adopted as amended to read, "That TMA through its membership and leadership position in medicine, strive to change the cost curve by stopping the enlarging bureaucracies and the unfunded mandates, and by asking the federal government to consider the imposed cost on physicians when making clinical recommendations and changes to providing health care."**

REFERRED TO: Council on Socioeconomics; WILL BE ADDED to TMA *Policy Compendium*

STATUS: Policy adopted; no further action necessary. The TMA *Policy Compendium* has been updated with this policy.

Resolution 405, Tax-Deferred Health Benefits Mandate on Over-the-Counter Medication (Harris County Medical Society): That TMA work with AMA to propose legislation to reverse the January 2011 mandate that patients who participate in certain tax-deferred health benefits (flexible spending accounts, health savings accounts, health reimbursement accounts, and so forth) must get a prescription for over-the-counter medications to be eligible for reimbursement. **Adopted as amended to read, "That TMA work with the AMA to propose legislation to reverse the Affordable Care Act mandate that patients who participate in certain tax-deferred health benefits (flexible spending accounts, health savings accounts, health reimbursement accounts, and so forth) must get a prescription for over-the-counter medications to be eligible for reimbursement."**

REFERRED TO: Texas Delegation to the AMA (by supporting resolutions presented at the AMA A-11 meeting); WILL BE ADDED to TMA *Policy Compendium*

STATUS: Three resolutions on this topic were considered together by the AMA House of Delegates at its 2011 Interim Meeting. The house approved this action: That our AMA (1) support the repeal of the federal restriction on the use of tax-exempt funds to buy medications without a prescription and (2)formally notify the appropriate federal legislative bodies and regulatory agencies of this support for repeal. The TMA *Policy Compendium* has been updated with this policy.

Resolution 406, Guiding Principles for Physician Employment (Harris County Medical Society): That TMA use the principles of physician employment, as recommended by TMA's Ad Hoc Committee on Accountable Care Organizations (see CSE Rep. 6-A-11 in the 2011 handbook) to develop guiding principles for physician employment contracts. **Adopted.**

REFERRED TO: Patient-Physician Advocacy Committee and Council on Health Service Organizations

STATUS: The 258-page book by attorney Michael Kreager entitled *Are You Ready for a boss? The Risks, Rewards and other Considerations of Physician Employment* is being published by TMA and will soon be available to TMA members. It covers physician employment issues and aspects a physician must consider relating to the sale of the physician's medical practice. See Council on Health Service Organizations Report 1, Principles for Employment Contracts, in this handbook.

Resolution 407, Ensuring Physician Autonomy (Harris County Medical Society): That TMA (1) work with the Texas Legislature to ensure that all physicians, both employed and not employed, be subject to the same hospital standards and procedures for peer review, credentialing, quality of care, and privileges; and (2) develop model hospital staff bylaw provisions that do not favor or discriminate based on employment status and provide equivalent call opportunities and charity care obligations to all members of the hospital medical staff. **Adopted.**

REFERRED TO: Council on Health Service Organizations; WILL BE ADDED to TMA *Policy Compendium*

STATUS: Ongoing. The TMA *Policy Compendium* has been updated with this policy.

Resolution 408, Hospital-Based Emergency Department Referral Patterns (Harris County Medical Society): That TMA (1) work with the Texas Hospital Association (THA) and the Texas Legislature, if necessary, to develop policy that requires a hospital to make a reasonable attempt to notify a patient's own

physician for direction on further care when that patient is admitted to the hospital via the emergency department; (2) work with THA and the Texas Legislature, if necessary, to develop policy to allow the referring physician, if that physician has privileges in the hospital, to have his or her patient assigned to his or her service in the hospital, as opposed to the patient being preferentially referred to the hospital's affiliated group; and (3) condemn the practice of steering a patient away from his or her physician to another physician because of affiliation or loyalty to the hospital. **Adopted by amending the second resolve to read, "That TMA work with THA and the Texas Legislature, if necessary, to develop policy to allow the referring physician, if that physician has privileges in the hospital, to have his or her patient assigned to his or her service or his or her designated proxy in the hospital, as opposed to the patient being preferentially referred to the hospital's affiliated group."**

REFERRED TO: Council on Health Service Organizations and Council on Legislation; WILL BE ADDED to TMA *Policy Compendium*

STATUS: Council on Legislation will participate in ongoing efforts as directed by the Council on Health Service Organizations. The TMA *Policy Compendium* has been updated with this policy.

Resolution 409, Statewide Data Bank of Medical Histories (International Medical Graduate Section): That TMA advocate for a statewide data bank of Texas citizens hosting information on patients' medical problems, allergies, and medications that would be accessible to qualified medical personnel in case of an emergency. **Referred.**

REFERRED TO: Ad Hoc Committee on Health Information Technology

STATUS: See Council on Practice Management Services Report 4, Statewide Data Bank of Medical Histories, in this handbook.

Resolution 410, Peer Review (International Medical Graduate Section): That TMA advocate that physicians who conduct peer review in Texas should (1) be in an active practice; (2) possess a nonrestricted license to practice in Texas; (3) practice in the same discipline as the physician who is being reviewed; and (4) be experienced in the procedures or treatment under review (For example, not all orthopedic surgeons perform spinal surgery). **Referred as amended to read, "That TMA advocate that physicians who conduct review for health care decisions in Texas should (1) be in an active practice; (2) possess a nonrestricted license to practice in Texas; and (3) be experienced in the procedures or treatment under review. (For example, not all orthopedic surgeons perform spinal surgery.)"**

REFERRED TO: Council on Health Care Quality; WILL BE ADDED to TMA *Policy Compendium*

STATUS: The TMA *Policy Compendium* has been updated with this policy.

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2010 AUDIT TRAIL
Texas Medical Association House of Delegates

Awards, amendments to the Constitution and Bylaws, and sunset policy recommendations are not included.

FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS:

Board of Trustees Report 12, New Council on Science and Public Health: That (1) the Council on Public Health and the Council on Scientific Affairs be discharged; and (2) a new Council on Science and Public Health be established. **Adopted.**

REFERRED TO: Board of Trustees and Division of Public Health and Medical Education.

STATUS: The Council on Public Health and the Council on Scientific Affairs have been discharged. The Council on Science and Public Health held its first meeting at TMA's Winter Conference on Jan. 28, 2011.

Committee on Physician Health and Rehabilitation Report 5, Specialty Board Recertification/Enrollment in a State Physician Health Program: That TMA urge medical specialty boards that automatically rescind the diplomate status of physicians enrolled in a state's physician health program to review their policies, work with physician health programs around the country, and modify those policies to allow physicians in recovery to maintain their board certification on a case-by-case basis. **Adopted.**

REFERRED TO: Office of the General Counsel; will be added to TMA Policy Compendium.

STATUS: Collaboration with the AMA and the Federation of State Physician Health Programs continues to assess and join efforts being undertaken at the national level. Consideration is being given to sending a letter to the American Board of Medical Specialties (ABMS) that would encourage the ABMS to instruct specialty boards to consider physicians on a case-by-case basis when assessing maintenance of board recertification.

Resolution 101, Medical School Support of Medical Student Involvement in TMA and AMA (Medical Student Section): That TMA communicate its appreciation for the value of medical student and resident participation in TMA and AMA meetings, and encourage medical school administrations and residency faculty to provide a mechanism through which students and residents may participate in meetings as an excused absence that does not represent allotted vacation time. **Adopted.**

REFERRED TO: Committee on Membership and Membership Development Department.

STATUS: The committee developed the following list of ideas after discussions and feedback from the Subcommittee on Academic Physicians and the MSS and RFS executive committees.

1. Send annual letters and/or emails to the deans and program directors from TMA president; include specific examples of contributions made, the benefits of medical student/resident involvement, and the actual level of involvement.
2. Provide forms at TMA meetings that ask residents to provide the names of program directors and an address so that the RFS chair can send a note of thanks for allowing participation and attendance at the meeting.
3. Contact the department for political advocacy at each institution.
4. Make personal phone calls or arrange meetings with deans and department chairs.
5. Conduct joint meeting of all the residency program directors at each institution.
6. Utilize county medical society leaders in asking for student/resident involvement.

7. Encourage participation in all organized medicine (including specialty societies, not just TMA and AMA) to promote a more cohesive view of healthcare advocacy/organized medicine.

TMA membership development staff have begun to implement many of these suggestions. Benefits of involvement are being discussed during the annual TMA President visits to the Health Science Centers. Specific requests for participation in First Tuesdays and various other TMA events are being extended. Thank you letters following these meetings will highlight the benefits and involvement. Additionally, forms to thank the resident program directors for allowing resident participation at TMA meetings were introduced during winter conference via the Resident Fellow Section. Staff reminds county medical societies to utilize leaders to extend invitations for student and resident involvement locally. TMA membership development staff also will arrange a meeting with TMA legislative and medical education staff following the close of the legislative session to discuss possible outreach to the political advocacy, department chairs, and residency program directors.

Resolution 102, YPS Position as TMA Alternate Delegate to AMA (Resident and Fellow Section and Medical Student Section): That (1) an alternate delegate position be established on the Texas Delegation to the AMA; and (2) this be a one-year term position that is nominated by the Young Physician Section. **Referred.**

REFERRED TO: Texas Delegation to the AMA and Council on Constitution and Bylaws.

STATUS: In lieu of adopting Resolution 102-A-10, Council on Constitution and Bylaws' Report 3 behind the Financial and Organizational tab in this handbook, asks that (1) TMA encourage young physicians to run for open alternate delegate positions on the Texas Delegation; (2) county medical societies nominate young physicians to the TMA incoming president to serve on association councils and committees; and (3) mentors, TMA leaders, and county medical societies involve young physicians in the organizational structure of the federation of medicine.

Resolution 104, Choice for Political Narrative Control Vs. Transparent Dialogue (Harris County Medical Society): That if TMA chooses to offer a members' only, password-protected, interactive venue offering bilateral communication with its membership, such as a blog, that (except for generally accepted standards barring obscenity, civil rights violations, or incitement to riot) every good faith effort should be observed to accept and share dialogue from the membership, with a full disclaimer that the opinions expressed by the membership do not necessarily reflect the opinions of TMA or its Board of Trustees. **Referred.**

REFERRED TO: Division of Communications.

STATUS: STATUS: No decision made to offer such a service, but TMA staff continues to investigate the cost and features of various options. Staff is also working on draft guidelines for such a site, which would include the "generally accepted standards" cited in Resolution 104 as well as potential antitrust violations.

Resolution 105, Leadership in Organized Medicine (Harris County Medical Society): That TMA should join with other state organizations to consider alternate national physician organizations that represent the views of Texas physicians. **Adopted as amended to read, "That TMA continue to work with other organizations, with similar goals, to advocate for patients and physicians on a national level.**

REFERRED TO: Board of Trustees and Texas Delegation to the AMA.

STATUS: The Texas Delegation submitted Resolution 608, "Organization of Organizations," to the AMA House of Delegates at its 2010 Annual Meeting. The resolution was referred to a task force that

is engaged to actively review the AMA structure in conjunction with a myriad of organizational change reports and resolutions that have been presented in prior years to the AMA House of Delegates. A progress report will be presented at the AMA 2011 Annual Meeting.

Resolution 106, Texas Medical Association Orientation of New Physicians (Angelina County Medical Society): That physicians licensed to practice medicine in Texas shall attend a TMA meeting within the first two years of practice, at which time they will attend an orientation meeting to learn the structure and operation of the association and all TMA departments available to assist them in their practice of medicine. **Adopted as amended to read, "That TMA contact newly licensed physicians in Texas and offer them an opportunity to receive an orientation at a county medical society, a meeting of TMA, or via an online tool to learn the structure, operation, and benefits of membership in TMA and our component county medical societies."**

REFERRED TO: Committee on Membership and Membership Development Department.

STATUS: The committee concluded that the following options should be utilized:

1. Temporarily expand the content and invitation list for TexMed 2011 orientation to include newly licensed physicians until a time that a separate orientation specific to new physicians can be established. The time frame for a new physician orientation is Fall Conference 2012.
2. County medical societies have been asked to conduct local orientations and/or if they are already doing so, to include newly licensed physicians.
3. TMA membership development staff will implement an online orientation video.
4. TMA membership development staff will implement an interactive member benefits guide for the new TMA website and the "New to Texas" page.

Resolution 108, Post Health System Reform (Harris County Medical Society): That TMA focus its efforts on analyzing the health system reform law, educating our physician members about its provisions and methods of adapting their practice to be viable and successful, and influencing the regulation process to bring the law closer to TMA's Health Reform Principles and other TMA policy positions. **Adopted as amended to read, "That TMA continue to focus its efforts on analyzing the health system reform law, improve education of our physician members about its provisions and methods of adapting their practice to be viable and successful, and continue advocacy for regulations that are consistent with TMA's health reform principles and other TMA policy positions.**

REFERRED TO: Council on Socioeconomics.

STATUS: Ongoing presentations.

FROM REFERENCE COMMITTEE ON PUBLIC HEALTH:

Council on Public Health Report 2, Supplemental Nutrition Assistance Program Reform: That in lieu of Resolution 208-A-09, TMA advocate reform of the federal Supplemental Nutrition Assistance Program (SNAP) before its constituent U.S. senators and representatives, as well as through its delegation to the AMA, and support/advocate effective SNAP education programs about nutrition and physical activity to help influence overall positive food selections. **Adopted.**

REFERRED TO: Division of Advocacy, Texas Delegation to the AMA, and Council on Science and Public Health; will be added to TMA Policy Compendium.

STATUS: The policy guidance on TMA recommendation has been promoted in various materials and also in providing comment on legislation. This also was shared with the state Comptroller's Office in their preparation of the obesity report, *The Obesity Crisis in Texas, Gaining Costs, Losing Time*, released in February 2011.

Committee on Child and Adolescent Health Report 1, HPV Vaccination: That TMA (1) encourage females between ages 9 and 26 to get vaccinated against the human papillomavirus (HPV), and support the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices' recommendations of routine vaccination of females age 11 or 12 years with three doses of HPV vaccine. The vaccination series can be started beginning at age 9; and (2) that TMA use *Texas Medicine* and other resources to educate physicians on issues related to human papillomavirus, including current vaccine recommendations and cost effectiveness. **Adopted as Amended to read, "That TMA (1) encourage females and males between ages 9 and 26 to receive the three-dose human papillomavirus vaccine series, and (2) support the American Congress of Obstetricians and Gynecologists, the American Academy of Pediatrics, the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, and the National Institutes of Health in recommending human papillomavirus immunizations. The three-dose vaccination series can be started beginning at age 9."**

REFERRED TO: Division of Communications (*Texas Medicine* article); will be added to TMA Policy Compendium.

STATUS: Articles on the subject were written for November 2009 and July 2010 issues of *Texas Medicine*. "Whom Do We Protect? Experts at odds over HPV Vaccine Recommendations" ran in July 2010 issue of Texas Medicine. http://www.texmed.org/Template.aspx?id=16388

Committee on Cancer Report 1, Human Papillomavirus Immunization and Cancer Screening: The committee recommends the following policies be adopted: (1) HPV Vaccine: TMA supports the recommendations of the American College of Obstetricians and Gynecologists, the American Academy of Pediatricians, the Centers for Disease Control and Prevention, and the National Institutes of Health in recommending human papillomavirus immunization for individuals ages 9-26. (CM-C, Rep. 1-A-10); and (2) Cancer Screening: TMA supports the importance of providing routine, evidence-based cancer screening to average-risk Texans for primary cancer sites. The decision to have regular cancer screenings should be in support of the full body of evidence and recommendation of professional health organizations that provide recommendations, and should take into account patient values regarding specific benefits and harms of any screening test. **Adopted as amended to read, "TMA supports the importance of providing routine, evidence-based cancer screening to Texans. The decision to have regular cancer screenings should be in support of the full body of evidence and recommendation of professional health organizations that provide recommendations, and should take into account patient values regarding specific benefits and harms of any screening test."**

REFERRED TO: Will be added to TMA Policy Compendium.

STATUS: This policy was added to the policy compendium as new policy.

Committee on Child and Adolescent Health Report 2, ImmTrac: That TMA (1) request that the Texas Department of State Health Services (DSHS) develop a plan with a timeline outlining the state's recommendations on improving the compatibility of ImmTrac and electronic health record systems used in physician offices; and (2) advocate for resources dedicated to DSHS for improving the statewide immunization database so that immunization information can be readily transferred between ImmTrac and all physicians' electronic health record systems. **Adopted as amended to read, "That TMA (1) request that the Texas Department of State Health Services (DSHS) develop a plan with a timeline outlining the**

state's recommendations on improving the compatibility of ImmTrac and electronic health record systems; and (2) advocate for resources dedicated to DSHS for improving the statewide immunization database so that immunization information can be readily transferred between ImmTrac and all electronic health record systems."

REFERRED TO: Council on Science and Public Health; will be added to TMA Policy Compendium.

STATUS: TMA public health staff participated in a planning meeting with DSHS' ImmTrac staff on ImmTrac development. TMA also continues to participate in the immunization stakeholder meetings. TMA provided testimony during the Senate interim hearing on ImmTrac calling for a review of the state registries.

Committee on Child and Adolescent Health Report 3, Fireworks Education: That TMA (1) cooperate with other associations, state agencies, and others to raise awareness and provide education on the dangers of fireworks to patients; and (2) recommend age-appropriate fireworks education be included as a component of the Texas Health Steps program. **Adopted.**

REFERRED TO: Committee on Child and Adolescent Health; will be added to TMA Policy Compendium.

STATUS: A webpage was created with resources for physicians to advise patients on how to avoid fireworks injuries. TMA contacted state fire marshal's office to request the office create fireworks safety materials. A press release also was distributed featuring physician from CCAH on fireworks safety. This was picked up throughout the state. TMA also is in the process encouraging fireworks education to be a component of the Texas Health Steps education program for professionals.

Committee on Infectious Diseases Report 1, TMA Flu Fighters: That TMA recognize the Flu Fighters for their dedication to monitoring H1N1 guidance and information for physicians and for developing effective and efficient notices for physicians, and that this method of communication be used as a model in the future when physicians must stay informed on urgent public health threats. **Adopted as amended to read, "That TMA recognize the TMA Flu Fighters for their dedication to monitoring H1N1 guidance and information for physicians and for developing effective and efficient notices for physicians, and that this method of communication be used as a model in the future when physicians must stay informed on urgent public health threats."**

REFERRED TO: Council on Science and Public Health.

STATUS: A framed recognition certificate was prepared and presented to each of the TMA Flu Fighters at TMA's fall 2010 meeting.

FROM REFERENCE COMMITTEE ON SCIENCE AND EDUCATION:

Resolution 302, Reclassify Schedule of Attention Deficit Disorder Medications (Dallas County Medical Society): That TMA support efforts at the state and national levels to reclassify Concerta, Vyvanse, Focalin XR, Adderall XR, and Daytrana from Schedule II to Schedule III, as these medications pose a significantly lower potential for abuse due to their time-released systems that delay rapid absorption. **Referred.**

REFERRED TO: Council on Science and Public Health.

STATUS: See Council on Science and Public Health Report 1, Reclassify Schedule of Attention Deficit Disorder Medications, behind the Science and Education tab in this handbook.

Resolution 303, Restore Funding of Statewide Preceptorship Program (Dallas and Harris County Medical Society): That TMA strongly encourage the Texas Legislature to restore funding for the Statewide Preceptorship program to its pre-2003 level of $2 million to ensure the program continues to produce high-quality primary care doctors for Texas. **Adopted as amended to read, "That TMA strongly encourage the Texas Legislature to provide increased funding for the Statewide Preceptorship Program through various state, federal, or other funding mechanisms."**

REFERRED TO: Council on Medical Education and Council on Legislation; will be added to TMA Policy Compendium.

STATUS: TMA has consistently advocated for adequate state funding of the primary care preceptorship programs during this legislative session. The benefits of these programs were highlighted in written testimony provided by TMA at public hearings held Feb. 15, 2011, on the 2012/13 biennial budget for the Texas Higher Education Coordinating Board by both the House Appropriations Committee and Senate Finance Committee. These hearings were of primary importance because the Coordinating Board administers the budget for the preceptorship programs. TMA's advocacy efforts for the continued funding of these programs will continue through the session.

Resolution 304, Public Recognition of Board Certification by Texas Medical Board (Harris County Medical Society): That TMA (1) recognize that, and shall ask the Texas Medical Board (TMB) to recognize that, the American Board of Medical Specialties (ABMS), American Osteopathic Association Bureau of Osteopathic Specialists (AOABS), and American Board of Oral Maxillofacial Surgery (ABOMS) are the standard in specialty board certification for the specialties they encompass; (2) evaluate TMB rules and practices regarding physicians' ability to advertise that they are "board certified" in the clinical specialties of ABMS, AOABS, and ABOMS by organizations other than these three certifying bodies, and report back to the 2011 TMA House of Delegates; and (3) actively oppose all efforts of any non-ABMS, non-AOABS, and non-ABOMS certifying organizations in the State of Texas, or before the Texas Medical Board, to recognize its members as "board certified" without the equivalent certification and training standards. **Amended to read, "That TMA (1) recognize that, and shall ask the Texas Medical Board (TMB) to recognize that, the American Board of Medical Specialties (ABMS), American Osteopathic Association Bureau of Osteopathic Specialists (AOABS), American Board of Oral Maxillofacial Surgery (ABOMS), and non-ABMS/AOABS/ABOMS boards with equivalent standards and training, are the standard in specialty board certification for the specialties they encompass; (2) evaluate TMB rules and practices regarding physicians' ability to advertise that they are "board certified" and report back to the 2011 TMA House of Delegates; and (3) actively oppose all efforts of any alternate certifying organizations in the State of Texas, or before the TMB, to recognize its members as "board certified" without the equivalent certification and training standards."**

REFERRED TO: Council on Medical Education and Office of the General Counsel; will be added to TMA Policy Compendium.

STATUS: TMA took several steps to implement these new policies. A letter was submitted to the Texas Medical Board on May 27, 2010, that detailed TMA's position as defined in Resolution 304. Further, TMA attended and monitored a series of meetings held in 2010 by the Texas Medical Board's ad hoc Committee Regarding Board Rule 164.4. Outcomes from the meetings and the board's related rule changes are summarized in the Council on Medical Education's Report 1,

Referral of Resolution 304, Public Recognition of Board Certification by Texas Medical Board (A-10, Harris County Medical Society), behind the Informational Reports tab in this handbook.

Resolution 305, Revise Biohazardous Radiology Procedure Regulations (Dallas County Medical Society): That TMA work with the Department of State Health Services (DSHS) on its radiology guidelines to remove pediatric core x-rays from the list of tests that NCRTs are prohibited from performing on pediatric patients. **Referred.**

REFERRED TO: Council on Science and Public Health.

STATUS: See Council on Science and Public Health Report 3, Biohazardous Radiology Procedure Regulations, behind the Science and Education tab in this handbook.

FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

Council on Socioeconomics Report 2, Medicare Payment Localities: That TMA support changes to Medicare payment locality boundaries so that they are defined to reflect measurable differences in local economic conditions and are updated at least every five years to reflect changes in those conditions. Reliance on Metropolitan Statistical Area boundaries and updates would meet this condition. TMA supports, where necessary, revision of federal administrative rules to accommodate locality boundary changes. When locality boundaries have not been updated for more than five years and the needed changes would result in significant fee cuts for some physicians, the TMA favors locality revisions that include payment increases sufficient to assure that physicians in revised localities do not suffer fee cuts. **Adopted.**

REFERRED TO: Council on Socioeconomics; will be added to TMA Policy Compendium.

STATUS: Has been added to policy compendium.

Council on Socioeconomics Report 3, Accountable Care Organizations: That TMA establish an ad-hoc multispecialty physician task force, or utilize an existing task force addressing similar issues, to devise accountable care organization (ACO) policy, policy on new payment system methodologies, and policy on possible ACO pitfalls, risks, and protections to ensure care is patient-centered. **Adopted.**

REFERRED TO: Council on Socioeconomics.

STATUS: See Council on Socioeconomics Report 6 behind the Socioeconomics tab in this handbook.

Patient-Physician Advocacy Committee Report 1, Whistle-Blower Protections for Physicians: That TMA undertake efforts including legislation to modify Texas law to establish protection from retaliation tactics for private contracting physicians and physician employees when they comply with reporting obligations and requirements to state and federal agencies. **Adopted.**

REFERRED TO: Patient-Physician Advocacy Committee and Council on Legislation; will be added to TMA Policy Compendium.

STATUS: The Council on Legislation is reviewing opportunities to include whistle-blower protections in numerous pieces of legislation.

Resolution 401, Health Savings Accounts for Medicare Beneficiaries (Tarrant County Medical Society): That TMA (1) adopt as policy that Medicare beneficiaries be permitted to make tax-free contributions to

health savings accounts; (2) urge Congress to make changes in federal laws permitting Medicare beneficiaries to make tax-free contributions to health savings accounts; and (3) that our Texas Delegation to the AMA take this resolution to the AMA House of Delegates for consideration. **Adopted.**

REFERRED TO: Council on Legislation; will be added to TMA Policy Compendium.

STATUS: The Texas Delegation submitted Resolution 115, Health Savings Accounts for Medicare Beneficiaries, to the 2010 AMA House of Delegates. In lieu of the resolution, the house reaffirmed current policy. TMA and other organizations are working with Congress to make changes allowing for tax-free contributions to health savings accounts. The fiscal implications of adopting these revisions will make them difficult to achieve. The provisions likely will be considered, and could be adopted if pay-fors are identified, in the House. The Senate, however, will be more difficult as the implementation of the Affordable Care Act continues and it actually contemplates reducing dollars for health savings accounts.

Resolution 402, Improved Funding for Mental Illness and Substance Abuse; No Closure of Psychiatric Hospitals (Dallas County Medical Society): That TMA (1) advocate for improved funding for mental illness and substance abuse and that funding for areas of the state be proportional to the service requirements of the number served in the area, and (2) request that no psychiatric hospital beds be closed in North Texas. **Adopted as amended to read, "That TMA (1) advocate for improved funding for mental illness and substance abuse treatment and that funding for areas of the state be proportional to the service requirements of the area, and (2) advocate that no psychiatric hospital beds be closed based solely on budgetary concerns in Texas."**

REFERRED TO: Council on Legislation; will be added to TMA Policy Compendium.

STATUS: With the significant cuts proposed in both the House and Senate versions of the appropriations bill, it is inevitable that cuts will occur in both mental health and substance abuse programs. Council on Legislation and TMA Advocacy staff are working diligently to protect funding for these two important programs and other funding programs as well prioritizing those issues that promote access to health care services for Texas patients.

Resolution 403, Increase in Statewide Reimbursement for After-Hours Care (Dallas County Medical Society): That TMA support an increase in the statewide reimbursement rate to physicians who provide care to patients after 5 pm on weekdays and anytime on weekends. **Adopted as amended to read, "That TMA continue to propose that Texas HHSC pay physicians for after hours, non-emergency care codes 99050 and 99051.**

REFERRED TO: Council on Socioeconomics; will be added to TMA Policy Compendium.

STATUS: Has been added to policy compendium.

Resolution 404, Prompt Pay Legislation to Include Medicaid Programs (Dallas County Medical Society): That TMA work to ensure that prompt pay legislation already in effect include state Medicaid programs, whereby if a physician files a clean claim and the state does not pay promptly, the state is subject to paying the physician interest on the past-due claim. **Adopted.**

REFERRED TO: Council on Socioeconomics and Council on Legislation; will be added to TMA Policy Compendium.

STATUS: Has been added to policy compendium.

Resolution 405, Physician Enrollment in Medicaid HMOs (Dallas County Medical Society): That TMA work to change regulations so that physicians can apply for enrollment in Medicaid HMOs without first applying to the State to be approved to participate in the Medicaid program. **Referred with a report back in 2011.**

REFERRED TO: Council on Socioeconomics.

STATUS: See Council on Socioeconomics Report 7 behind the Socioeconomics tab in this handbook.

Resolution 407, Protect Funding for Early Childhood Intervention programs (Dallas County Medical Society): That TMA do all in its power to persuade the Texas Legislature to protect and increase funding for early childhood intervention programs and mental health programs for children. **Adopted.**

REFERRED TO: Council on Legislation.

STATUS: With the significant cuts proposed in both the House and Senate versions of the appropriations bill, it is inevitable that cuts will occur for ECI programs and mental health programs for children. Council on Legislation and TMA Advocacy staff are working diligently to protect funding for these two important programs and other funding programs as well prioritizing those issues that promote access to health care services for Texas patients. The legislature appears keenly interested in minimizing cuts to programs that impact children.

Resolution 409, Laboratory and Radiology Reports Database (Harris County Medical Society): That TMA study the issue and determine the best method for helping non-ordering physicians access their patients' lab, radiology, and other test results. **Adopted as amended to read, "That TMA support immediate implementation of an effective method for helping physicians who did not order patients' lab, radiology, and other tests access those results."**

REFERRED TO: Ad Hoc Committee on Health Information Technology; will be added to TMA Policy Compendium.

STATUS: This item is on the agenda for the Ad Hoc Committee on HIT's agenda for the May meeting. Follow-up steps will include talking with the national labs to see what capabilities they have in place currently to provide this information to physicians which will be an interim step since future health information exchanges (HIEs) will solve this problem.

Resolution 410, Medicare's Elimination of Payments for Consultation Codes (Harris County Medical Society): That TMA (1) oppose all public and private payer efforts to eliminate payments for inpatient and outpatient consultation service codes; and (2) support legislation to overturn the Centers for Medicare and Medicaid Services action that eliminated payments for consultation codes. **Adopted.**

REFERRED TO: Council on Socioeconomics and Council on Legislation; will be added to TMA Policy Compendium.

STATUS: Has been added to policy compendium.

Resolution 411, Monitoring of Massachusetts Health Care Reform Efforts (Harris County Medical Society): That TMA (1) actively monitor and disseminate the available health care socioeconomic data from Massachusetts' and other states' health reform models encompassing at least three years of experience in

health care reform; and (2) that, from such data, TMA make appropriate projections on how other states' health care reform models could impact the practice of medicine in Texas and share this information with the TMA House of Delegates. **Adopted.**

REFERRED TO: Council on Socioeconomics.

STATUS: See Council on Socioeconomics Report 1 behind the Informational Reports tab in this handbook.

Resolution 412, Equal Payment for Rural Health Clinics Regardless of Type of Ownership (Calhoun County Medical Society): That TMA, working with AMA, increase its efforts to have all rural health care clinics paid on a cost-based system without a cap, independent of type of ownership. **Adopted as amended to read, "That TMA, working with AMA, increase its efforts that all rural health care clinics have payment and cap parity regardless of ownership."**

REFERRED TO: Council on Socioeconomics and Council on Legislation; will be added to TMA Policy Compendium.

STATUS: New policy has been added to the policy compendium and in 2010, TMA advocated for competitive physician reimbursement regardless of practice location or type. TMA will continue to advocate that physicians who participate in Medicare and Medicaid be paid at a reasonable and fair rate.

Resolution 413, Payment for Services Provided to County Indigent Patients (Calhoun County Medical Society): That TMA clarifies when patients who have a payer, including Calhoun County Indigent Health Care Program, are provided care, the payer is responsible for paying for services. **Adopted as amended to read, "That TMA clarify that when patients who have a payer, including all county indigent health care programs, are provided care, the payer is responsible for paying for services.**

REFERRED TO: Council on Socioeconomics; will be added to TMA Policy Compendium.

STATUS: Has been added to policy compendium.

Resolution 414, Deactivation of Medicare Billing Privileges – Lack of Appeal Rights and Harsh Adverse Effects on Physicians (Bohn Allen, MD): That (1) physicians who legitimately render services to Medicare patients be paid at their current practice's geographic index without disruption, allowing for backdating the reactivation of the privilege to bill for Medicare covered services to eligible patients;(2) that physicians be provided an appeals process in order to be reimbursed for care actually provided to Medicare patients when their billing privileges are deactivated for minor paperwork glitches such as failure to notify the Medicare carrier of change of office address using the proper Centers for Medicare & Medicaid Services (CMS) form; (3) that access issues for Medicare beneficiaries be considered before similar CMS regulations are created; and (4) that the Texas Delegation to the AMA carry a similar resolution to the AMA House of Delegates for adoption. **Adopted as amended to read, "That (1) physicians who legitimately render services to Medicare patients be paid at their current practice's geographic index without disruption, allowing for backdating the reactivation of the privilege to bill for Medicare and Medicaid covered services to eligible patients;(2) that physicians be provided due process and appeals process in order to be compensated for care actually provided to Medicare or Medicaid patients when their billing privileges are deactivated such as for failure to notify the Medicare or Medicaid carrier of change of office address using the proper Centers for Medicare & Medicaid Services (CMS) form; (3) that access issues for Medicare beneficiaries be considered before similar CMS regulations are created; and (4)**

that the Texas Delegation to the AMA carry a similar resolution to the AMA House of Delegates for adoption."

REFERRED TO: Texas Delegation to the AMA; will be added to TMA Policy Compendium.

STATUS: The Texas Delegation submitted Resolution 116, Deactivation of Medicare Billing Privileges – Lack of Appeal Rights and Harsh Adverse Effects on Physicians, to the AMA House of Delegates at its 2010 Annual Meeting. The resolution was adopted as AMA policy.

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2009 AUDIT TRAIL
Texas Medical Association House of Delegates

Awards, amendments to the Constitution and Bylaws, and sunset policy recommendations are not included.

FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS:

Board of Trustees Report 13, Resident and Fellow Representation as Special Appointee to the Board of Trustees: That a resident and fellow member continue to be appointed annually to the Board of Trustees to serve a one-year term as a special appointee; that the resident special appointee serve with full rights of participation, including the right to vote; and that the resident/fellow continue to be selected and appointed employing the process developed by the Board of Trustees and the Resident and Fellow Section. **Adopted.**

REFERRED TO: Council on Constitution and Bylaws and Board of Trustees

STATUS: Bylaws amendments have been prepared and are submitted to the House of Delegates for this meeting. (See Council on Constitution and Bylaws Report 2, referred to the Reference Committee on Financial and Organizational Affairs, in this handbook.)

Board of Trustees Report 15, Council on Legislation Membership: That the number of members on the Council on Legislation be increased from 12 to 15 and an implementing bylaws amendment. **Adopted.**

REFERRED TO: Council on Constitution and Bylaws and TMA President

STATUS: Membership on the Council on Legislation has been increased to 15 members.

Council on Legislation and Council on Socioeconomics Joint Report 2, Medical Decision Makers Licensed in Texas (CL Report 1-A-08): That TMA pursue legislation to ensure that adverse utilization review determinations are made only by physicians who are fully licensed by the Texas Medical Board and monitor proposed legislation to maintain the Texas Medical Board's current authority to enforce the Medical Practice Act in regard to utilization review decisions. **Adopted.**

REFERRED TO: Council on Legislation and Council on Socioeconomics

STATUS: The councils monitored several bills that addressed Texas Medical Board authority to regulate physicians. For example, HB2256 had the potential to modify the Texas Medical Board's authority to regulate physicians and interactions with insurance carriers. No legislation passed related to the licensing of physicians related to utilization review.

Resolution 101, Complaints Against Physicians With "Physician-In-Training" License (Resident and Fellow Section): That TMA (1) recommend to the Texas Medical Board that when a physician practicing medicine under a Physician in Training Permit (PIT) is named in a complaint, the initial investigation and request for documents be directed to the supervising physician; and (2) facilitate discussions with the Texas Medical Board to discuss ways to simplify the complaint process when it involves a resident training under a Physician in Training Permit (PIT), in order to minimize the cost to the resident and time away from his or her training experience. **Referred to the Council on Medical Education with report back at A-10.**

REFERRED TO: Council on Medical Education

STATUS: In lieu of adopting new TMA policy at this time, the Council on Medical Education submitted an informational report to the House that recommends a meeting between TMA's Office of General Counsel and senior staff of the Texas Medical Board to discuss potential remedies to the

concerns identified in Resolution 101. (See Council on Medical Education Report 1 within Informational Reports in t his handbook.)

Resolution 103, Establishing Reasonable Statute of Limitation for Administrative Issues Under Jurisdiction of the Texas Medical Board (Dallas County Medical Society): That the Texas Medical Association seek relief for its members by encouraging the Texas Medical Board to enact a reasonable statute of limitations for administrative violations appropriate to the offense. **Amended to read, "That TMA support legislation and/or rule making to enact a reasonable statute of limitations for administrative violations."**

REFERRED TO: Office of the General Counsel

STATUS: The Office of the General Counsel, under the authority of the Government Code, petitioned the Texas Medical Board to initiate rulemaking to establish a statute of limitations for administrative issues under the jurisdiction of the Texas Medical Board. The OGC also offered to provide drafting assistance to the Texas Medical Board if the board would find such assistance useful. The Texas Medical Board executive director, in a letter dated September 1, 2009, responded by thanking TMA for its offer of assistance but declined such assistance. TMB also declined to initiate rule making stating that the Texas Medical Board did not have statutory authority to promulgate and adopt a rule relating to the requested statute of limitations.

Resolution 104, Improving the Quality and Reliability of Expert Witness Testimony (Dallas County Medical Society): That TMA request the Texas Medical Board (TMB) to promulgate rules that establish a temporary license solely for the purposes of providing medical opinion or testimony associated with any action, court proceeding, arbitration hearing, mediation proceeding, or other action or negotiation taking place within Texas, and require that such a license be obtained by any non-Texas-licensed physician seeking to provide such services in Texas. **Amended to read, "That TMA seek legislation and/or rule making to establish a temporary license for any non-Texas-licensed physician seeking to provide medical opinion or testimony associated with any action, court proceeding, arbitration hearing, mediation proceeding, or other action or negotiation taking place within Texas."**

REFERRED TO: Council on Legislation and Office of the General Counsel

STATUS: The Office of the General Counsel, under the authority of the Government Code, petitioned the Texas Medical Board to initiate rulemaking to establish a temporary license for any non-Texas physician seeking to provide medical opinion or testimony associated with any action, court proceeding, arbitration hearing, medication proceeding, or other action or negotiation taking place within Texas. The OGC also offered to provide drafting assistance to the Texas Medical Board if the board would find such assistance useful. The Texas Medical Board executive director, in a letter dated September 1, 2009, responded by thanking TMA for its offer of assistance but declined such assistance. TMB also declined to initiate rule making stating that the Texas Medical Board did not have statutory authority to promulgate and adopt a rule relating to the type of temporary license requested.

Resolution 106, Election Procedures (Small Districts Association): That (1) TMA House of Delegates elections be held at a specific time and that the time be announced; (2) the House of Delegates establish voting booths that are monitored to ensure privacy in a "campaign-free" election zone; (3) the House of Delegates elections have unquestioned integrity with tellers positioned to monitor so that only properly credentialed delegates have the opportunity to vote; (4) our Council on Constitution and Bylaws apply these reform measures to update TMA Bylaws for approval in 2010; and (5) our speakers and staff of the House of Delegates implement these reforms no later than the 2010 Annual Session. **Amended by adopting the first resolve and not adopting the remaining resolves.**

REFERRED TO: TMA Speaker and Vice Speaker

STATUS: Elections are now being held at a specific time that is announced in advance.

Resolution 107, Physician Identification (Harris County Medical Society): That TMA urge the Texas Legislature to require anyone with direct patient care contact for a medical condition prominently display or clearly identify his or her name, the degree held, and his or her specialty. This identification must be displayed on a lab coat or ID badge, if worn; on the main entrance of the individual's practice; and on any promotional materials distributed to the general public. **Adopted.**

REFERRED TO: Council on Legislation and Office of the General Counsel

STATUS: A bill to accomplish this was previously introduced in 2007, but failed in committee. Since that time, the "Truth in Advertising" act has been passed in Florida and has served as a model for other states. AMA is supporting an effort to introduce a new version of this bill in the current Congress. At the same time, other states have introduced versions modeled after the Florida legislation. TMA Council on Legislation will evaluate the model legislation for adaptation and introduction for the 2011 session.

FROM REFERENCE COMMITTEE ON PUBLIC HEALTH:

Council on Public Health Report 1, Vaccine Reimbursement: That TMA (1) work with the Texas Legislature to highlight the critical contribution of Texas physicians in reaching the state's public health immunization goals by eliminating vaccine-preventable illnesses and by assuring comprehensive services in the medical home setting. In addition, TMA supports legislation to:(a) eliminate the business tax on vaccines; (b) establish a purchase reference for acquisition of each vaccine recommended for children, based on a standard transparent source, such as the Centers for Disease and Control Private Sector Price List; (c) mandate vaccine payment reporting by insurance companies in order to determine if they are covering the true costs of these preventive services; and (d) further universal reporting to the state's immunization registry; (2) support increased federal funding of the Section 317 program and state funding to increase payment to physicians for the administrative costs of providing immunizations to patients in the Medicaid and Texas Vaccines for Children programs; and (3) work with the Texas Department of State Health Services and other recognized groups to expand and promote resources to assist physician members with how practices can best establish a business and public health case for providing immunizations and determine the tools necessary to negotiate the best price. **Adopted.**

REFERRED TO: Council on Public Health and Council on Legislation

STATUS: TMA collaborated with other organizations to support legislation to eliminate the business tax on vaccines, promote an expanded immunization registry, and support funding for immunization programs in Texas. TMA has participated in several workgroup meetings with the Department of State Health Services to communicate physician concerns regarding vaccine reimbursement and immunization resources. A physician survey on seasonal influenza vaccine was conducted in January 2010 to identify vaccine issues physicians faced in 2009. In addition, testimony was offered to Senate and House health committees on vaccine allocation and distribution issues experienced during the H1N1 pandemic.

Council on Public Health Report 2, Policy Review: That Policy 285.008, Football Games on Artificial Turf, be retained. **Referred to Council on Public Health.**

REFERRED TO: Council on Public Health and Committee on Emergency Medical Services and Trauma

STATUS: See Committee on Emergency Medical Services and Trauma Report 1 within the Informational Reports in this handbook.

Committee on Infectious Diseases Report 1, Policy Review: That Policy 260.060, Hepatitis C, be amended to read: The Texas Medical Association supports legislation aimed at providing funds to address Hepatitis C and other communicable diseases as public health threats. **Referred to Committee on Infectious Diseases**.

REFERRED TO: Committee on Infectious Diseases

STATUS: See Committee on Infectious Diseases Report 2 referred to the Reference Committee on Public Health in this handbook.

Committee on Infectious Diseases Report 2, Bar Coding on Vaccines: That TMA work with the Texas Department of State Health Services to encourage state and national efforts to promote the use of technology, such as bar coding of vaccines, to improve patient safety and standardized reporting of immunizations. **Adopted.**

REFERRED TO: Committee on Infectious Diseases

STATUS: TMA has worked with DSHS' Immunization program manager regarding TMA support for barcoding of vaccines. The state manager reported he is working with other state immunization directors and the Centers for Disease Control and Prevention and other national stakeholders including vaccine manufacturers to assess the feasibility of expanding current vaccine barcoding systems. This issue will need to be addressed at the national level.

Committee on Maternal and Perinatal Health Report 1, Support of Breastfeeding by Endorsing Texas Ten Step Facility Program: That TMA endorse the Texas Ten Step Facility Program established by the Texas Hospital Association and the Texas Department of State Health Services, which encourages hospitals to adopt practices that promote and support breastfeeding for mothers who deliver at their facility. **Adopted.**

WILL BE ADDED to TMA Policy Compendium

STATUS: The TMA Policy Compendium has been updated with this policy. The Department of State Health Services – Breastfeeding program was advised of TMA's support for the Texas Ten Step Facility Program. The program requested acknowledging TMA as supporter of the program in its communications and that requests was approved.

Committee on Maternal and Perinatal Health Report 2, Prevention of Iatrogenic Prematurity: That TMA support the prevention of iatrogenic prematurity by physicians and others who attend at the delivery of infants. **Adopted.**

WILL BE ADDED to TMA Policy Compendium

STATUS: The TMA Policy Compendium has been updated with this policy. TMA participated in the Women's Health Summit that convened in October 2009 by the District XI of ACOG, which identified preventable preterm births as a priority issue in Texas. TMA is part of the coalition with the Texas Chapter of March of Dimes which is convening a summit on preterm births for physicians and other health care providers. The summit will be held at TMA in May. Staff also worked with the Infant Alliance on several issues including preterm births.

Resolution 203, Requiring Eye Care Provider's Approval for Removal of Driver License Restriction Calling for Corrective Lenses for Drivers Under 18 Years of Age (Dallas County Medical Society): That TMA seek changes in the Texas Department of Public Safety rules and regulations to require written approval of an ophthalmologist or optometrist to remove a corrective lens restriction from a driver license for drivers under 18 years of age. **Referred.**

REFERRED TO: Council on Public Health

STATUS: See Council on Public Health Report 1 referred to the Reference Committee on Public Health in this handbook.

Resolution 204, Seeking to Establish Coordination of Term and Registration for Texas Department of Public Safety Controlled Substance Permits With U.S. Drug Enforcement Administration (Dallas County Medical Society): That TMA seek relief in the form of legislation or rule-making that would allow for three-year renewal terms for Texas Department of Public Safety (DPS) controlled substance registrations, and encourage DPS to adopt the U.S. Drug Enforcement Administration's registration number rather than issue its own numbers. **Amended to read, "That TMA seek relief in the form of legislation or rule making that would allow for three-year renewal terms for Texas Department of Public Safety (DPS) controlled substance registrations.**

REFERRED TO: Council on Public Health and Office of the General Counsel

STATUS: Council on Legislation will review an appropriate approach to accomplish legislation or rule making. If a legislative approach is deemed necessary, it could be incorporated as an amendment to an expected bill to move monitoring of controlled substances from the Department of Public Safety to the Board of Pharmacy.

Resolution 205, Reducing the Health Burden of Air Pollution in Texas (Vehicular, Diesel, and Air Toxics Emissions) (Harris County Medical Society): That TMA urge our local, state, and federal government leaders and legislators to act promptly and aggressively to reduce the health burden of pollution from vehicular, diesel, and air toxics emissions. **Amended to read, "That TMA urge our local, state, and federal government leaders and legislators to act promptly and aggressively to reduce the health burden of pollution from vehicular, diesel, National Ambient Air Quality Standards criteria pollutants, and air toxics emissions."**

REFERRED TO: Council on Legislation and Council on Public Health

STATUS: TMA monitored multiple legislative bills proposed to address air pollution and reduce poor health outcomes in Texas. To determine the need for a legislative interim study, TMA staff conducted an extensive review of strategies, policies, and legislation in other states related to the health burden of air pollution. A draft study was proposed but was not identified as a priority. The issue will continue to be monitored.

Resolution 206, Minimum Disaster Preparedness Standards for Assisted Living (Harris County Medical Society): That TMA request the State of Texas to enact minimum standards of operation during a disaster for licensed assisted living facilities, including provision of emergency power to operate all life-sustaining equipment and services, and to make those standards part of the requirement to obtain a license to operate an assisted living facility in Texas. **Amended to read, "That the Texas Medical Association request the State of Texas to enact minimum standards of operation during a disaster for licensed assisted living facilities, including provision of emergency power to operate all life-sustaining equipment and services required by current residents, and to make those standards part of the requirement to obtain a license to operate an assisted living facility in Texas."**

REFERRED TO: Council on Public Health

STATUS: Legislative proposals regarding disaster preparedness were monitored. Legislation was approved requiring emergency planning by certain health care facilities including assisted living facilities. Information was requested on emergency planning guidelines from DARS for assisted living facilities. Members recommended that dialysis centers also be included in further discussions

on this issue. T<A will continue to monitor these regulatory requirements for disaster planning by assisted living facilities.

Resolution 207, Minimum Pharmacy Disaster Standards (Harris County Medical Society): That TMA urge state and local officials to develop a plan to ensure a sufficient supply of medications that are critical to the population in times of disaster. **Adopted.**

REFERRED TO: Council on Public Health

STATUS: TMA is continuing to work with the Department o f State Health Services on priority disaster planning activities.

Resolution 208, Supplemental Nutrition Assistance Program Reform (Bexar County Medical Society): That TMA (1) support implementation of further restrictions upon federal Supplemental Nutrition Assistance Program funds to prevent their use to purchase food items with a high risk of promoting obesity, diabetes, hypertension, dyslipidemia, and cancer. This includes foods with a high proportion of calories derived from processed fats and sugars, foods with a high sodium content, foods containing trans fats, and foods containing additives associated with a high incidence of cancer; (2) support placement of reasonable limitations upon the use of Supplemental Nutrition Assistance Program funds to purchase high-calorie foods of low nutritional value used in meal preparation, such as butter and sugar, to ensure that the stated intention of helping low-income families have healthy diets is better realized; and (3) advocate for reform of the federal Supplemental Nutrition Assistance Program to its constituent U.S. senators and representatives, as well as through its delegation to the American Medical Association. **Referred.**

REFERRED TO: Council on Public Health

STATUS: See the Council on Public Health Report 2 referred to the Reference Committee on Public Health in this handbook.

FROM REFERENCE COMMITTEE ON SCIENCE AND EDUCATION:

Council on Medical Education Report 3, Resolution 303, Medical School Coursework (A-08): That, in lieu of Res. 303-A-08, Medical School Coursework, TMA continue to monitor implementation strategies of the American Medical Association's Initiative to Transform Medical Education and Texas medical school admissions policies. **Amended to read, "In lieu of adoption of Resolution 303 (A-08), the Council on Medical Education recommends continued monitoring, and reporting as appropriate, of implementation strategies of the American Medical Association's Initiative to Transform Medical Education and Texas medical school admissions policies."**

REFERRED TO: Council on Medical Education

STATUS: The council continues to monitor admissions policies of Texas medical schools as well as implementation of the AMA's Initiative to Transform Medical Education. There has been no change in either strategy to prompt the council to recommend changes in medical school admissions policies at this time.

Council on Scientific Affairs Report 1, ST-Elevated Acute Myocardial Infarction (STEMI): That TMA (1) adopt policy on ST-Elevated myocardial infarction (STEMI); (2) strongly support American Heart Association and American College of Cardiology STEMI-related statewide initiatives; and (3) promote ongoing educational initiatives for the general public, emergency medical personnel, physicians, and hospital administration on the benefits of early symptom recognition in ST wave myocardial infarction as well as development of an efficient and collaborative treatment algorithm. **Adopted.**

WILL BE ADDED to TMA Policy Compendium

STATUS: The TMA Policy Compendium has been updated with this policy. TMA continues to monitor cardiology issues and to promote ongoing educational activities, in part through participation in the Texas Council on Cardiovascular Disease and Stroke and Texas Cardiovascular Disease and Stroke Partnership. A story on STEMI was published in *Texas Medicine*.

Council on Scientific Affairs Report 2, Reducing Dietary Sodium: That TMA (1) adopt AMA Policy D-150.986, Promotion of Healthy Lifestyles I: Reducing the Population Burden of Cardiovascular Disease by Reducing Sodium Intake; (2) support the AMA's efforts to urge the U.S. Food and Drug Administration's regulation of sodium; (3) support recommendations of the Texas Public Health Coalition, including measures to label foods and post nutrition information; and (4) promote educational efforts for members and consumers about the risks of dietary sodium and ways to reduce consumption. **Adopted.**

WILL BE ADDED to TMA Policy Compendium

STATUS: The TMA Policy Compendium has been updated with this policy. TMA, as part of the Texas Public Health Coalition, monitored legislation related to nutrition labeling. A story focusing on efforts to reduce dietary sodium was published in *Texas Medicine* and a press release on dietary sodium was sent to the media.

Council on Scientific Affairs Report 3, Direct-To-Consumer Advertising of Prescription Drugs and Implantable Devices: That TMA (1) replace Policy 95.023, Direct-to-Consumer (DTC) Advertising with a more comprehensive policy of the AMA; (2) support the AMA Council on Ethical and Judicial Opinion E-5015 addressing the need for physicians to (a) work to ensure that the U.S. Food and Drug Administration (FDA) remains committed to guidelines that protect patients' health and safety, (b) maintain professional standards of informed consent, and (c) remain vigilant to ensure that direct-to-consumer advertising does not promote false expectations, including assisting the FDA in enforcing existing law; and (3) strongly encourage the AMA to engage in ongoing active discussion with pharmaceutical manufacturers to assure that DTC advertising messages not only reflect accurate content, but more clearly emphasize positive patient benefits while still recognizing potential side effects. **Adopted.**

WILL BE ADDED to TMA Policy Compendium

STATUS: The TMA Policy Compendium has been updated with this policy. The Council on Scientific Affairs continues to monitor national efforts aimed at additional regulation of Direct-to-Consumer Advertising.

Resolution 301, Hurricane Ike Regional Recovery (Harris County Medical Society): That TMA adopt a set of principles relating to regional Hurricane Ike recovery issues and The University of Texas Medical Branch. **Adopted.**

WILL BE ADDED to TMA Policy Compendium

STATUS: The TMA Policy Compendium has been updated with this policy.

Resolution 307, Registry for Advance Directives (Travis County Medical Society): That (1) TMA support establishment of an advance directive registry by the Centers for Medicare & Medicaid Services (CMS) for all Medicare patients, to be maintained by CMS in a manner that would make it accessible for verification by health care professionals; (2) TMA support a CMS requirement for all Medicare patients to register the advance directive of their choice to facilitate their end-of-life preferences being respected; and (3) this resolution be taken to the American Medical Association by the TMA delegation for consideration. **Adopted.**

REFERRED TO: Council on Scientific Affairs

STATUS: The AMA referred Resolution 8 (TMA's resolution as a result of 307) for report back in 2010. The AMA resolution was referred to the Reference Committee on Amendments to the Constitution and Bylaws at AMA at the June 2009 meeting.

Resolution 308, Support for ACCME Standards for Commercial Support Regarding Unrestricted CME Funding (Harris County Medical Society): That (1) the Texas Delegation request the American Medical Association to educate physicians and the public about its policy on pharmaceutical industry support and explicitly oppose and reject the April 1, 2009, *JAMA* editorial proposal for wholesale divestment of unrestricted pharmaceutical industry support; and (2) TMA actively embrace and support the ethical Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support regarding unrestricted continuing medical education (CME) funding and ACCME certification. **Amended to read, "That (1) the Texas Delegation request the American Medical Association to educate physicians and the public about its existing policy on pharmaceutical industry support; and (2) TMA actively embrace and support the ethical Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support regarding unrestricted continuing medical education (CME) funding and ACCME certification."**

REFERRED TO: Council on Medical Education and Committee on Continuing Education

STATUS: In a letter sent to the AMA, TMA requested that the AMA inform physicians and the public about current policies relating to the pharmaceutical industry's support of continuing medical education. TMA also has supported CME providers in taking the necessary steps to understand and comply with the new Accreditation Council for Continuing Medical Education standards related to the pharmaceutical industry's support of CME. TMA has also promoted a greater awareness of the existing CME standards among physicians, CME providers, and the public.

FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

Committee on Physician Health and Rehabilitation Report 5, Disruptive Behavior Standard: That TMA submit a resolution to the AMA House of Delegates expressing support of AMA's efforts to delay the implementation of The Joint Commission standard relating to disruptive behavior. **Amended by substitution to read, "That TMA aid and assist the AMA in distributing to Texas physicians the resource materials developed on the "disruptive physician," compile the experiences of hospital medical staffs and physicians in satisfying the new Joint Commission leadership standard on "disruptive physicians," and assist the AMA in seeking amendments to this standard as indicated.**

REFERRED TO: Council on Health Service Organizations and Office of the General Counsel

STATUS: TMA distributed resource materials, including the AMA Model Medical Staff Code of Conduct, to physicians via the TMA website and newsletter. In December 2009, *Texas Medicine* featured a story on the new Joint Commission standards and steps medical staffs should take to ensure the standards are implemented prudently.

Council on Socioeconomics Report 1, Workers' Compensation: That TMA adopt four directives to follow in pursuit of a fair, efficient, and accountable workers' compensation delivery system in Texas. **Adopted.**

REFERRED TO: Council on Socioeconomics

STATUS: Four points were developed and adopted by the TMA House of Delegates in 2009. TMA continues to support a fair, efficient, and accountable workers' compensation delivery system in Texas.

Council on Socioeconomics Report 2, Update on Implementation of ICD-10-CM: That TMA (1) encourage physicians purchasing or upgrading their information technology systems to discuss ICD-10

with their vendors as soon as possible; (2) provide educational opportunities to physicians regarding ICD-10 coding; and (3) monitor 5010 implementation for a 95-percent success rate. **Adopted.**

REFERRED TO: Council on Socioeconomics

STATUS: TMA continues to provide information regarding ICD-10 on the web and in seminars. The Medicare Update 2010 seminar will include information on ICD-10.

Council on Socioeconomics Report 3, Franchise Tax Issues and Potential Physician Practice Impacts: That TMA undertake advocacy initiatives necessary to resist negative practice impacts of the franchise tax, and retain the positive features for physicians and patients previously enacted. **Adopted.**

REFERRED TO: Council on Socioeconomics and Council on Legislation

STATUS: No changes to the franchise tax were enacted that adversely affected the exemptions available to physician practices.

Council on Socioeconomics, Council on Legislation, and Select Committee on Medicaid, CHIP, and the Uninsured Joint Report 1, Update on American Recovery and Reinvestment Act of 2009: That TMA closely monitor implementation of funds distributed by the American Recovery and Reinvestment Act of 2009, and advocate for the interests of Texas physicians and their patients. **Adopted.**

REFERRED TO: Select Committee on Medicaid, CHIP, and the Uninsured

STATUS: The majority of ARRA – or stimulus – funds are tied directly to Medicaid, either via enhanced federal Medicaid matching funds or to promote adoption of electronic health records. The select committee, as well as the TMA Health Information Technology Committee, has met several times with the Texas Health and Human Services Commission regarding use of the funds. As a result of the federal stimulus funds, Texas receives a 70 percent matching rate for Medicaid expenditures. Typically, Texas' match rate is 60 percent. However, unless Congress extends the enhanced matching rates, the extra dollars will expire in December 2010. This will leave a significant Medicaid budget shortfall.

HIT-related stimulus dollars have not yet been spent in Texas. Funding is expected later this year to help fund planning related to health information exchange and state agency administrative costs related to HIT adoption. Beginning in 2011, HHSC expects to begin distributing incentive funds to Medicaid-participating physicians who demonstrate meaningful use of EMRs.

Council on Legislation, Council on Socioeconomics, and Select Committee on Medicaid, CHIP, and the Uninsured Joint Report 3, Update on 2009 Medicaid, CHIP, and Health Care Coverage Legislative Initiatives: That TMA (1) continue to strongly support legislation to establish a buy-in option under the Children's Health Insurance Program (CHIP) for families with uninsured children who do not currently qualify for CHIP. Any CHIP buy-in program must include policies to deter families or employers from dropping private coverage in favor of public coverage, including graduated premium payments based on family income, a limited open-enrollment period, and a waiting period; and (2) support for any CHIP buy-in legislation be contingent on continued, aggressive, and simultaneous efforts to (a) increase Medicaid and CHIP payment rates to Medicare parity or better; (b) enact 12-months' continuous coverage for children in Medicaid; (c) ensure sufficient funding for the state's eligibility system so that applications for Medicaid or CHIP are timely adjudicated; and (d) expand availability of affordable private health insurance for small businesses and their employees. **Adopted.**

REFERRED TO: Council on Legislation and Select Committee on Medicaid, CHIP, and the Uninsured

STATUS: TMA remains committed to establishing a CHIP buy-in, enacting 12-months continuous coverage for children in Medicaid, fixing the state's broken eligibility system, and increasing Medicaid payment rates to Medicare parity. However, the legislature anticipates an $11 to $17 billion budget deficit during the 2011 legislative session. The deficit will undoubtedly result in proposals to cut the existing CHIP and Medicaid programs, including physician payments. As such, TMA's advocacy in 2011 will focus primarily on maintaining existing services rather than implementing new ones.

Select Committee on Health System Reform Report 1, National Health System Reform Update, Principles for Evaluation: That TMA (1) adopt the principles developed by the Select Committee on Health System Reform as TMA policy and (2) use the principles as evaluation criteria in examining national health system reform proposals. **Adopted.**

REFERRED TO: Task Force on Health System Reform

STATUS: The house adopted the 17 principles proposed by the Select Committee on Health System Reform as contained in the aforementioned report. Based on these principles, TMA did not take a position on the health system reform House bill and instead worked with the Texas Congressional Delegation to advocate for changes to the bill that included (1) moving the organization and function of a "public option" from a Medicare based program to one based on voluntary physician participation and negotiated rates for physicians; (2) proposing language to specifically protect the Texas liability reforms passed in 2003 from a federal preemption; (3) advocated changes in the bill to protect physician owned hospitals; and (4) the enactment of a permanent Medicare physician payment formula based on the cost of providing medical care and one that is backed by a stable funding formula. TMA opposed the Senate's version of this bill based on these same principles.

While great strides were made with the House bill in Congress, the Senate bill ultimately was used as the basis for the national health reform bill that passed in March 2010.

Resolution 401, Out-of-Network Payments (Harris County Medical Society): That TMA (1) publicly urge the Texas attorney general to investigate out-of-network payments to physicians from insurance companies doing business in Texas; (2) support legislation for clear and transparent health insurance company language so that prudent lay persons will know their financial responsibility when receiving care out of network; and (3) take this resolution to the American Medical Association for these changes to be included in self-insured ERISA plans through the U.S. Attorney General and the U.S. Department of Labor. **Adopted.**

REFERRED TO: Council on Socioeconomics, Council on Legislation, Division of Communications, Office of the General Counsel

STATUS: TMA urged the Texas Attorney General to investigate issues related to tiered networks and out-of-network claims settlement. TMA pursued the Health Insurance Code of Conduct legislative package which included several transparency efforts.

Resolution 402, Fair Payment for EMTALA Care (Harris County Medical Society): That TMA (1) support requirements for health and health care payment plans to provide "fair payment" for services rendered under the Emergency Medical Treatment and Active Labor Act (EMTALA) mandate; and (2) oppose efforts to limit or restrict balanced billing of patients for out-of-network physicians who are not given fair reimbursement. **Amended to read, "That TMA support requirements for health care payment plans to provide fair payment for services rendered under the Emergency Medical Treatment and Active Labor Act (EMTALA) mandate, and oppose efforts to limit or restrict balance billing of patients for out-of-network physician services."**

REFERRED TO: Council on Socioeconomics and Council on Legislation

STATUS: During the 2009 legislative session, TMA successfully opposed efforts to prohibit physician billing for out-of-network services and successfully negotiated in HB 2256 a process for an informal dispute resolution phone call, followed by a mediation process that includes the patient, the physician and the health plan.

Resolution 403, Ongoing Professional Practice Evaluations (Harris County Medical Society): That TMA (1) develop materials to assist medical staffs in establishing transparent policies to implement and conduct Ongoing Professional Practice Evaluations; and (2) take this issue to the American Medical Association House of Delegates. **Amended to read, "That TMA develop materials to assist medical staffs in establishing transparent policies to implement and conduct Ongoing Professional Practice Evaluations, and take this issue to the American Medical Association House of Delegates and encourage the development of resources to help physicians with ongoing professional practice evaluations.**

REFERRED TO: Council on Socioeconomics, Division of Communications, Practice Management Education

STATUS: TMA provides an easy web-based evaluation and management coding tool to aid physicians in reviewing utilization as compared to other practices in the same specialty.

Resolution 404, Free Practice of Medicine (Angelina County Medical Society): That (1) TMA coordinate with the American Medical Association in standing strong to oppose any system of socialized medicine in the United States of America; and (2) TMA and AMA encourage Congress to relax regulations and impediments that hurt the free practice of medicine and work to pass measures establishing an entirely free enterprise medical system in the United States, free from private, third-party payer and government payer interference. **Referred.**

REFERRED TO: Task Force on Health System Reform

STATUS: TMA worked effectively with democratic members of the Texas Congressional Delegation to affect changes in the health system reform House bill. Key amendments were offered to protect Texas liability legislation and to sustain physician-owned hospitals. No such opportunities were present with the Senate bill, which TMA had opposed. The Senate's version of this bill ultimately passed with the support of the AMA.

Resolution 405, Patient and Physician Choices in Health Care System (Angelina County Medical Society): That (1) TMA ask the American Medical Association to demand that within any national socialized medical system physicians be allowed to practice fee-for-service medicine entirely or on a case-by-case basis, not being punished, coerced, nor prohibited from future participation in socialized medicine outside of the socialized medical system; and (2) patients who choose to participate in fee-for-service medical treatment shall not be punished, coerced, nor prohibited from future treatment within a socialized medical system. **Referred.**

REFERRED TO: Task Force on Health System Reform

STATUS: Principle #4, *"Preserve patient and physician choice and the integrity of the patient-physician relationship"* in the set of principles adopted by the TMA House of Delegates in 2009 (see status of Select Committee on Health System Reform Report 1, National Health System Reform Update, Principles for Evaluation on page 10 of this audit trail) was fundamental. This also was a key message in the nearly twenty TMA and county medical society sponsored "House Call" events held across the state in September and October, 2009.

Principle #4 often was the most referenced by patients participating in these "House Call" forums. The intent of this resolution also was addressed with the Texas Congressional Delegation in which TMA offered modifications to the original health system reform House bill seeking to change the

proposed "public option" program from one based on mandating that physicians who participate in Medicare also participate in the "public option" program at Medicare rates. TMA's advocacy at the congressional level was effective in altering this option to one based on voluntary physician participation and a payment methodology based on negotiated rates. Unfortunately, this option was removed from the House version of the bill and was not included in the Senate version, which ultimately passed in March 2010.

Resolution 406, Permitting Purchase or Reimbursement for Individual Health Insurance in Businesses With One Non-Owner Employee (Dallas County Medical Society): That TMA recommend to the Texas Department of Insurance commissioner and/or appropriate legislative committee(s) to enact rules, regulations, and/or legislation that permit the purchase of health insurance or reimbursement for health insurance for the solitary employee of a small business. **Amended that TMA recommend to the Texas Department of Insurance commissioner and/or appropriate legislative committee(s) to enact rules, regulations, and/or legislation that permit the purchase of health insurance or reimbursement for health insurance for the solitary employee of a small business and to allow aggregation of employees for the purpose of obtaining more affordable group health insurance.**

REFERRED TO: Council on Socioeconomics

STATUS: TMA supported legislation during the 2009 session that allowed certain sole proprietors to be eligible and participate in small employer benefit plans. The bill did not receive a hearing. TMA also supported "Healthy Texas" insurance legislation. This law gives TDI the authority to establish benefit design parameters and uses a state-funded pool to pay for above average health claims costs by reducing exposure to high-cost claims. It is believed that premiums will stabilize in the Healthy Texas program products. The Healthy Texas program is aimed at bringing insurance to uninsured small business owners and workers.

Resolution 407, Decrease Number of Uninsured (Dallas County Medical Society): That TMA recommend that each of the 17 health care payment plan organizations be allowed and instructed to accept applications for Medicaid, enroll clients, and determine eligibility, sending such information to the Texas Health and Human Services Commission, to increase the number of children enrolled in Medicaid, decrease the number of uninsured children in the state, and potentially increase physician provider enrollment. **Referred.**

REFERRED TO: Select Committee on Medicaid, CHIP, and the Uninsured

STATUS: This issue requires additional research and discussion with HHSC. HHSC has indicated its priority is fixing problems with the existing system.

Resolution 408, Increase Access to Care for Medicaid Patients (Dallas County Medical Society): That TMA propose that the U.S. Department of Health and Human Services standardize its contracts with the 17 Texas health care payment plan organizations to allow and instruct each organization to cover and reimburse after-hours non-emergent care provided by individual Medicaid physicians at a reimbursement rate of $100 per visit. This would increase access to care for Medicaid patients while decreasing state Medicaid costs, and potentially increase Texas physician Medicaid enrollment. **Amended to read, "That TMA propose that the Texas Health and Human Services Commission standardize its contracts with Texas health care payment plan organizations to allow and instruct each organization to cover and offer payment for after-hours non-emergent care provided by physicians as a fair payment rate."**

REFERRED TO: Select Committee on Medicaid, CHIP, and the Uninsured

STATUS: The Texas Health and Human Service Commission is evaluating adding after-hours services as a covered benefit in Medicaid.

Resolution 409, Appropriation of New Medicaid Stimulus Funds (Dallas County Medical Society): That the TMA Select Committee on Medicaid, CHIP, and the Uninsured work directly with the State of Texas and the Texas Health and Human Services Commission to determine how best to appropriate the new Medicaid stimulus funds. **Adopted.**

REFERRED TO: Select Committee on Medicaid, CHIP, and the Uninsured

STATUS: The majority of Medicaid ARRA – or stimulus – funds resulted in a temporary enhancement in the state's federal Medicaid matching rate. As a result of ARRA, Texas' current federal matching rate is 70 percent versus 60 percent in typical years. These funds flow to Texas automatically as state Medicaid dollars are expended. ARRA enhanced Medicaid funds will expire December 2010 unless Congress extends the funding. In addition to the enhanced federal Medicaid matching funds, ARRA allocated funds to promote adoption of electronic medical records by Medicaid-participating physicians. The select committee, as well as the TMA Health Information Technology Committee, has met several times with the Texas Health and Human Services Commission regarding use of the funds. HHSC also has established an HIT Advisory Committee, chaired by Joe Schneider, MD, to provide ongoing input on the state's efforts to promote HIT adoption. HIT-related stimulus dollars have not yet been spent in Texas. Funding is expected later this year to fund planning related to health information exchange and to cover a portion of the state's administrative costs related to HIT adoption. Beginning in 2011, HHSC expects to begin distributing incentive funds to Medicaid-participating physicians who demonstrate meaningful use of EMRs.

Resolution 410, Equal Reimbursement for Rural Health Clinics (Calhoun County Medical Society): That TMA, along with the American Medical Association, work to make reimbursement for rural health clinics equal to federally qualified health clinics. **Amended to read, "That TMA work with AMA to remove the payment cap for rural health clinics."**

REFERRED TO: Select Committee on Medicaid, CHIP, and the Uninsured and Committee on Rural Health

STATUS: TMA understands that payment caps on Rural Health Clinics (RHCs) owned by physicians is an ongoing issue that needs to be resolved so that physician-owned RHCs remain economically viable and clinic patients are provided with the best possible care. In 2009 and early 2010, TMA and the AMA priorities centered on health reform issues. With the passage of these reforms, TMA fully intends to work with AMA to increase the focus back on RHC's reimbursement issues.

Resolution 411, Commercial Insurance Options for Expanding Children's Health Care (Harris County Medical Society): That TMA endorse multiple options for expanding coverage to children, such as government contributions to commercial premiums or payment to out-of-pocket, high-deductible insurance plans. **Adopted.**

REFERRED TO: Select Committee on Medicaid, CHIP, and the Uninsured

STATUS: During the 2009 legislative session, TMA supported multi-pronged efforts to improve availability of health insurance coverage for children – a sliding scale CHIP buy-in program for families who earn too much for CHIP, enactment of the Healthy Texas program, which will extend affordable health care coverage to small employers, and funding to support local three-share programs. The legislature adopted legislation to implement the Healthy Texas program. The Texas Department of Insurance is currently in the process of implementing the program. The scheduled launch is summer 2010. Small employers that participate in the program will be given the option of also providing dependent care coverage via the program.

In addition to TMA's legislative advocacy, TMA strongly supports the Medicaid Health Insurance Premium Payment Program (HIPP), which pays the premiums for Medicaid eligible patients who have access to private health insurance.

Resolution 412, Commercial Insurance for All Expansion of Health Care (Harris County Medical Society): That TMA (1) endorse and promote the use of commercial insurance at standard commercial physician payment rates in government expansion of health care coverage and oppose increased use of government-based programs; and (2) take this issue to the American Medical Association House of Delegates. **Referred for immediate action.**

REFERRED TO: Council on Socioeconomics, Council on Legislation, and Office of the General Counsel

STATUS: On a state level, TMA supported the Healthy Texas insurance program. This program uses private insurance stabilized by a state fund to deliver insurance coverage to small businesses in Texas.

Resolution 413, Transparency of Preventative Care Services (Harris County Medical Society): That TMA (1) seek legislation requiring insurance companies to adopt standardized, readily accessible, and understandable terminology spelling out coverage for preventive care services, including recommended vaccine products and services; and take this issue to the American Medical Association House of Delegates. **Amended to read, "That TMA seek legislation requiring insurance companies to adopt standardized, readily accessible, and understandable terminology spelling out coverage for preventive care services, including adequate payment for recommended vaccine products and services, and take this issue to the American Medical Association House of Delegates.**

REFERRED TO: Council on Legislation, Council on Public Health, and Council on Socioeconomics

STATUS: TMA sought and supported "insurance facts" labeling legislation which attempted to bring the simplicity of a nutrition label to the sale of insurance. Had it passed, the label would have provided information on deductibles, out-of-network payments and availability of certain maternity benefits. With the passage of federal HSR, similar requirements now are required of both ERISA and state-regulated plans.

Resolution 414, Electronic Health Care Information for Children (John R. Asbury, MD): That TMA recommend that newborn screen data, immunization data from the state immunization tracking system (ImmTrac), and other laboratory data performed by state facilities be kept in one location for use by the medical home for comprehensive, efficient care of children. **Amended to read, "That TMA recommend that newborn screen data, immunization data from the state immunization tracking system (ImmTrac), and other laboratory data performed by state agencies be kept in an accessible and interoperable location for use by the medical home for comprehensive, efficient care of children."**

REFERRED TO: Council on Public Health

STATUS: TMA's Committee on Child and Adolescent Health will continue to monitor. The state's health information databases currently exist on separate technology platforms, and require different consent procedures and guidelines. Integrating the data systems would require careful planning to address privacy concerns and technological capability, as well as additional financial resources. TMA works closely with the Texas Immunization Stakeholder Working Group, the newborn screening program, and other areas within Texas Department of State Health Services, in order to provide physician feedback to state programs. The committee will continue to make recommendations to improve the data systems within DSHS (See Committee on Child and Adolescent Health Report 2 in this handbook on ImmTrac improvements.)

Resolution 415, Increase Enrollment of Children In Health Insurance Plans (John R. Asbury, MD): That (1) TMA, as a high priority in conjunction with the Texas Medical Association Alliance and other groups, work to increase the number of children enrolled in available health insurance programs with the goal of ensuring that all Texas children are provided a medical home for comprehensive basic medical care in the very near future; and (2) reimbursement for services in the medical home be adequate to keep the medical home a viable institution for Texas children. **Adopted.**

REFERRED TO: Select Committee on Medicaid, CHIP, and the Uninsured

STATUS: During the 2009 legislative session, TMA advocated in favor of enacting 12-months continuous coverage for children in Medicaid, establishing a sliding scale CHIP buy-in, fixing ongoing problems with the state's Medicaid and CHIP eligibility system, and increasing physician Medicaid and CHIP payment rates to improve physician availability in both programs. The legislature did authorize funding to hire 700 additional eligibility workers to expedite Medicaid, CHIP, and food stamp enrollments and renewals. In 2011, TMA will continue to advocate for these priorities. However, given the expected $11 to $17 billion budget shortfall, the TMA's priority will be preventing steep cuts in existing programs and physician Medicaid/CHIP payment rates.

Resolution 416, Guidelines for Health Care Expenditures (John R. Asbury, MD): That (1) TMA and the American Medical Association work together with all components of our society to develop a mechanism to address the issue of health care and its costs relative to resources available based on the following categories: (a) health care activities found to be highly cost-effective, (b) health care activities found to be cost-effective, (c) health care activities found not to be cost-effective but justified due to society's general concerns for the health care of its people, and (d) health care activities found to be exceedingly expensive and not justified by the benefits (however, the cost of these activities may be paid by the individual at his or her own expense); (2) this process be ongoing as advances in medicine occur, along with changes in health care costs and the resources available; (3) this allocation process be implemented, sensitive to private citizens' humanitarian values, for the common good and on how society should distribute its resources; (4) the TMA Board of Trustees consider this resolution a high priority and refer it to the appropriate groups within the association for action; and (5) this resolution be forwarded to the American Medical Association House of Delegates for consideration and adoption. **Referred.**

REFERRED TO: Task Force on Health System Reform

STATUS: The intent of the resolution was addressed by the set of principles adopted by the TMA House of Delegates in 2009 (see status of Select Committee on Health System Reform Report 1, National Health System Reform Update, Principles for Evaluation on page 10 of this audit trail) and embodied in principle #2, *"Promote patient safety as a top priority for reform, recognizing an effective mix of initiatives that combine evidence-based accountability standards, committed financial resources, and rewards for performance that incent and ensure patient safety"* and in principle #3, "*Adopt physician-developed, evidence-based tools for use in scientifically valid quality/patient safety initiatives that incentivize and reward the physician-led health care delivery team, and include comparative effectiveness research used only to help patient-physician relationships choose the best care for patients."* Parenthetically, the health reform bill included provisions to establish Patient-Centered Outcomes Research Institute.

Items 1-3 in the above resolution largely fit into the focus of such a research institute. Addressing the goals of this proposed research institute is beyond the resources of any one medical association, even though all state medical associations would be expected to participate to a significant degree in the eventual work of the institute.

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2008 AUDIT TRAIL
Texas Medical Association House of Delegates

Awards, amendments to the Constitution and Bylaws, and policy recommendations are not included.

FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS

Recommendations to (1) amend TMA Bylaws to provide that all candidates for trustee, regardless of term, be nominated and considered in a single election; (2) change tenure for at-large trustees from three three-year terms to two three-year terms; (3) amend the bylaws accordingly; and (4) implement the new tenure policy with all newly elected at-large trustees and those at-large trustees currently in their first terms (CCB Rep. 1). **Adopted** recommendation 1**; did not adopt** recommendations 2, 3, and 4**; and referred** for consideration to amend TMA Bylaws with regard to how ballots are cast and counted.

> **STATUS**: See Council on Constitution and Bylaws Report 2 at the "Financial and Organizational Affairs" tab in this handbook.

Recommendations that TMA support legislation to amend the Texas Insurance Code to require utilization review agents to be supervised by a Texas licensed physician and require denials of care based on medical necessity to be made by Texas licensed physicians; and work to amend the Medical Practice Act to clearly include as the practice of medicine (1) supervision of persons performing precertification or preauthorization based on medical necessity, and (2) denial of precertification or preauthorization of medical services based on a determination of medical necessity (CL Rep. 1). **Amended to read** that TMA, "support legislation that would amend the Texas Insurance Code to require utilization review agents to be supervised by physicians licensed to practice medicine in the State of Texas, and all denials of care based on medical necessity to be made by physicians licensed to practice medicine in the State of Texas, and (2) work to amend the Medical Practice Act to (1) clearly include the supervision of persons performing precertification or preauthorization based on medical necessity as the practice of medicine; and (2) include any denial of precertification or preauthorization of medical services based on a determination of medical necessity as the practice of medicine."

> **STATUS**: TMA's Ad Hoc Committee on Managed Care and Insurance and the Council on Legislation continue negotiations with the Texas Medical Board and advocacy with the Texas Legislature that address the recommendations of the house in this regard.

Recommendation that TMA work with the Texas Medical Board to allow rural physicians to submit their fingerprints on an ink card at their local law enforcement agency instead of having to travel for the digital scan (CM-RH Rep 1). **Adopted.**

> **STATUS**: TMA contacted TMB and learned that TMB does not have a legislative mandate to fingerprint current licensees and will not require fingerprints of current licensees. For applicants for a license who have difficulty obtaining a scan of their fingerprints, TMB will provide a fingerprint card that can be used at a local law enforcement agency and submitted to TMB as part of the licensure process.

Resolution that TMA support legislation and rules which would require the Texas Medical Board to be bound by and follow the decisions of a State Office of Administrative Hearings judge's findings of fact and conclusions of law (Res. 102). **Adopted.**

> **STATUS**: Several pieces of legislation have been filed to address the issue of the TMB overturning decisions SOAH. HB 998 (Rep. Fred Brown-Bryan) and HB 1126 (Rep. Eddie Lucio III-Brownsville) both include provisions making the decisions final. A number of other pieces of

legislation include similar provisions. The central question is exactly what decisions SOAH judges should be rendering in cases. Although the statute limits the judge's authority to "findings of fact and conclusions of law," a number of judges also are making recommendations regarding the penalties being assessed against physicians by the TMB. Since theses judges have no foundation under which to determine the appropriateness of the penalties being assessed, TMB should retain this responsibility. However, as to "findings of fact and conclusions of law," TMB should be bound by the judges' decisions and if either party is unhappy with those decisions, they should have the ability to appeal in district court.

Resolution that TMA support a change to the rules regulating the actions of the Office of the Inspector General (OIG) that would require the OIG to use State Office of Administrative Hearings (SOAH) for administrative violations and to be bound by the findings of fact and conclusions of law as made by the SOAH judge (Res. 103). **Adopted.**

STATUS: In September 2008, the Board of Trustees asked the Council on Legislation to provide a report to the House of Delegates in 2009 on current and proposed efforts to develop, introduce, and pass legislation that would bind the TMB to SOAH judge's decisions and allow for injunctive relief from DHHS OIG investigative practices.

Resolution to amend TMA Bylaws to require that members elected or appointed to serve on association components must practice medicine or teach medicine, be enrolled in a medical school or residency program, or work in a health care position in Texas, and to provide exemptions for current members of these components and the president (Res. 104). **Referred.**

STATUS: See Board of Councilors Report 7 behind the "Financial and Organizational Affairs" tab in this handbook.

Resolution that TMA develop policy addressing direct consumer marketing of prescription drugs (Res. 106). **Adopted.**

STATUS: See Council on Scientific Affairs Report 3 behind the "Science and Education" tab in this handbook.

Resolution that TMA encourage expedient development of a Physician Diversion Program (PDP) that will (1) assume responsibility for monitoring physicians with a history of mental illness and or chemical dependency, (2) deal appropriately with a relapsing physician and, when necessary, report evidence of relapse to the Texas Medical Board with recommendations for addressing the situation, and (3) conduct a random urine-screening program in an efficient and cost-effective manner for the monitored physicians; and that treatment and monitoring be of a reasonable duration determined by the progress of the physician's recovery — long enough to ensure that a good program of recovery is established, yet not so long as to be punitive (Res. 107). **Referred to Committee on Physician Health and Rehabilitation.**

STATUS: See Committee on Physician Health and Rehabilitation Report 4 behind the "Socioeconomics" tab in this handbook.

Resolution that TMA recommend to the Texas Medical Board (TMB) that 2003 tort reform mandates be interpreted to include protecting the public by following Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines and American Academy of Family Physicians (AAFP) HIPAA Guidelines of 2002; that only cases involving patient care and standard-of-care issues where patient harm or damages actually have occurred should be the focus of TMB actions; that TMB handle administrative cases separately from patient care issues and in a manner that recognizes and accepts federal HIPAA and Federal Trade Commission guidelines as well as guidelines developed with AMA and specialty medical organizations; that administrative cases not be reported automatically to the National Practitioner Databank or published in the TMB newsletter and that an affirmative defense shall be recognized; that the mandate of TMB is to cooperate

with physicians to resolve matters of concern to Texas patients and not to punish them as the primary purpose of TMB; and that TMA recommend to TMB that because its mandate comes from the people, its investigations should be initiated only by patients and not by the media or anonymous and perhaps unreliable sources without confirmation that the information was obtained legally and submitted properly to TMB (Res. 108). **Referred.**

> **STATUS**: In September 2008, the Board of Trustees asked the Council on Legislation to provide a report to the House of Delegates in 2009 on the status of statutory reform of the Texas Medical Practice Act and regulatory and policy changes at the Texas Medical Board.

Resolution that TMA work within all reasonable means to (1) secure smoke-free meeting facilities, including but not limited to banquet and meeting halls, common areas, and hallways; and (2) include contract provisions that ensure that TMA meeting attendees are able to secure nonsmoking rooms; and that the Texas Delegation to AMA carry a similar resolution to AMA with the additional directive that AMA leadership consider locations and cities not previously utilized in order to comply with this resolution (Res. 109). **Adopted.**

> **STATUS**: TMA conference/meeting staff continues to work to secure smoke-free meeting facilities, acknowledging that the number of totally smoke-free facilities in Texas is limited and many hotels retain a few smoking rooms. Also, some convention centers, such as those in Houston and San Antonio, still have smoking areas which are not removable via contract.
>
> A similar resolution, presented by the Texas Delegation, was considered by the American Medical Association House of Delegates in June 2008. In response, AMA re-confirmed its current policy:
>
> > **G-630.141 Future AMA Meetings in Smoke-Free Facilities/Hotels**
> > All meetings and conferences organized and/or primarily sponsored by our AMA will be held in a town, city, county, or state that has enacted comprehensive legislation requiring smoke-free worksites and public places (including restaurants and bars), unless intended or existing contracts or special circumstances justify an exception to this policy, and our AMA encourages state and local medical societies, national medical specialty societies, and other health organizations to adopt a similar policy. (Sub. Res. 605, I-06; Reaffirmation A-07)

Resolution that TMA and AMA work diligently with the Federal Trade Commission to provide an exemption to allow physician collective bargaining with health insurance companies (Res. 111). **Amended** the title by substitution to "Physician Joint Negotiation With Health Care Payment Plans," and the resolve to read, "that the Texas Medical Association and the American Medical Association work diligently with the Federal Trade Commission to provide an exemption to allow physician joint negotiation with health care payment plans."

> **STATUS**: With TMA's support, this past year our AMA made significant progress in dialoguing with the Federal Trade Commission on the need for revising FTC enforcement policies on physician networks. It sent the commission a white paper that emphasized the need for greater flexibility in allowing physicians to jointly negotiate health insurance contracts when these physicians engage in "clinical integration." Our AMA urged the commission to abandon the application of the *per se* price fixing rule where network members acquire and maintain electronic medical records and jointly engage in efforts designed to improve care such as sharing information on treatment methods, outcomes, and best practices. This complimented the discussion and concerns raised in the *amicus curiae* brief filed by The Litigation Center of the AMA and State Medical Societies and TMA in support of the appeal of an adverse FTC Order by North Texas Specialty Physicians. In that case the FTC used the abbreviated "quick look" analysis in assessing alleged horizontal price fixing rather than the traditional "rule of reason" analysis.
>
> Fortunately, the commission staff was receptive to AMA's concerns. The FTC staff responded to our AMA's white paper by holding meetings with our AMA staff and stating that they appreciate that their policies "may" have become outdated in light of the changing health care marketplace. The FTC

is asking that in further AMA / FTC negotiations, our AMA present case studies demonstrating the antitrust barriers to physician network improvements in health care.

Our AMA has reinforced our commission dialoguing efforts by taking the AMA case to the Hill. Our AMA has drafted and will introduce this year legislation that would in certain instances confer an antitrust exemption to networks engaged in activities related to clinical performance improvement and in all cases protect their joint negotiations from the *per se* rule and treble damages. Our AMA has presented testimony echoing AMA's FTC white paper concerns before the House Small Business Committee. Our AMA has testified before the Senate Judiciary Committee on the need to revise federal antitrust policies that reduce physicians to atoms while allowing health insurers to merge into monopolies/monopsonies.

The ability of physicians to negotiate with health insurers also is impacted by the substantial consolidation that has been occurring in health insurance markets. Accordingly, last year our AMA played a significant role in opposing the proposed merger of Highmark and IBC in Pennsylvania. State insurance regulators adopted the AMA's reasoning and blocked the merger.

Our AMA has been educating physicians on managing the antitrust risks of joint negotiations. Last year the AMA published "*Competing in the Marketplace: How Physicians Can Improve Quality And Increase Their Value In the Health Care Market Through Medical Practice Integration.*"

Recent activity by the Texas Attorney General has resulted in an agreed order with Memorial Hermann. The order includes and injunction barring Memorial Hermann from entering into any agreement with any health care payment plan that results in a boycott of competing hospitals. The hospital system also cannot require or request that health plans supply information on the rates the health plans pay competing hospitals.

Texas physicians in other parts of Texas have also experienced alleged anticompetitive conduct with the big hospital system in their area. TMA has been advising these physicians and their attorneys to consider contacting the Texas Attorney General's Antitrust Division for assistance.

Resolution that TMA, national and state regulatory agencies, and the Texas Hospital Association collaborate to verify renewal of Texas Department of Public Safety, U.S. Drug Enforcement Administration, and Texas medical licenses electronically by communicating directly with the agency involved, thereby establishing online verification as the primary source of verification and eliminating the time-consuming paper process (Res. 112). **Amended to read** that TMA "collaborate with national and state regulatory agencies and the Texas Hospital Association to verify renewal of Texas Department of Public Safety, U.S. Drug Enforcement Administration, and Texas medical licenses electronically by communicating directly with the agency involved, thereby establishing online verification as the primary source of verification and eliminating the time-consuming paper process."

STATUS: TMA is now involved in a broad-based discussion with licensure, law enforcement, and public safety regulatory agencies to encourage electronic transactions to bring about administrative simplification and reduction of regulatory burdens. The infrastructure to do this must be expanded in the agencies noted, and in both hospitals and physicians' offices.

Resolution that TMA work with legislative and regulatory bodies to advocate for a Texas Standardized Credentialing form that will allow transference of the information on the present form to any future versions (Res. 113). **Adopted.**

STATUS: TMA, in its periodic meetings with the Texas Department of Insurance, continues to advocate for streamlined use of the current standardized form to include the information transference noted in the resolution.

Resolution that (1) TMA become the trusted leader in crafting solutions for the problem of the medically uninsured and establish a blue ribbon Ad Hoc Committee for the Medically Uninsured with the mission to seek realistic and workable solutions to address the problems of the medically uninsured in Texas and to ensure the viability and health of medical practice in Texas; (2) the tasks of the committee be to organize all relevant TMA policy under one committee to become a single source of research, advocacy, and consensus solutions to the issues of the uninsured and other real or perceived problems with our health care system, and to direct focused efforts for the benefit of our patients (the general public), print media, televised media, state legislators, and national legislators, and so forth; and (3) TMA make the issue of the medically uninsured in Texas a top priority (Res. 115). **Adopted.**

> **STATUS**: At the direction of the house and following discussions with the resolution sponsors, the Select Committee on Health System reform was appointed to monitor national health system reform issues, develop principles for evaluating national system reform proposals, and forward a report to the House of Delegates for the 2009 Annual Session. See Joint Report of Council on Socioeconomics, Council on Legislation and Select Committee on Medicaid, CHIP, and the Uninsured behind the "Socioeconomics" tab in this handbook.

FROM REFERENCE COMMITTEE ON PUBLIC HEALTH

Recommendation that TMA promote the creation of staff positions for physicians with expertise in child and adolescent mental health in all state agencies involved in policymaking regarding children's mental health services (CM-CAH Rep. 2). **Adopted.**

> **STATUS**: The Committee on Child and Adolescent Health will continue to monitor the involvement of mental health experts working to support child and adolescent issues and policy within state agencies. The committee recognizes the statewide shortage of specialists in child and adolescent psychiatry and acknowledges that among state agencies, experts in child mental health are employed by state agencies. State agencies also consult and contract with a variety of stakeholders, including TMA members, who have a broad expertise in child and adolescent mental health issues.

Recommendation to adopt the following as policy (CM-CAH Rep. 4-A-08): The Texas Medical Association urges all schools, from preschool through 12th grade, to:

1. Develop Medical Emergency Response Plans (MERPs);
2. Practice these plans in order to identify potential barriers and strategies for improvement;
3. Ensure that school campuses have a direct communication link with an emergency medical system (EMS);
4. Identify students at risk for life-threatening emergencies, and ensure these children have an individual emergency care plan that is formulated with input from a physician;
5. Designate roles and responsibilities among school staff for handling potential life-threatening emergencies, including administering medications, working with EMS and local emergency departments, and contacting families;
6. Train school personnel in cardiopulmonary resuscitation;
7. Adopt the School Guidelines for Managing Students with Food Allergies distributed by the Food Allergy and Anaphylaxis Network; and
8. Ensure that appropriate emergency equipment to deal with anaphylaxis and acute asthmatic reactions is available and that assigned staff know how to use this equipment.

TMA will work to expand to all state laws permitting students to carry prescribed epinephrine or other medications prescribed by their physician for asthma or anaphylaxis.

TMA supports increased research to better understand the causes, epidemiology, and effective treatment of anaphylaxis.

TMA urges the Centers for Disease Control and Prevention to study the adequacy of school personnel and services to address asthma and anaphylactic emergencies.

TMA urges physicians to work with parents and schools to ensure that all their patients with a food allergy have an individualized emergency plan.

TMA will work to allow all appropriately trained clinical first responders to carry and administer epinephrine in suspected cases of anaphylaxis (CM-CAH Rep. 4-A-08). **Adopted**.

STATUS: The committee is working with the school health program within the Department of State Health Services on ways to utilize physician expertise in outreach efforts and educational materials. Also, the committee will continue to look for additional ways to communicate to physicians, parents, and children.

Recommendations that TMA (1) in partnership with the Texas College of Emergency Physicians, advocate legislation during the 2009 legislative session establishing the minimum operating criteria and regulatory framework for free-standing emergency departments, with specific recommendations regarding what the legislation should specify; (2) advocate additional funding in the 2009 legislative session to sustain and expand recent state investments to redesign mental health crisis services as well as to expand the availability of community-based mental health care, including prevention and early intervention strategies; and (3) undertake a multi-faceted public education campaign regarding the dangers of heat exhaustion and stroke and how to prevent it, particularly among child and adolescent athletes. Possible communication strategies should include TMA-developed radio and print public service announcements, placement of physician guest editorials in local newspapers and parenting magazines, as well as letters to state coaches and athletic trainer associations encouraging their members to adhere to the rehydration strategies recommended by TMA and the American Academy of Pediatrics (CM-EMS Rep. 1). **Adopted.**

Resolution that TMA (1) support legislation regulating free-standing emergency departments that would include a requirement to be open 24 hours a day, seven days a week, 365 days a year; (2) support legislation regulating free-standing emergency departments that would include a minimum requirement for life support equipment for both adults and pediatric patients, set forth minimum standards for licensed personnel staffing the emergency departments, and require certification by The Joint Commission or other such independent accreditation body; and (3) collaborate with the Texas College of Emergency Physicians regarding proposed regulations and oppose any proposed regulations that are onerous or go against TMA policy (Res. 204). **Amended the second resolve to read,** "support legislation regulating free-standing emergency departments that would include a minimum requirement for life support equipment and training for both adults and pediatric patients, set forth minimum standards for licensed personnel staffing the emergency departments, and require certification by the Joint Commission or other such independent accreditation body."

STATUS (for CM-EMS Rep. 1 and Resolution 204): Two pieces of legislation have been filed regarding the operation and regulation of independent freestanding emergency medical care facilities. One, HB 1357 (Rep. Carl Isett-Lubbock), does not require 24/7 operation of freestanding facilities. The other, HB 2183 (Rep. John Zerwas-Houston) does require 24/7 operation and TMA, along with the Texas College of Emergency Physicians, is working in support of passage of the legislation.

Recommendations that TMA (1) support 100 percent influenza vaccination among health care workers. Health care workers opting to decline influenza vaccine offered by the employer should be required to sign a declination waiver to be included in the personnel file. The waiver should include educational information about the danger of nonimmunization and the potential spread of influenza among patients and family members; (2) support the Advisory Committee on Immunization Practices policy recommending that all health care workers who have direct patient contact in hospitals or clinics get a dose of tetanus-diphtheria-pertussis vaccine (Tdap). A two-year interval since the last tetanus-diphtheria vaccine (Td) is suggested but not required. TMA recommends that employers assess for, administer, or secure a declination waiver for Tdap during the period when they are offering the annual influenza vaccine; and (3) also encourage

physicians practicing obstetrics quality-of-care measures in private practice (and others, including advance practice nurses and midwives) to offer influenza vaccination to pregnant women, especially to women during the second or third trimester of pregnancy, or upon postpartum hospital discharge. TMA supports offering these women the option of receiving the tetanus-diphtheria-pertussis vaccine at the time of hospital discharge as well, preferably as a standard delegated medical order (CM-ID Rep. 2). **Adopted.**

> **STATUS**: TMA consulted with representatives of the Texas Association of Community Health Centers (TACHC), the Texas Hospital Association, and several programs in the Department of State Health Services (DSHS). Both TACHC and DSHS contract with hundreds of clinics across the state and provide support to health care providers in those clinics. Representatives of these organizations have agreed to participate in a workgroup to update current agency policies for health care workers, provide training, and amend current contracts with clinics to encourage appropriate training and vaccination of staff and pregnant women. The Texas Hospital Association has agreed to include an article on vaccination of health care workers in its monthly publication.

Recommendation that TMA enthusiastically support efforts to improve preconception health and care, including the important elements of breastfeeding education, weight management, planning families, and avoiding unplanned pregnancy (CM-MPH Rep. 1). **Amended to read** that TMA "actively support efforts to improve access to preconception health and care, including the important elements of breastfeeding education, weight management, tobacco cessation, planning families, and avoiding unplanned pregnancy."

> **STATUS**: The TMA Committee on Maternal and Perinatal Health continues to explore ways to promote breastfeeding, and especially immediate postpartum support for breastfeeding mothers. The committee is working with the Select Committee on Medicaid and the Uninsured to possibly request *Frew vs. Hawkins* money for lactation consulting funding in hospitals; providing feedback to the Department of State Health Services (DSHS) on topics such as the Women, Infants, and Children's new food packages; and collaborating with DSHS to plan and propose greater awareness of the need for appropriate vaccination of pregnant women. In addition, the committee is preparing an article for *Texas Medicine* on preconception health.

Resolution that TMA urge our state government leaders and legislators to act to reduce pollution from coal-fired power plants and diesel engines. Steps might include (1) requiring the immediate installation or retrofitting of technology highly efficient in reducing all forms of air pollution, including ozone-causing pollutants, particulates, carbon dioxide, and mercury on all existing and future coal-fired power plants; (2) ending state subsidies for polluting coal-fired power plants and levying a tax on coal, equivalent to that on natural gas, sufficient to pay future federal levies on pollution damage; (3) placing a moratorium on approval of old-technology coal-fired power plants; and (4) requiring an addition to the state diesel retrofit program to include particulate controls (Res. 201). **Adopted.**

> **STATUS**: TMA provided funding to the Texas Business for Clean Air to support completion of a report by Rice University to identify evidence-based policy options for reducing air pollutants, reducing energy demand, and promoting sustainable energy in Texas. The policy options identified in the report have been the basis for legislation that has been filed in the 81st session. TMA also has consulted with the Nueces County Medical Society in its local efforts to promote public awareness of the health effects of increased pollutants that would be created in Nueces County if coal plants are not using the latest clean air technologies.
>
> TMA is working in conjunction with a number of other advocates in support of a number of pieces of legislation aimed at reducing pollutants from certain power plants and diesel engines. SB 16 (Sen. Kip Averitt-Waco) is an omnibus piece of legislation focused on improving air quality.

Resolution that TMA explore a mechanism similar to the federal government's Vaccines for Children program so insurance companies could purchase vaccines directly as a consortium, allowing physicians to

order from a source of prepaid vaccines, thereby allowing the insurance companies to ensure the best price from manufacturers (Res. 202). **Referred with report back at A-09.**

Resolution that TMA work for legislation to protect childhood vaccines, mandating that insurers cover all true costs of immunizations as defined by the American Academy of Pediatrics, using nationally recognized benchmark such as the Centers for Disease Control and Prevention private-party, single-dose data, and include compensation for the small business revenue tax of 1 percent as well as a reasonable profit margin to ensure that primary care physicians are able to continue vaccination programs and provide for the health and well-being of Texas children (Res. 208). **Referred with report back at A-09.**

Resolution that insurers be urged to (1) use a benchmark, such as Centers for Disease Control and Prevention (CDC) private-party, single-dose cost data at www.cdc.gov/vaccines/vfc/cdc-vac-price-list.htm, that is not inclusive of variable discounts; and (2) pay all true costs, defined using CDC private-party cost per dose without variable discounts plus direct overhead of nearly 30 percent (per American Academy of Pediatrics statements including Texas revenue tax of 1 percent) in addition to a profit margin; and that TMA work for legislation to protect childhood vaccines by mandating insurers cover all true costs of childhood vaccines, including a reasonable profit margin, to incentivize primary care doctors to continue vaccination programs and thereby avoid a catastrophic failure of vaccination programs in Texas (Res. 209). **Referred with report back at A-09.**

Resolution that TMA work actively with the Texas Department of Insurance and Texas health plans to ensure Texas physicians are reimbursed for the cost of vaccinating their patients, including any reasonable administrative fee (Res. 210). **Referred with report back at A-09.**

> **STATUS (for Resolutions 202, 208, 209, and 210)**: See Council on Public Health Report 1 behind the "Public Health" tab in this handbook.

Resolution that TMA work with hospitals and health care organizations to develop appropriate mechanisms to facilitate availability of inpatient beds, which would include a workable plan to achieve prompt transfer of admitted patients to inpatient units during "full capacity periods" in the emergency department (ED), when the number of patients needing evaluation or treatment in the ED is equal to or exceeds the ED treatment space capacity (Res. 203). **Adopted.**

> **STATUS**: TMA participated in a forum organized by the Dallas regional office of the Centers for Medicare and Medicaid services to look at issues that included this one. Currently, federal requirements associated with the conditions of participation for Medicare and Medicaid services prevent many hospitals from considering the flexibility urged in the resolution, but TMA continues to look for regulatory opportunities to fashion alternatives to traditional designation of inpatient beds in hospitals to meet full capacity challenges.

Resolution that TMA seek to establish a Texas bipartisan commission to examine, address, and support issues related to access to emergency care in Texas, or a coalition of organizations to address the current crisis (Res. 205). **Adopted.**

> **STATUS**: TMA is pursuing legislative options in collaboration with Texas College of Emergency Physicians.

Resolution that TMA actively work with health care organizations and governmental agencies to ensure adequate emergency department on-call specialist access; maintain current liability protection for treatment of emergency medical conditions; and ensure appropriate physician reimbursement, given existing and special hospital funding for emergency services (Res. 206). **Amended to read** that TMA "actively work with health care organizations and governmental agencies to ensure adequate emergency department on-call specialist access; maintain current liability protection for treatment of emergency medical conditions; and ensure appropriate physician compensation, given existing and special hospital funding for emergency services."

STATUS: TMA is working through the legislative process to address access to emergency services, including protecting existing liability protections for emergency department services, increasing funding for uncompensated trauma care and increasing physician reimbursement levels under Medicaid and other public programs. TMA also is actively engaged in developing principles and recommendations relating to national health system reform. TMA principles for national health reform support enhanced funding for emergency and trauma-related services.

TMA is actively working against SB 152 (Sen. Rodney Ellis-Houston) that would lower the gross negligence standard provided to physicians who provide care in emergency departments. TMA also is working to ensure that funding dedicated for trauma services through the drivers responsibility program be continued and include physicians.

FROM REFERENCE COMMITTEE ON SCIENCE AND EDUCATION

Recommendation that the Council on Scientific Affairs work with the appropriate physician specialty groups to develop evidence-based patient care protocols for end-of-life/critically ill situations, including but not limited to (1) end-stage organ failure (including heart, lung, liver, kidney, and multi-organ system failure); (2) devastating neurological injuries, including but not limited to anoxic encephalopathy, vegetative state, minimally conscious state, locked-in state, and chronic neurodegenerative disorders such as advanced dementia; (3) refractory malignancies; and (4) palliative wound care; and that the Council on Socioeconomics advocate that advance care planning be added as a quality measure and a reimbursable physician service by all appropriate payers, especially government-funded Medicare and Medicaid systems (CHSO Rep. 2). **Adopted.**

STATUS: TMA is a member of the AMA Physician Consortium for Performance Improvement (PCPI) and, through this association, is actively involved with the American Academy of Hospice and Palliative Medicine, the Center to Advance Palliative Care, the National Hospice and Palliative Care Organization and multiple specialty groups in the development of evidence-based clinical performance measures for palliative care. TMA's Council on Scientific Affairs recently reviewed and commented on the first set of Palliative Care Measures and will continue to support ongoing consortium efforts to develop evidence-based patient care protocols for end-of-life care. The Council on Socioeconomics will continue to support opportunities to add reimbursable services as part of state and national level health system reform. The Council on Socioeconomics will continue to support opportunities to add reimbursable services as part of state and national level health system reform.

Recommendations that TMA support the concept and basic benefit of mild induced hypothermia for successful out-of-hospital resuscitation and (1) work with multiple stakeholders to further evaluate current availability and possible risk management issues surrounding this treatment modality; (2) advocate for statewide policy, involving individuals engaged in direct patient care in every step of the policy development process; (3) support research into the broader applicability of mild induced hypothermia as it impacts other neurological disorders, and support the development of a national registry to track data of such cases; and (4) provide ongoing educational articles and seminars for members on this emerging treatment modality (CSA Rep. 2). **Adopted.**

STATUS: The Council on Scientific Affairs (CSA) continues to support the concept and basic benefit of mild induced hypothermia for successful out of hospital resuscitation. Discussions are ongoing with stakeholders, including Houston Fire Department/EMS and the American Heart Association, regarding current implementation activities in Texas. CSA recognizes that, while the efficacy of this treatment modality is scientifically sound and supported by extensive clinical research, data on cost benefit and research on expanded uses of hypothermia are lacking. CSA will assist in identifying physician champions to promote expansion of the use of hypothermia statewide, and support grant-funded research by stakeholders.

Implementation resistance from physicians and health organizations has been identified as being related to economic feasibility, lack of reimbursement, liability concerns surrounding Class II A guidelines, and general doubt over published data. To this end, CSA will work with physician champions to develop an ethics-based CME on hypothermia, targeting emergency room physicians, cardiologists and neurologists, and hospital intensivists.

Recommendations that (1) the use of government issue prescription forms for Schedule II drugs be discontinued; (2) the Texas Prescription Program be upgraded to a full electronic monitoring system; and (3) the Council on Legislation make this a priority for the next legislative session (CM-C Rep. 4). **Adopted.**

STATUS: TMA is working on numerous pieces of legislation aimed at enhancing the current electronic monitoring system and working to achieve a real-time electronic monitoring system. HB 3962 (Rep. Jim McReynolds-Lufkin) moves the reporting system from the Department of Public Safety to the Texas Pharmacy Board and eliminates the existing special prescription pad. SB 911 (Sen. Tommy Williams-The Woodlands) requires the licensing of pain clinics which TMA is working to address potential problems in providing appropriate pain care management for patients.

Recommendation that TMA support newborn screening for cystic fibrosis and that its Council on Legislation work for legislation to add cystic fibrosis screening to the state-mandated newborn screening panel (CSA/CM-MPH Rep. 2). **Adopted.**

STATUS: TMA is working on a rider to SB 1 (Sen. Steve Ogden-Bryan) to add cystic fibrosis screening to the current genetic screening panel. The Texas Department of State Health Services is requesting $2.9 million in general revenue to add cystic fibrosis screening to the current genetic screening panel.

Resolution that TMA stand firmly against the Centers for Medicare & Medicaid Services' (CMS') declaration that a pressure ulcer occurs only in the presence of neglect; and that TMA believes, on the basis of scientific evidence, that CMS is obliged to pay for legitimate care rendered for this condition even if it should occur subsequent to another diagnosis requiring hospitalization (Res. 302). **Referred.**

STATUS: On June 13, 2008, a joint letter was sent to Acting Administrator Kerry N. Weems, Centers for Medicare & Medicaid Services at the Department of Health and Human Services from TMA Council on Scientific Affairs and Council on Socioeconomics. TMA joined the AMA in voicing strong concerns about several key provisions in the hospital inpatient prospective payment systems including fundamental concerns about implementation of the Hospital Acquired Condition (HAC) proposal. TMA shared concerns about inclusion of specific conditions on the list of HACs for which Medicare will not assign a higher DRG if the HAC was not present on admission. The occurrence of pressure ulcers is one of these conditions. TMA continues to be heard at the local level through attendance at various forums as well as TMA Public Affairs efforts at the federal level to support legislation against this proposal.

Resolution that Texas medical schools be urged to require as admission prerequisites at least a semester, but preferably a year, of courses in basic philosophy/ethics, macroeconomics, and organizational development/behavior (Res. 303). **Referred.**

STATUS: See Council on Medical Education Report 3 behind the "Science and Education" tab in this handbook.

Resolution that TMA pursue every legal means to allow physicians in Texas to dispense prepackaged prescriptions as a means of decreasing errors and increasing efficiencies and convenience for patients (Res. 304). **Referred.**

STATUS: Legislation has been filed to allow physicians to dispense, but TMA is examining the pros and cons associated with pursuing such action.

Resolution that TMA pursue legal means to have Texas law allow the writing of multiple Schedule II prescriptions up to an equivalent of a 90-day supply in the spirit of the U.S. Drug Enforcement Administration guidelines (Res. 305). **Adopted.**

Resolution that TMA support clarification to the laws and rules in Texas to allow the issuance of multiple prescriptions for Schedule II substances consistent with current Department of Justice Drug Enforcement Administration rules (Res. 309). **Adopted.**

Resolution that TMA seek input and support from other interested parties for implementation of a real-time electronic prescription monitoring system based on the National All Schedules Prescription Electronic Reporting System with appropriate access by physicians, pharmacists, and other practitioners with Drug Enforcement Administration permits (Res. 310). **Adopted.**

Resolution that TMA support legislative and regulatory efforts to sunset the official prescription program and implement a Texas All Schedules Prescription Electronic Reporting System modeled on the National All Schedules Prescription Electronic Reporting Act of 2005 (Res. 311). **Adopted.**

STATUS (for Resolutions 305, 309, 310, and 311): TMA is working on numerous pieces of legislation aimed at enhancing the current electronic monitoring system and working to achieve a real-time electronic monitoring system. HB 3962 (Rep. Jim McReynolds-Lufkin) moves the reporting system from the Department of Public Safety to the Texas Pharmacy Board and eliminates the existing special prescription pad. SB 911 (Sen. Tommy Williams-The Woodlands) requires the licensing of pain clinics which TMA is working to address potential problems in providing appropriate pain care management for patients.

Resolution that TMA pursue efforts to change Texas law to facilitate an electronic means for communicating "brand medically necessary" and to prescribe Schedule II controlled substances electronically, and work with the American Medical Association to accomplish these changes at the federal level (Res. 306). **Adopted.**

STATUS: TMA is pushing language that would ask the Texas Health and Human Services Commission (HHSC) to pursue a federal waiver giving Texas the ability to not require brand medically necessary to be handwritten on Medicaid prescriptions. SB 7 (Sen. Jane Nelson-Flower Mound) includes this language providing HHSC the authority in relation to adopting an e-prescribing system.

Resolution that TMA endorse and work legislatively for restoration or addition of sufficient funding for the involvement of state hospitals in the training of future psychiatrists and other mental health professionals (Res. 307). **Amended to read** that TMA "endorse and work legislatively to support the training of more psychiatrists in the state, with state hospitals as potential training sites."

STATUS: During the 2009 Texas Legislative Session, TMA is supporting the expansion of state GME training positions and programs, as well as increased state GME funding. Further, a request for additional state funding of psychiatry residency programs and resident stipends has been identified in the Department of State Health Services' legislative appropriations request for 2010/11.

TMA is working on a rider to the SB 1 (Sen. Steve Ogden-Bryan) in support of funding a $2.7 million exceptional item for stipends to psychiatry and medical residents.

Resolution that TMA actively work with American Medical Association, Texas Department of Insurance, Texas Legislature, insurers, and employers to direct efforts toward parity of coverage of depression and other mental health illnesses (Res. 308). **Adopted.**

STATUS: As part of national legislation passed by Congress in 2008, parity in coverage for mental health is now codified in federal law. The new legislation very much reflects the policy adopted by the house in 2008, and Texas congressional delegation members were urged to support the legislation.

In this session of the Texas Legislature, TMA is supporting several pieces of legislation that have been filed, including HB 2969 (Rep. Garnet Coleman-Houston), providing inpatient- and outpatient-visit parity for mental health conditions.

FROM REFERENCE COMMITTEE ON SOCIOECONOMICS

Recommendations that TMA vigorously pursue changes in the Medicaid Preferred Drug List (PDL) so that children readily can obtain medications. Such changes include but are not limited to the following: (1) Change policy on premium preferred generics (PPG) so that the PPG medications do not require prior approval when the pharmacy chooses a non-PPG manufacturer; (2) eliminate prior approval requirement for drugs that are the only drugs in their class for a specific age group. For example, with nebulized budesonide respules, or Pulmicort, the date of birth can be matched with the medication, and an automatic approval can be generated; (3) include all forms of a drug in the same PDL category (i.e., if a drug is preferred, then all forms of the drug are preferred—liquid, tablet, capsule, redi-tab, all strengths, and all combinations are included; (4) list drugs in multiple, searchable, downloadable formats (e.g., alphabetical and by drug class); (5) allow exceptions to the rebate requirement in special, carefully defined circumstances; and (6) allow other modalities for prior approval, including but not limited to electronic or fax (CM-CAH Rep. 1). **Amended to read** that TMA "vigorously pursue changes in the Medicaid PDL so that beneficiaries can readily obtain medications. Such changes include but are not limited to …."

STATUS: Based upon TMA's recommendation, HHSC will implement in February a new PDL Web site to make it easier for physicians to determine which drugs are preferred and obtain comparative information. Additionally, TMA is drafting legislation to modify the PDL enabling legislation to require all formulations of a drug to be included as well as to give the P&T committee greater clinical discretion and transparency in its actions.

Recommendations that TMA (1) support the adoption of ICD-10-CM as the standard code set for physician reporting of diagnosis for payment for provision of health care services, (2) urge that the implementation of 5010 formats for electronic health care transactions be complete before the adoption of ICD-10-CM, and (3) urge a time frame of no less than three years between implementation of 5010 and adoption of ICD-10-CM (CSE Rep. 2). **Referred back to Council on Socioeconomics.**

STATUS: The Council on Socioeconomics will update the House of Delegates about this issue during TexMed 2009, including details of recent delays in implementation of the adoption of ICD-10-CM.

Recommendation that TMA continue to advocate vigorously for proper tax treatment of uncompensated care with the Texas comptroller (CSE Rep. 3). **Adopted.**

STATUS: TMA was at the table to ensure maximal tax treatment for uncompensated care during the 2008 rulemaking process implementing the Texas Franchise Tax. TMA's lead professional staff representative and several physician leaders participated in deliberations and negotiations with the comptroller's staff in getting constructive language in the initial rules and into revised rules that were published Dec. 26, 2008.

Recommendations that (1) the Texas Department of Insurance, Division of Workers' Compensation, be commended for adoption of rules to improve the medical fee guideline and regular updating of that guideline, and (2) TMA continue to strongly urge the Texas Legislature and Texas Department of Insurance, Division of

Workers' Compensation, to involve physicians and other stakeholders appropriately in the ongoing improvements to the system, with particular emphasis on the reduction of administrative hassles and improving injured worker access to health care (CSE/TF-WC Rep. 1). **Adopted.**

> **STATUS:** TMA led successful rulemaking efforts to update and increase the economic value of the medical fee guideline as provided by the 2007 action of the legislature, including a provision to annually update the schedule by rule, using the Medicare Economic Index (MEI) as an automatically applied indexing mechanism.
>
> In this session of the Texas Legislature, several pieces of legislation have been filed to reduce the administrative hassles and improve return to work opportunities for injured workers.

Recommendations to adopt (1) a proposed definition and principles of "patient-centered medical home"; (2) initial legislative recommendations relating to Medicaid and CHIP; and (3) 2009 legislative goals for expanding health insurance (SC-MCU Rep. 1). **Adopted.**

> **STATUS:** TMA is promoting the medical home definition adopted in the report with the statewide medical home steering committee and other stakeholders and government agencies.
>
> TMA is working on several pieces of legislation including SB 7 (Sen. Jane Nelson-Flower Mound) to develop medical home pilots; numerous pieces of legislation have been filed to provide additional coverage under CHIP and improve operations in Medicaid; and numerous pieces of legislation have been filed, including SB 6 (Sen. Bob Duncan-Lubbock) to provide additional coverage opportunities similar to existing three-share programs to small employers and individuals.

Resolution that TMA take a strong position to allow physician balance billing of Medicare patients, incrementally increasing as reimbursements decline (Res. 402). **Amended to read** that TMA "urge that Centers for Medicare & Medicaid Services transition Medicare from a defined benefit to a defined contribution plan in which physicians determine the value of the service provided in consultation with their patients."

> **STATUS:** TMA continues to urge CMS and Congress to strongly consider benefit and policy designs that would allow balance billing in the Medicare program, and has worked with legislators, HHSC and CMS to make Medicaid fee schedules more adequate and flexible for Texas physicians. The implementation of a newly established Medicare MSA plan could lead to some wider options and will be monitored.

Resolution that TMA, in an attempt to stimulate radical and comprehensive grassroots reform, envision and lead all stakeholders in the development of a Texas Master Health Care Reform Initiative, including but not limited to access, payment, organization/delivery, provider education, and quality, this plan to be presented to the Texas governor and the legislature for approval and implementation (Res. 403). **Referred to Council on Socioeconomics with report back at A-09.**

> **STATUS:** The Select Committee on Health System Reform will present comprehensive Texas recommendations for system reform to the 2009 House of Delegates and other stakeholders, with an emphasis on national health system reform.

Resolution that TMA work closely with the Texas attorney general to address issues, such as physician rating systems and underpayment of noncontracted physicians, which result in poor quality of care or increased costs for Texas patients (Res. 404). **Adopted.**

> **STATUS:** On a number of fronts, including legislatively and with the Texas Attorney General, TMA is advocating for members to eliminate economic credentialing and make comparative rating systems used by health plans more evidence based, fair, and administratively manageable.

Resolution that TMA propose that the State of Texas follow suit with the State of New Jersey and offer state-sponsored private health insurance plans to all individuals and small businesses, thereby reducing the costs to small business owners and their employees as well as increasing the number of insured patients in the state (Res. 405). **Referred.**

STATUS: The Council on Socioeconomics and the Select Committee on Medicaid, CHIP, and the Uninsured endorse implementation of the "Healthy Texas" premium stabilization program to provide affordable health insurance to small employers in lieu of the New Jersey model. Healthy Texas is modeled on a New York program that reduced premiums by 30 percent.

Resolution that TMA propose that the State of Texas privatize the current Medicaid system to allow individuals to purchase private health insurance with state funds, thereby increasing the number of insured children as well as increasing their access to health care by increasing the number of participating physicians and hospitals (Res. 406). **Referred to Council on Socioeconomics.**

STATUS: Texas currently offers the "Health Insurance Premium Payment" program to Medicaid enrollees with employer-sponsored coverage. Under the program, the state subsidizes the cost of private health insurance instead of enrolling the patient in Medicaid. However, enrollment is low. Eighty-three percent of Medicaid enrollees have incomes below poverty. In this population only 13 percent have access to employer coverage. Individual insurance, even with subsidies, is too costly for the Medicaid population and has barriers, including preexisting condition exclusions, that make that option unworkable for poor and low-income families. For these reasons, the committee does not recommend privatization as recommended in the resolution.

Resolution that TMA through its Council on Socioeconomics study and make recommendations regarding the quality of customer service provided by health insurance companies, particularly the expertise of representatives, quality and accuracy of information provided, and communication skills (Res. 409). **Adopted.**

STATUS: The Ad Hoc Committee on Managed Care and Insurance, with input of the Council on Socioeconomics and working with the Council on Legislation, has a package of bills to, in part, address these concerns through improved transparency, simplicity, and more responsive customer service.

Resolution that TMA urge Congress, through AMA, to increase minimum penalties for withdrawing health savings account monies for nonmedical use to at least 20 percent (Res. 410). **Amended to read** that TMA "urge Congress, through the American Medical Association, to increase the minimum penalties for withdrawing health savings account monies to offset any tax benefit to withdraw funds for nonmedical purposes."

STATUS: The Texas Delegation to the AMA House of Delegates continues to consider this option and others related to it in reference committees and the AMA House of Delegates.

Resolution that TMA study the Health Insurance Portability and Accountability Act and its positive and negative effects on the practice of medicine (Res. 412). **Adopted.**

STATUS: Both the Council on Socioeconomics and the Office of the General Counsel are examining options in this regard as HIPAA and related laws and rules are examined as part of national health system reform. Effects on the adoption of electronic medical records and individual health records is a particular focus, given national proposals for health information technology infrastructure development.

Resolution that TMA declare that amounts listed in fee schedules for medical services mandated by the federal government (e.g., Medicare, Medicaid, and CHAMPUS fee schedules) are unrelated to "usual and customary," "customary and reasonable," "prevailing," or any other characterization implying a market-based determination (Res. 413). **Adopted.**

> **STATUS:** As part of upcoming national system reform, the Medicare fee schedule, the model for many other public payer fee schedules, is scheduled to be extensively revised or replaced. TMA will be seeking to reflect the essence of Res. 413 in any federal disclosures that distinguish the Medicare Fee Schedule from other primarily private sector payer fee schedules.

Resolution that TMA recognize that (1) complex medical procedures require multiple CPT codes for proper coding of the professional services provided, and (2) when these CPT codes are listed as a component of complex procedures, it is improper for medical insurers to unbundle the codes as not medically necessary or as not requiring the services of a second surgeon requested appropriately by the primary surgeon (Res. 414). **Adopted.**

> **STATUS:** TMA is engaging payers as part of regular meetings with public and private carriers to modify their payment policies to reflect CPT coding guidance and recommended practices, and also works with members to inform practice staffs about the most current coding protocols and conventions.

Resolution that TMA recognize that the services of a second surgeon (assistant surgeon), when requested by the primary surgeon, are medically necessary professional services provided to the patient and are separate from the services of the primary surgeon (Res. 416). **Adopted.**

> **STATUS:** The Council on Socioeconomics is taking examples of concerns reflecting this issue to health plans in regularly scheduled carrier meetings in an effort to change payment policies that do not conform to this policy and/or call benefit design problems in this regard to the attention of the plans.

Resolution that TMA work to ensure Medicaid pays physicians appropriately for services as long as the physician bills Medicaid for the services within a minimum of 180 days of date of service (Res. 417). **Amended to read** that TMA "work to ensure Medicaid pays physicians appropriately for services as long as the physician bills Medicaid for the services within 180 days of date of service."

> **STATUS:** TMA meets regularly with the state and its contractors to address Medicaid physician payment issues.

Resolution that (1) TMA request that insurance companies pay a fee for each preauthorization and an additional fee for every additional 10 minutes a staff person is on hold after the first 10 minutes; (2) TMA urge insurance companies that do not wish to pay for these services to consider sending an employee to the physician's office to research the patient's records to determine if the company wishes to give authorization; and (3) insurance companies should not require prior authorization unless they are willing to compensate physicians for this service (Res. 419). **Referred.**

> **STATUS:** TMA continues to promote these concepts with health plans and other private payers as part of regularly scheduled meetings with carriers throughout Texas.

Resolution that TMA work to have Medicaid promptly pay Rural Health Clinics 100 percent of the encounter rate allowed for all clean claims submitted (Res. 420). **Referred.**

> **STATUS:** TMA continues to meet with the state and health plans to address rural health clinic payment issues.

Resolution that TMA (1) support an increase in the encounter rate cap amount (the "wrap-around" payment) the state pays to Rural Health Clinics (RHCs), corresponding to the recent pay raise in traditional Medicaid; (2) work to remove from the calculation of the wrap-around payment the "nonencounter" payment amounts that the RHC may have received from an HMO related to that encounter; and (3) consider, if the above measures fail, requesting that family planning be removed from the RHC payment system (Res. 421). **Referred.**

> **STATUS:** The encounter rate paid to Rural Health Clinics is set at the federal level. TMA supports federal efforts to increase the amount. At the state level, TMA has met with HHSC to address reimbursement issues related to family planning coverage by rural health clinics. HHSC is currently working with CMS on a plan that will make payment for RHC-provided family planning services separate from the encounter payment, thereby ensuring the clinics are fairly compensated for their work and supplies.

Resolution that TMA work to (1) shorten the time from application for Medicaid benefits to acceptance into the program for qualified patients, and (2) streamline the process for confirming that a patient does or does not have Medicaid coverage (Res. 422). **Adopted.**

> **STATUS:** As part of its 2009 legislative initiatives, TMA is collaborating with consumer and community organizations to advocate increased funding for the state's eligibility system, including additional monies to hire more eligibility workers and to expedite the workers' training on the new eligibility platform.

Resolution that TMA work to have prompt confirmation of Medicaid and Children's Health Insurance Program status readily available to physicians' offices (Res. 423). **Adopted.**

> **STATUS:** The Select Committee on Medicaid, CHIP, and the Uninsured is making all current status information about CHIP available to both member physicians and their practice staffs to reflect the sense of this resolution.

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AUDIT TRAIL
April 2007

Actions reported in the Audit Trail do not include commendations, awards, bylaws amendments, or policy review

Use of Term "Managed Care"

Resolution 101 (William W. Hinchey, MD) – that TMA refrain whenever possible from using the term "managed care" in all communications with members, the public, and the media.

Adopted as amended that TMA, whenever possible, in lieu of using the term "managed care," use the phrase "health care payment plans" in all communications with members, the public, and the media."

STATUS: This action has been implemented as adopted in all TMA publications, the TMA Web site, and in communications with the public, news media, and opinion leaders.

Antitrust Relief

Resolution 102 (Harris County Medical Society) – that the Texas Delegation to the AMA, by resolution to the AMA House of Delegates, request that the AMA make physician antitrust relief a top legislative priority.

Adopted.

STATUS: In lieu of the resolution that the Texas Delegation submitted, the AMA House of Delegates adopted a substitute resolution that the AMA redouble its efforts to make physician antitrust relief a top legislative priority, providing the necessary foundation for fair contract negotiations designed to preserve clinical autonomy and patient interest and to redirect medical decision making to patients and physicians; and affirm its commitment to undertake all appropriate efforts to seek legislative and regulatory reform of state and federal law, including federal antitrust law, to enable physicians to negotiate effectively with health insurers.

Medical Decision Makers Licensed in Texas

Resolution 103 (Harris County Medical Society) – that TMA gather evidence of medical decisions made by third-party entities for the purpose of documenting the impact on medical practices and patients, and explore the possibility of legislative action to assure that all medical decision makers are licensed in the State of Texas.

Adopted.

STATUS: See Council on Legislation Report 1 in this handbook behind the Financial & Organizational Affairs tab.

Medical Care is a Privilege

Resolution 104 (Harris County Medical Society) – that our TMA and our AMA adopt as policy that access to medical care is not a right guaranteed by the Constitution of the United States of America but a privilege that can be both used and abused.

Adopted as amended to read, "That our Texas Medical Association and our American Medical Association (1) reaffirm its support for the concept of universal access to appropriate health care;

and (2) adopt as policy that medical care should not be an unfunded mandate from the government; however, if a governmental body provides access to health care, fair compensation to the physician must be provided."

STATUS: In November 2007, the AMA House of Delegates reaffirmed current policy in lieu of acting on the resolution that the Texas Delegation submitted.

Texas Medical Board Delays

Resolution 106 (Dallas County Medical Society) – that TMA lobby our legislators to require the Texas Medical Board to issue a license within 90 days to an applicant with "clean" documentation, and that the legislature provide adequate funding for the Texas Medical Board, without increasing existing fees, to allow physicians to receive state medical licenses in an expeditious manner.

Adopted.

STATUS: See Board of Trustees Report 11 behind the Informational Reports tab in this handbook.

Acceptance of Financial Support from Managed Care Companies

Resolution 107 (Tarrant County Medical Society) – that the House of Delegates of the Texas Medical Association instruct the Board of Trustees to consider carefully the appropriateness of accepting financial support from any managed care company for association activities.

Adopted as amended to read, "That the House of Delegates of the Texas Medical Association instruct the Board of Trustees to consider carefully the appropriateness of accepting financial support from any health care payment plan for association activities."

STATUS: See Board of Trustees Report 13 in this handbook behind the Informational Reports tab.

Physician Prescribing to Self and Family Members

Resolution 108 (Bexar County Medical Society) – that TMA declare that treatment of self and family members for minor medical problems, including prescriptions for medications, is not, in the absence of substantive and specific evidence to the contrary, a de facto deviation from the standard of care expected of a physician licensed to practice in the State of Texas.

Referred by the speakers without debate directly to the Board of Councilors.

STATUS: See Board of Councilors Report 3 in this handbook behind the Financial & Organizational Affairs tab.

TMA's Responsibility to Protect the Public

Resolution 109 (Bexar County Medical Society) – that TMA (1) prepare a letter or other communication to major print media outlets asking them to refrain from accepting advertisements that offer clearly misleading information to Texans, and (2) offer to review suspect advertising copy, and advise and counsel regarding its probity and appropriateness.

Referred by the speakers without debate directly to the Board of Councilors.

STATUS: See Board of Councilors Report 4 in this handbook behind the Financial & Organizational Affairs tab.

Clean Air in Texas

Council on Public Health Report 1 – that TMA urge our state government leaders and legislators to take action and establish an energy policy that will stimulate energy savings, help to clean up the air, and encourage nonpolluting renewable energy sources. Steps might include: (1) requiring clean coal gasification technology for future coal-based power plants; (2) approving a tax on coal at least equal to the longtime tax on clean-burning natural gas; (3) encouraging proposals to expand renewable energy sources, such as solar and wind, and the grid expansion required to deliver the resulting renewable energy to our urban and rural markets; (4) offering incentives for power companies to provide businesses and consumers with hourly electricity pricing meters, to allow savings through shifting power usage to off-peak hours. New power plants are mainly needed to supply peak demands on hot summer days; financial incentives to shift usage to off-peak hours can mitigate this need; (5) using energy tax revenues to extend attractive financial incentives to citizens for reducing energy consumption and investing in alternative home and business energy systems, such as solar and wind; (6) phasing-in strict gas mileage requirements for automobiles sold or licensed in the state; (7) scientifically evaluating and promoting energy conservation measures for homes, businesses, and public buildings to decrease Texas energy consumption; (8) bringing into compliance many of the chemical plants, refineries, and power-generating stations with the highest pollution emissions that are grandfathered and do not have to comply with Texas and EPA emission standards; and (9) placing a moratorium on approval of old-technology coal-based power plants.

Adopted as amended by changing the title to "Clean Air in Texas."

STATUS: Because this policy was adopted late in the legislative session, we did not take a stand on coal power plant legislation. During the 81st Texas Legislature, TMA will lobby in support of clean air and renewable energy.

Policy Review

Council on Public Health Report 2 – that policies on partial-birth abortion, abortion, and manganese in gasoline be retained; policy on public health services and training be amended; and substitute policy on firearms and gun ownership be adopted.

Adopted as amended by adopting Recommendations 1 and 2 and **referring** Recommendation 3 (concerning policy on firearms and gun ownership) back to the Council on Public Health.

STATUS: TMA's abortion policy was articulated in written testimony before the House State Affairs Committee. There was no legislation on firearms.

Corporal Punishment

Committee on Child and Adolescent Health Report 1 – that TMA (1) support the abolition of corporal punishment in schools, and (2) encourage teacher training that emphasizes alternative forms of discipline.

Adopted.

STATUS: No legislation was filed on corporal punishment.

Child Psychiatrists in State Agency Policymaking Positions

Committee on Child and Adolescent Health Report 3 – that TMA promote the establishment of child psychiatrist staff positions in all state agencies involved in policy making regarding children's mental health services to provide clinical input into policy making and to provide oversight of implementation of those policies.

Referred back to the Committee on Child and Adolescent Health.

STATUS: See Committee on Child and Adolescent Health Report 2 in this handbook behind the Public Health tab.

CHIP Coverage of Pregnant Women (titled "Definition of Child")

Committee on Maternal and Perinatal Health Report 1 – that while TMA supports public programs that provide health care for pregnant women and fetuses, it objects to the definition of a child as "an individual under the age of 19 including the period of conception to birth," and that TMA endorse the definition of child as "an individual from the period of viable birth to age 19," which is consistent with standard medical terminology.

Adopted as amended to read, "That the Texas Delegation to the AMA advocate for coverage of pregnant women and their fetuses throughout the pregnancy through the CHIP perinatal program, as the perinatal health of the fetus is inseparable from the health of the mother."

STATUS: As directed by the TMA House of Delegates, the Texas Delegation to the AMA submitted a resolution at the AMA 2007 Annual Meeting calling for improved coverage under the CHIP perinatal program. In lieu of adopting the resolution, the AMA-HOD reaffirmed existing policies relating to maternal and child health.

Legislative Directives Affecting the Physician-Patient Relationship

Committee on Maternal and Perinatal Health Report 2 – that TMA oppose state mandates dictating specific patient-physician communication without endorsement of the appropriate professional medical organization(s).

Adopted.

STATUS: This policy was articulated to legislators on bills related to information given to new mothers upon hospital discharge.

Sustaining Mental Health Care Funding

Resolution 201 (El Paso County Medical Society)– that TMA (1) advocate state mental health funding adequate for addressing the spectrum of such illnesses impacting the state; proper governance of these funds is necessary to ensure that funds serve as many people with mental illnesses as possible and that efficiencies are identified within the system to save dollars when possible; (2) advocate prioritized state funding that will address the full spectrum of mental health addressing funding shortages, and increasing funding for crisis services; (3) work at state and federal levels to facilitate mental health authority and other behavioral safety net providers in obtaining access to lower pharmaceutical prices through the existing 340 (b) drug program under the federal Office of Pharmacy Affairs; and (4) work for legislation to ensure that primary care providers are reimbursed for behavioral health care appropriately provided in a primary care setting

Adopted.

STATUS: Legislators approved $82 million in new funding, the full amount requested by the Department of State Health Services to support community-based mental health crisis services. The November issue of *Texas Medicine* ran an article on the state's plan to improve the mental health care system through emphasizing crisis hotlines, mobile crisis units, crisis stabilization units (CSUs) and in-home services for children. The legislature also has done work on identifying alternatives to use of the emergency department for holding patients with mental illness as well as trying to incorporate alternatives to incarceration for non-violent inmates with mental illness.

Substance Use Disorder is a Disease Process

Committee on Physician Health and Rehabilitation Report 4 – (1) to adopt "substance use disorder" terminology instead of "addiction"; (2) to document aspects of disease management (treatment, maintenance therapy, monitoring, accountability, etc.) as part of TMA policy on SUD; (3) Committee on Physician Health and Rehabilitation and Texas Medical Board to continue collegial communication and efforts with annual report back to the House of Delegates about progress; (4) to continue efforts to educate physicians regarding the distinct roles of the Committee on Physician Health and Rehabilitation and the Texas Medical Board; (5) after an oversight and surveillance program (Texas Physician Health Program) that is satisfactory to TMA and TMB is prepared, funding must be identified; (6) to encourage county medical society-based PHR committees to advise physicians subject to monitoring or intervention that TMB confidential rehabilitation orders may be available to such physicians who self-report. PHR committee members should present the information to physicians in an objective manner so each one can make an informed decision as to whether to self-report; and (7) advise county medical society-based PHR committees that a report with the name of the physician, together with pertinent information relating to that impairment, to the TMB and any known health care entity in which the physician has clinical privileges, is required if the committee determines that, through the practice of medicine, a physician poses a continuing threat to the public welfare.

Adopted.

STATUS: See Committee on Physician Health and Rehabilitation Report 4 behind the Informational Reports tab in this handbook.

JCAHO Pain Rating Standards

Council on Scientific Affairs Report 2 – that (1) TMA use its communication resources (e.g., the TMA Knowledge Center, the TMA Web site) to educate physicians to direct any complaints specific to the pain assessment process to the medical staff office in their particular hospital or organization; and (2) the Committee on Cancer and the Council on Scientific Affairs expedite, for submission to the House of Delegates at TexMed 2008, the development of an association policy recommendation on the management of pain.

Adopted.

STATUS: Information and interpretation of JCAHO's requirement for the use of pain assessment rating scales has been posted on TMA's Web site and provided to the TMA Knowledge Center. The Committee on Cancer, upon request of the Council on Scientific Affairs, has drafted an association policy recommendation on the management of pain; see Committee on Cancer Report 3 behind the Science & Education tab in this handbook.

Council on Scientific Affairs member Ralph M. McCleskey Jr., MD, wrote an article that will be featured in an upcoming *Texas Medicine* issue.

Newborn Genetic Screening

Council on Scientific Affairs Report 3 – (1) adopt policy regarding newborn genetic screening, and (2) request the AMA to coordinate efforts with appropriate entities, such as March of Dimes, American College of Obstetricians and Gynecologists, American Academy of Family Practice, and American Academy of Pediatrics, to develop and implement a process for moving the standard of providing patient education regarding newborn genetic screening from the time of the infant's birth to the prenatal period.

Adopted as amended so that Recommendation 2 reads, "That TMA request the AMA to coordinate efforts with appropriate entities, such as March of Dimes, American College of Obstetricians and Gynecologists, American Academy of Family Practice, and American Academy of Pediatrics, to develop and implement a process for moving the standard of providing patient education regarding newborn genetic screening to both the prenatal period and the time of the infant's birth."

STATUS: The Council on Scientific Affairs sent a letter to the AMA Council on Science and Public Health requesting consideration on this issue, citing that TMA believes parents have a more focused opportunity during the prenatal period to consider and grasp the information about genetic screening than during the time of the child's birth.

AMA's Council on Science and Public Health reports that AMA is currently addressing this concern through collegial work with stakeholders in the National Advisory Committee for the Genetic Alliance's Consumer Focused Newborn Screening Project. As part of this coalition's ongoing work, it is researching exactly how and when, during the prenatal period, is best to provide parental information about newborn genetic testing. AMA will continue to actively support this research which will help determine both (1) the appropriate education for parents, and (2) the most suitable time for this education to occur.

Parity for International Medical Graduates with U.S. Medical Graduates in Years of GME Requirement for Licensure

Resolution 301 (International Medical Graduate Section) – that our Texas Medical Association adopt policy supporting parity in the number of years of GME training required for IMGs and USMGs to obtain state medical licensure and adhere to policy related to non-discrimination among physicians.

Council on Medical Education Report 2 – that the following policy be adopted for minimum educational requirement for physician licensure in Texas: Texas Medical Association supports parity in the length of graduate medical education required for state medical licensure by U.S. and International Medical Graduates. The Texas Medical Association further recommends all physicians be allowed to submit their medical license application after successful completion of one year of graduate medical education. The requisite training should be accomplished in accordance with the standards established by the Accreditation Council for Graduate Medical Education- or American Osteopathic Association-accredited graduate medical education programs.

Adopted.

STATUS: Implementation of this policy will require a change in state law. First opportunity to work with state legislators and Texas Medical Board on this would be the 2009 Legislative Session.

Hypothermia for Successful Out-of-Hospital Resuscitations

Resolution 302 (Harris County Medical Society) – that TMA evaluate the science and efficacy of hypothermia for successful resuscitation of out-of-hospital cardiac arrests. If supported by evidence, TMA should evaluate the availability and appropriateness of the coordination of prehospital, hospital, and physician delivery of post-arrest hypothermia in Texas, and, if warranted, work with appropriate organizations to implement and coordinate an effective delivery of this treatment to the citizens of Texas.

Referred to Council on Scientific Affairs.
STATUS: See Council on Scientific Affairs Report 2 in this handbook behind the Science & Education tab.

Addiction as a Disease

Resolution 303 (Harris County Medical Society) – that TMA study ways in which it can be supportive in communicating the reality of the concepts that addiction is: (1) a potentially lethal but treatable disease, and (2) one that may be preventable with early education and intervention. Efforts should be directed to Texas youth to help them understand the diseases and their treatments and to stave off peer pressure to "experiment" with potentially addictive substances; and that the Texas Delegation to the AMA carry a similar resolution to the House of Delegates of the AMA.

Adopted as amended by replacing the word "addiction" with the term "substance use disorder."

STATUS: In-depth research and evaluation revealed there are significant resources in place, with numerous educational and interventional programs within schools and cities, including state mandated programs. TMA efforts in education include an article feature in the November issue of *Texas Medicine* on the need for early intervention and treatment through crisis centers and in-home early intervention for children. In addition, TMA's Committee on Child and Adolescent Health is revising its "Integrating Child and Adolescent Mental Health into Primary Care: A Resource Guide for Physicians." The Texas Delegation carried a similar resolution, Resolution 421, to the AMA House of Delegates at its 2007 Annual Meeting where it was subsequently adopted.

Reversing the Threat to Primary Care in Texas

Resolution 304 (Erica W. Swegler, MD) – that (1) TMA pursue all available means to educate, train, and grow Texas' primary care physician workforce; (2) our TMA advocate increased GME funding focused on training primary care physicians for Texas; and (3) development of a Debt Forgiveness Program for primary care be explored by the Council on Health Promotion with attention to providing care to underserved areas of our state.

Adopted as amended by approving the first two resolves and **referring for action** the third resolve.

STATUS: See Council on Medical Education Report 3 behind the Science & Education tab in this handbook.

Maintenance of Certification

Resolution 305 (Young Physician Section) – that TMA endorse the following goals and carry this resolution forward asking that the AMA exercise its full influence to protect physicians from undue burden and expense in the Maintenance of Certification process by endorsing the specific goals and promoting them in its deliberation with appropriate parties: (1) The MOC process should become substantially more physician friendly, costing no more than $200 per year and requiring no more than one missed day of patient care per recertification cycle; (2) Hours spent preparing for maintenance of certification should count as *AMA PRA Category 1 Credit™*; (3) Use of ongoing educational processes, such as Annual Board Certification, should be an option for practitioners in all specialties; and (4) There should be greater coordination between boards to ensure that the quality of continued education is similar across all specialties.

Adopted as amended to read, "That the Texas Medical Association endorse the following goals and carry this resolution forward asking that the AMA exercise its full influence to protect physicians from undue burden and expense in the MOC process by endorsing the specific goals and promoting them in its deliberation with appropriate parties: (1) The MOC process should become substantially more physician friendly, costing no more than $200 per year and requiring no more than one missed day of patient care per recertification cycle; (2) Time spent preparing for maintenance of certification should count as *AMA PRA Category 1 Credit™*; (3) Use of ongoing educational processes, such as Annual Board Certification, should be an option for practitioners in all specialties; and (4) There should be greater coordination between American Board of Medical Specialties' boards to ensure that the demands of MOC processes are similar across all specialties."

STATUS: This was taken to the AMA House of Delegates by the Texas Delegation at A-07 in the form of Resolution 311. The resolution was considered in conjunction with the AMA Council on Medical Education Report 7 and the council report was adopted in lieu of the resolution, including reaffirmation of 12 existing policies and adoption of three new policies.

Definition of Surgery

Resolution 306 (Lyle S. Thorstenson, MD)– that TMA adopt the following definition of surgery from American College of Surgeons Statement ST-11: "Surgery is performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is part of the practice of medicine. Surgery also is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles. The tissue can be cut, burned, vaporized, frozen, sutured, probed, or manipulated by closed reductions for major dislocations or fractures, or otherwise altered by mechanical, thermal, light-based, electromagnetic, or chemical means. Injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs, and the central nervous system also is considered to be surgery (this does not include the administration by nursing personnel of some injections, subcutaneous, intramuscular, and intravenous, when ordered by a physician). All of these surgical procedures are invasive, including those that are performed with lasers, and the risks of any surgical procedure are not eliminated by using a light knife or laser in place of a metal knife, or scalpel;" and that the Texas Medical Association Delegation to the American Medical Association carry this resolution to the American Medical Association House of Delegates for adoption.

STATUS: In June 2007, the AMA House of Delegates adopted the resolution submitted by the Texas Delegation on the definition of surgery.

Workers' Compensation

Council on Socioeconomics Report 2 – that TMA support the following action steps in pursuit of a fair, efficient, and accountable workers' compensation delivery system in Texas: (1) Continue dialogue with legislative and executive branch policymakers to establish an out-of-network medical fee reimbursement formula that will result in fair and reasonable physician payments; (2) Educate those policymakers on the need for employer accountability when dealing with injured workers; (3) Consider all appropriate strategies to help correct injustices for doctors within the system; (4) Diligently work with Texas Department of Insurance in the regulatory arena to improve physician input and physician stakeholder involvement to produce much-needed reforms to the workers' compensation system.

Adopted.

STATUS: TMA continues to work with all stakeholders, including the legislative, executive, and regulatory branches of government to improve the workers' compensation system. As of March 1, 2008, physician fees will be increased from 125 percent of Medicare to 140 percent of Medicare for most services and 175 percent of Medicare for surgeries performed in facility settings. The new fees also include workers' compensation specific codes for reimbursing case management and treatment planning. The new fee guideline also pays a 10 percent bonus to physicians who provide care in demonstrated access shortage areas.

Medicare Physician Fee Updates, SGR Methodology

Council on Socioeconomics Report 3 – (1) adopt the following position with regard to the Medicare Sustainable Growth Rate formula: The Medicare physician fee schedule update formula is based on incorrect assumptions. Inadequate fee updates have caused Medicare physician payments to fall well

below the average cost to provide services so that physician practices are unable to survive at Medicare payment rates. Inadequate fees lead to a shift of care to nonphysicians. The Medicare SGR update formula causes the wrong incentives. Adequate fees and a revision of the update factor are necessary to accomplish improvements in medical care quality. Congress should act now to set Medicare fees at an adequate rate and enact a permanent fix to the update formula; (2) continue the current advocacy plan to address the SGR methodology problem currently threatening access to care for Medicare patients and the viability of physician practices; and (3) continue to develop appropriate alliances with other state medical associations, the AMA, and other similarly affected stakeholders to pursue national legislative and regulatory remedies to Medicare SGR methodology-related access and practice viability problems.

Adopted.

STATUS: TMA continues to advocate for Medicare reform that includes repeal of the SGR, using the MEI (Medicare Economic Index) in place of the current annual updating mechanism, and is working closely with other state and specialty organizations, along with the AMA to effect those and related changes

Healthcare Integrity and Protection Data Bank

Council on Socioeconomics Report 4 – that (1) the Texas Medical Association strive to ensure that the Healthcare Integrity and Protection Data Bank enabling legislation and regulations and interpretive guidelines be amended to ensure that due process is provided before any reporting to its data bank; and (2) the Texas Medical Association Delegation to the American Medical Association House of Delegates introduce a resolution that would call on the AMA to work aggressively to amend federal laws, rules, and interpretive guidelines such that due process would be required prior to any reports by private health care entities to the Healthcare Integrity and Protection Data Bank.

Adopted.

STATUS: At the November 2007 Interim Meeting, the Texas Delegation submitted a resolution calling on AMA to lobby to provide physicians with due process protections before private health plans report any disciplinary actions to the Healthcare Integrity and Protection Data Bank; the house decided that existing AMA policy adequately covered the issue.

Ad Hoc Committee on Managed Care and Insurance

Council on Legislation and Council on Socioeconomics Report 1 – that TMA (1) approve the recommendations for guiding principles developed by the Ad Hoc Committee on Managed Care and Insurance; and (2) continue strong advocacy based on these principles in appropriate legislative, legal, or regulatory venues.

Adopted.

STATUS: Several bills were either passed or considered during the 2007 Legislative Session that addressed some of the recommendations contained in the report. These included transparency and health plan network adequacy, smart cards, tiered networks and economic credentialing, Uniform Policy Provision Law, standardized managed care physician contracts, and rental PPO networks. The current Ad Hoc Committee on Insurance is reviewing the progress made during the interim and will make further recommendations to the Council on Legislation on plans to address outstanding recommendations during the 2009 Legislative Session. In collaboration with the AMA and other national and state medical societies, TMA continues to strongly advocate for positive change at the federal level on ERISA and Medicare physician payment reform.

Hospital Policies and Quality of Care for Patients

Resolution 401 (Bee-Live Oak-McMullen County Medical Society) – that TMA (1) strongly condemn "sham peer review" and manipulation of medical staff bylaws by hospitals attempting to silence physician concerns for access to quality care at hospitals; and (2) aggressively advocate against "sham peer review," manipulation of medical staff bylaws and enforcement of such bylaws, and other tactics that chill or inhibit the ability of staff physicians to advocate for their patients.

Adopted.

STATUS: TMA continues participation in AMA's Organized Medical Staff Section, TMA Council on Health Service Organizations, TMA Ad Hoc Committee on Physician-Hospital Relations, and TMA Patient-Physician Advocacy Committee to improve relationships between hospitals and physicians, assure due process, and foster good faith peer review. TMA has commented on proposed amendments to The Joint Commission standards for hospital accreditation. TMA has provided comments on proposed laws and rules as well as reviewed specific cases involving physician/hospital disputes.

Disease and Debilitation Scale for Medicare

Resolution 402 (Angelina County Medical Society) – that (1) organized medicine coordinate with and provide leadership for elected government officials to determine a reliable and reproducible standard disease and debilitation scale. The scale shall consider chronic and irreversible disease conditions, chronic and irreversible mental deterioration, overall physical condition and age, and whatever other reproducible and valid criteria may be determined to be of most value; (2) when a federal health care beneficiary reaches such a state of deterioration that it is found by statistically valid methods that recovery to a functional state is unlikely and further efforts shall be deemed futile, then hospice care only shall continue as a federal health care benefit; and (3) further treatments other than palliation, pain control, and hospice care are in no way prohibited, except that all further treatments previously paid for by the Centers for Medicare and Medicaid Services, if insisted upon by family members, shall become the financial obligation of the patient and his or her family.

Referred to Council on Health Service Organizations.

STATUS: See Council on Health Service Organizations Report 2 in this handbook behind the Socioeconomics tab.

Medicare Part B Payment Reform

Resolution 404 (Robert E. McMichael, MD) – that TMA (1) seek federal legislation to index Medicare Part B fees for inflation using 2000 as the base year; (2) seek federal legislation to provide that Medicare Part B be kept within spending limits established by Congress by one or more of the following: (a) increasing the deductible, (b) increasing the copayment amount, and (c) increasing the premium; and (3) instruct its delegation to the AMA to seek to make this the policy of the AMA.

Referred for action (to Council on Legislation and Texas Delegation to the AMA).
STATUS: As a result of recommendations in a consultant report approved by the Board of Trustees and Council on Legislation and subsequently adopted by the House of Delegates (CSE Report 3-A-07), TMA's continuing advocacy on Medicare Part B reform is based on the principles of repealing the SGR, establishing a new updating mechanism that is based on the most current Medicare Economic Index, and the notion that new money in the system is necessary to ensure access to care for Medicare beneficiaries. TMA is part of a very broad alliance nationwide vigorously pursuing this strategy.

Emergency Room Indigent Health Care Reimbursement for Physicians

Resolution 405 (Harris County Medical Society)– that TMA substitute policy on compensation for emergency department care and that the Texas Delegation to the AMA take a resolution to the 2007 AMA House of Delegates Annual Meeting asking AMA to adopt the substituted policy and take action to implement it accordingly.

Adopted by amending the policy to read, "Physicians who are required by hospitals to cover hospital emergency services have the right to compensation from hospitals for such services or should share in the compensation (from federal, state, and local resources) for emergency services being provided in emergency departments and subsequent in-hospital care."

STATUS: As directed by the TMA House of Delegates, the Texas Delegation to the AMA submitted a resolution at the AMA 2007 Annual Meeting calling for the AMA to work with Congress, state legislatures, and hospitals to develop compensation arrangements for physicians who provide on-call ER coverage for uninsured patients. In lieu of adopting the resolution, the AMA-HOD reaffirmed existing policy.

Physician Rights and Sham Peer Review

Resolution 406 (Harris County Medical Society) – that TMA (1) work to ensure that accused physicians are granted reasonable rights and due process for peer review and quality assessment efforts; (2) solicit member input and address issues related to misuse of peer review process or "disruptive physicians" policies by health care facilities or peer review entities; (3) work to educate and inform members about the potential misuse of peer review; and (4) work to end the use of "disruptive physicians" policies that are extended to non-patient care issues, such as economic credentialing, failure to support marketing or business plans of the hospital or health care facility, or are used as a recourse because the physician has raised serious quality or patient safety issues regarding the facility and their practice.

Adopted.

STATUS: TMA continues to support TMA's participation in AMA's Organized Medical Staff Section, TMA Council on Health Service Organizations, TMA Ad Hoc Committee on Physician-Hospital Relations and TMA Patient/Physician Advocacy Committee to improve relationships between hospitals and physicians, assure due process, and foster good faith peer review. TMA has commented on proposed amendments to The Joint Commission standards for hospital accreditation. TMA has provided comments on proposed laws and rules as well as reviewed specific cases involving physician/hospital disputes.

Transparency of Health Plan Medical Cost Ratio

Resolution 407 (Harris County Medical Society) – that TMA and AMA encourage and work for legislation at the state and federal levels mandating complete transparency of health plan financial data.

Adopted.

STATUS: SB 1731, passed in the 80th Texas Legislature in 2007, provides language that now requires both HMOs and preferred provider benefit plans to report financial data to TDI. TDI in turn is to make the data public in a consumer friendly format that allows for easy plan to plan comparison. Part of that data includes "plan costs" which could include medical cost ratios.

TDI has not yet proposed rules on this; however, both TMA and THA in discussions with TDI last summer indicated that medical cost ratios should/could be included under the plan cost reporting.

In addition, TMA is currently evaluating other state's legislation as a possible basis for furthering medical cost ratio reporting and has this on the radar of the Sunset Commission for its June hearing via our responses to the TDI Sunset questionnaire in December.

SB 10, the omnibus Medicaid reform bill for 2007, requires HHSC to post on the Web site in a comprehensive and understandable format the financial statistical data of each Medicaid HMO. The data will allow the public to easily determine how much each HMO spends on administration versus direct patient care.

Medicare Reimbursements

Resolution 408 (Harris County Medical Society) – that TMA request that the AMA make meaningful Medicare reform its top priority and address the inequities of the Medicare system, including, but not limited to, studying the joining of Medicare A and B, eliminating the SGR, and tying physician fees to the Medicare Economic Index.

Adopted as amended to read, "That the Texas Medical Association request that the American Medical Association make meaningful Medicare reform a top priority and address the inequities of the Medicare system, including, but not limited to, studying the joining of Medicare A and B, eliminating the SGR, tying physician fees to the Medicare Economic Index, and discussing model legislation that can help implement these changes."

STATUS: As a result of recommendations in a consultant report approved by the Board of Trustees and Council on Legislation, TMA's continuing advocacy on Medicare Part B reform is based on the principles of repealing the SGR, establishing a new updating mechanism that is based on the most current Medicare Economic Index and the notion that new money in the system is necessary to ensure access to care for Medicare beneficiaries. TMA is part of a very broad alliance nationwide vigorously pursuing this strategy. Studying and advocating for de-siloing Medicare Parts A, B, and D also has been part of the 2008 TMA "Medicare Manifesto."

Payment for Physician Work Product

Resolution 409 (Harris County Medical Society) – that TMA implement policy stating that a physician's time is not "free" and that all of a physician's work product and time is justly compensable in accordance with standard business practices of learned professionals.

Adopted.

STATUS: The Council on Socioeconomics, through more than 20 regularly scheduled meetings with private and public payers, continues to promote fair compensation for physicians based on use of the most current data available, and the updating of values for work, practice expenses, and professional liability as used in resource-based relative value and other compensation valuation systems. The association has incorporated that concept into TMA messaging when discussing physician payment issues.

Workers' Compensation Prompt Pay

Resolution 410 (Harris County Medical Society) – that TMA work for legislative action to require workers' compensation health plans to have the same prompt pay rules as commercial health plans.

Adopted.

STATUS: TMA continues to work with all stakeholders, including the legislative, executive, and regulatory branches of government to improve the workers' compensation system. When HB 7 was passed that introduced managed care networks, the majority of prompt pay language was advocated

by TMA. The 2007 Legislature passed HB 1005 that improved prompt payment and coordination of payment with workers' compensation health plans.

Health Care Disparity

Resolution 411 (Harris County Medical Society) – that (1) TMA seek a leadership role with other concerned parties to insist that the American people be provided no less desirable and proper health care system than is in place for the employees of the federal government; (2) TMA leadership work with the Texas delegation to the American Congress to assure that Congress hears of the discontent that federal employees are served better than the American people; and (3) the Texas Delegation to the AMA House of Delegates carry this or a similar resolution to the AMA Annual Meeting.

Adopted by amending the first resolve to read, "That the Texas Medical Association seek a leadership role with other concerned parties to insist that the American people be provided access to a voluntary health care plan, no less desirable and proper than is in place for the employees of the federal government."

STATUS: At the November 2007 Interim Meeting, the AMA House of Delegates decided that existing AMA policy adequately covered the issue. TMA continues to urge the Texas Congressional Delegation to support legislation that promotes universal access to care through a pluralistic system of employer-provided, individual, and voluntary coverage plans.

Lobbying for Texas Health Care in Washington

Resolution 412 (Dallas County Medical Society) – that TMA initiate and conduct a lobbying campaign focused and organized on comprehensive health care coverage for all U.S. citizens with U.S. Senators and U.S. Representatives, as well as the President and his administrative officials, with appropriate regulatory agencies.

Adopted.

STATUS: TMA is committed to improving the health of all Texans and is working with the American Medical Association, state medical societies, our state specialty societies, and other advocacy organizations to devise solutions that maintain and broaden access options for all Americans. Through our Texas Delegation, TMA is working to consider and implement solutions that benefit patients and their physicians. To increase the potential of success, these proposals must be financially feasible and have at least some probability of being politically viable. Comprehensive health care coverage for all will require a significant overhaul of the existing health care system and a reallocation of existing resources. As such, there will be winners and losers in such a change. At this point, it appears the greatest opportunity for success is to remain engaged with all elements of organized medicine, our elected national leaders, regulatory agencies, and the patients we serve.

Legislative Efforts for Uninsured and Underinsured Children in Texas

Resolution 413 (Dallas County Medical Society) – that TMA aggressively lobby our legislators to develop plans to provide meaningful, comprehensive health care for our children in a manner that supports the health of all young Texans and the health of the practice of medicine in Texas.

Adopted as amended to read, "That the Texas Medical Association (1) aggressively lobby our legislators to totally overhaul our health care system for our children in a manner that supports the health of all young Texans and the health of the practice of medicine in Texas and provides for a primary care medical home; and (2) encourage legislators to collaborate with physicians, hospitals, and businesses to design a sustainable, comprehensive health care plan for children in a primary care medical home."

STATUS: The 2007 Texas Legislature adopted HB 109, a bipartisan, TMA-backed bill, to simplify the Children's Health Insurance Program, including reinstating 12-months continuous coverage for most children, establishing a realistic asset limit for working families, and lifting the 90-day waiting period for children who were uninsured for more than three months prior to their CHIP application. As a result of HB 109, some 120,000 children are expected to gain coverage.

The legislature also approved an historic Medicaid rate increase to help satisfy 15-year old litigation, *Frew versus Hawkins,* where the federal courts agreed with plaintiffs that Texas provides inadequate access to care for children enrolled in Medicaid. Most of the increased funding for rates went towards increasing payment for services to children. While the legislature did not provide equivalent funding to increase CHIP payment rates, the Texas Health and Human Services Commission, at TMA's urging, subsequently increased CHIP rates commensurate with children's Medicaid. Lastly, as part of the *Frew* litigation, the legislature allocated $150 million in new state dollars to fund "strategic medical and dental initiatives" designed to improve care for children enrolled in Medicaid. TMA, in partnership with the Texas Pediatric Society and Texas Academy of Family Physicians, have worked closely with HHSC in developing the initiatives. Several will be implemented this year, including a fluoride varnish initiative and pilots to integrate the delivery of physical and mental health for children.

Plight of the Medically Uninsured

Resolution 414 (Dallas County Medical Society) – that (1) TMA become the trusted leader in crafting solutions for the problem of the medically uninsured; (2) TMA establish a blue ribbon Ad Hoc Committee for the Medically Uninsured with the mission to seek realistic and workable solutions to address the problems of the medically uninsured in Texas and to ensure the viability and health of medical practice in Texas; (3) the tasks of the committee be to organize all relevant TMA policy under one committee to become a single source of research, advocacy, and consensus solutions to the plight of the uninsured and other real or perceived problems with our health care system, and to direct focused efforts for the benefit of our patients (the general public), print media, televised media, state legislators, and national legislators, and so forth; and (4) TMA make the plight of the medically uninsured in Texas its No. 1 priority.

Adopted as amended by substituting the word "issue" for "plight" in the title and third and fourth resolves, and changing "it No. 1 priority" to "a top priority" in the fourth resolve.

STATUS: At the direction of the Board of Trustees, the Select Committee on Medicaid/CHIP/the Uninsured was charged with the task of identifying recommendations and strategies to carry out Resolution 414 as adopted by the house, so as to address the issue of uninsured Texans and related practice viability issues in reports to the board and the house during TexMed 2008. To address the issues within Resolution 414, as well as issues relating to Medicaid and CHIP, the select committee will submit in the House of Delegate's supplemental handbook a report outlining potential new TMA policy options.

Medical Record Completion Standards Compliance

Resolution 415 (Travis County Medical Society) – that TMA work with the Texas Hospital Association, Texas Department of State Health Services (as the agent for the Centers for Medicare and Medicaid Services), and other entities as needed to develop reasonable standards for compliance that encourage timely completion of medical records, promote excellence in patient care, and do not unduly burden physicians and hospital employees who make reasonable and conscientious efforts to comply with national standards for medical record completion.

Adopted.

STATUS: TMA's Council on Health Service Organizations affirmed this policy and will continue to monitor. TMA has worked with the Texas Hospital Association and Texas Department of State Health Services to ensure reasonable standards are adopted.

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