**Legislative Wins by Specialty MEMBERS**

**Audience: Members (see specialties below)**

**Subject Line:** A Lot Happened for Medicine This Legislative Session

**Header:** Here’s what you need to know.

Dear Dr. <Insert Last Name>:

With the strength of nearly 53,000 members, county medical societies, and alliance organizations, the Texas Medical Association’s advocacy efforts made a big difference for medicine this legislative session. Psychiatrists won some key victories in the 2019 Texas Legislature. Here are some highlights:

<Insert Specialty Specific Bullets>

No other physician organization has the proven track record of success that TMA does. These successes prove what we can accomplish when we unite in one voice.

There is still much to do, and we need your continued support!

Check out [all that TMA accomplished](https://www.texmed.org/uploadedFiles/Current/2016_Advocacy/Texas_Legislature/307456%202019%20Legislative%20Summary%20WEB.pdf) in the 2019 session for physicians and our patients.

Sincerely,

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| https://txma.informz.net/TXMA/data/images/Marketing/fleeger_headshot.jpg | https://txma.informz.net/TXMA/data/images/Marketing/Fleeger%202019.jpgDavid C. Fleeger, MDPresidentTexas Medical AssociationTMA member since 1991 |

**-------------------------------------------**

**Psychiatry**

**Mental Health**

* **$50 million** increase in funding for community mental health services for adults
* **$99 million** instate funding to establish the Texas Mental Health Care Consortium, an effort to increase children’s access to behavioral health services
* Expedited court access for emergency detentions
* Requirement that the Health and Human Services Commission (HHSC) develop a five-year plan to address postpartum screening and depression

**Opioids**

* **$5 million** increase to integrate the prescription monitoring program (PMP) into electronic health records and cover the licensing fees for all state prescribers, including physicians
* Delayed implementation of the state's PMP mandate to March 2020 to allow EHR vendors time to properly integrate their systems

**Scope of Practice**

* Defeated more than 20 dangerous scope of practice bills, including one that would have granted independent prescribing authority to psychologists

**Telemedicine**

* Requirement that physicians – not health plans – choose what telemedicine platform to use
* A requirement that Medicaid cover telemedicine services
* Permission for physicians and other professionals to use telemedicine to provide mental health services to patients outside the state

**Cardiology**

**Public Health**

* An increase to age 21 for buying tobacco and vaping products

**Opioids**

* $5 million increase to integrate the prescription monitoring program (PMP) into electronic health records and cover the licensing fees for all state prescribers, including physicians

**Insurance**

* More explicit prior authorization procedures; transparency regarding denials, requirements, and reviews; and simplified renewal of expired requests
* A requirement that health plans maintain searchable, accurate network directories
* Mandatory network adequacy reviews for both PPOs and EPOs

**Red Tape/Compliance**

* Delayed implementation of the state’s prescription monitoring program (PMP) mandate to March 2020 to allow EHR vendors time to properly integrate their systems

**Tort Reform Protections**

* Fended off attempts to weaken the landmark liability reforms by stopping a bill that would have indexed caps on medical liability judgments to inflation

**Academic**

**2020-21 Budget**

* **$99 million** instate funding to establish the Texas Mental Health Care Consortium
* Physician Education Loan Repayment Program annual allowable repayment assistance amount increased to $180,000

**Graduate Medical Education (GME)**

* **$60 million** added to preserve ratio of 1.1 GME slots per Texas medical school graduate
* **$8.3 million** added to GME formula funding for medical schools
* **$11.4 million** added for state medical student formula funding at 11 schools
* Requirement that new public medical schools plan for the GME needs of their target class size
* Creation of a grant program to develop residency training tracks in rural and underserved settings

**Public Health**

* An increase to age 21 for buying tobacco and vaping products
* Extended the life of the Cancer Prevention and Research Institute of Texas (CPRIT) for 10 years
* A halt to bad immunization bills that would have eased the vaccine exemption process, or interfered with how physicians administer care

**Telemedicine**

* Requirement that physicians – not health plans – choose what telemedicine platform to use
* A requirement that Medicaid cover telemedicine services

**ER**

**Public Health**

* An increase to age 21 for buying tobacco and vaping products

**Mental Health**

* $50 million increase in funding for community mental health services for adults
* Expedited court access for emergency mental health detentions

**Insurance**

* **M**ore explicit prior authorization procedures; transparency regarding denials, requirements, and reviews; and simplified renewal of expired requests
* A surprise billing arbitration process that takes the patient out of surprise billing battles while giving physicians a fairer shake on payment
* Mandatory network adequacy reviews for both PPOs and EPOs
* A requirement that health plans maintain searchable, accurate network directories and identify in-network physicians

**End-Of-Life**

* Stopped bill that would have required a hospital to continue providing medical interventions to an end-of-life patient until the patient is transferred to another facility even if the hospital’s medical ethics committee process determined that further treatment would harm the patient

**Physician Protections**

* New Texas Medical Board complaint process which protects employed physicians’ independent medical judgment and clinical autonomy, and prohibits retaliation
* Liability protections for physicians in disasters
* Stopped a bad bill that would have allowed for multiple surrogates to have medical power of attorney decision making authority

**Hospital Based (Anesthesiology/Radiology/Pathology)**

**Public Health**

* An increase to age 21 for buying tobacco and vaping products

**Insurance**

* A surprise billing arbitration process that takes the patient out of surprise billing battles while giving physicians a fairer shake on payment
* More explicit prior authorization procedures; transparency regarding denials, requirements, and reviews; and simplified renewal of expired requests
* Mandatory network adequacy reviews for both PPOs and EPOs
* A requirement that health plans maintain searchable, accurate network directories and identify in-network physicians
* A requirement that health plans that cover a screening mammogram provide at least the same level of coverage for a diagnostic mammogram

**Scope of Practice**

* Defeated more than 20 dangerous scope of practice bills

**Tort Reform Protections**

* Fended off attempts to weaken the landmark liability reforms by stopping a bill that would have indexed caps on medical liability judgments to inflation

**Orthos**

**Insurance**

* A surprise billing arbitration process that takes the patient out of surprise billing battles while giving physicians a fairer shake on payment
* More explicit prior authorization procedures; transparency regarding denials, requirements, and reviews; and simplified renewal of expired requests
* Mandatory network adequacy reviews for both PPOs and EPOs
* A requirement that health plans maintain searchable, accurate network directories and identify in-network physicians
* New requirements to hold Medicaid managed care organizations (MCOs) accountable for prior authorization decisions

**Scope of Practice**

* Defeated more than 20 dangerous scope of practice bills, including one that would have expanded chiropractic care to treatment of the “neuromusculoskeletal” system

**Red Tape/Compliance**

* $5 million increase to integrate the prescription monitoring program (PMP) into electronic health records and cover the licensing fees for all state prescribers, including physicians
* Delayed implementation of the state’s PMP mandate to March 2020 to allow EHR vendors time to properly integrate their systems
* Required electronic prescribing of opioids – making the process easier and more secure

**Employed Physicians**

**Public Health**

* An increase to age 21 for buying tobacco and vaping products

**Texas Medical Board**

* Renewal of the Texas Medical Board (TMB) through 2031, an expedited licensing process for out-of-state physicians, and timely removal of negative information from a physician’s TMB profile
* TMB complaint process which protects employed physicians’ independent medical judgment and clinical autonomy and prohibits retaliation

**Red Tape/Compliance**

* $5 million increase to integrate the prescription monitoring program (PMP) into electronic health records and cover the licensing fees for all state prescribers, including physicians
* Delayed implementation of the state’s PMP mandate to March 2020 to allow EHR vendors time to properly integrate their systems

**Scope of Practice**

* Defeated more than 20 dangerous scope of practice bills

**Telemedicine**

* Requirement that physicians – not health plans –choose what telemedicine platform to use
* A requirement that Medicaid cover telemedicine services
* Permission for physicians and other professionals to use telemedicine to provide mental health services to patients outside the state

**Delegation of Authority**

* Simplified supervision requirements for physicians and APRNs and PAs with delegated prescriptive authority agreements

**OBGYNS**

**Public Health**

* An increase to age 21 for buying tobacco and vaping products

**2020-21 Budget**

* **$68 million** Increase in women’s health funding, including $45 million more for Healthy Texas Women
* **$7 million** increase to reduce maternal mortality and morbidity
* **$100 million** to help rural hospitals, a portion of which is dedicated to helping those hospitals retain labor and delivery services

**Maternal Health**

* Improved care for high-risk pregnancies related to opioid use disorder, and for newborns with neonatal abstinence syndrome
* Medicaid inpatient rates for rural hospitals increased with add-on for labor/delivery
* Enhanced postpartum benefits for Medicaid women through Healthy Texas Women
* Requirement that the Health and Human Services Commission develop a five-year plan to address postpartum screening and depression

**Insurance**

* Prohibition of step therapy for women with metastatic breast cancer
* Requirement for health plans that cover a screening mammogram to provide at least the same level of coverage for a diagnostic mammogram

**Telemedicine**

* Requirement that physicians – not health plans –choose what telemedicine platform to use
* A requirement that Medicaid cover telemedicine services
* Expansion of pregnancy medical home pilots to new sites and tests the use of telemedicine, telehealth, and telemonitoring to improve prenatal and postpartum care
* Establishes level-of-care designations for hospitals that provide maternal and neonatal care and allows on-call physicians (including family physicians at Level I or II facilities) to use telemedicine, if needed

**All Other Specialties (Excluding those above and Primary Care – PDs, OBGyn, IM, FM…emails already sent to them):**

**Public Health**

* An increase to age 21 for buying tobacco and vaping products
* Extended the life of the Cancer Prevention and Research Institute of Texas (CPRIT) for 10 years

**Scope of Practice**

* Defeated more than 20 dangerous scope of practice bills

**Insurance**

* A surprise billing arbitration process that takes the patient out of surprise billing battles while giving physicians a fairer shake on payment
* Mandatory network adequacy reviews for both PPOs and EPOs
* A requirement that health plans maintain searchable, accurate network directories and identify in-network physicians
* More explicit prior authorization procedures; transparency regarding denials, requirements, and reviews; and simplified renewal of expired requests

**Mental/Behavioral Health**

* $150 million budget increase for mental health services and psychiatry workforce expansion

**Opioids**

* Delayed implementation of the state’s prescription monitoring program to March 2020 to allow EHR vendors time to integrate their systems; plus $5 million in supplemental funds for improved PMP interface and subscriber license

**Texas Medical Board**

* Renewal of the Texas Medical Board (TMB) through 2031, an expedited licensing process for out-of-state physicians, and timely removal of negative information from a physician’s TMB profile