



Summary

Physicians Caring for Texans

**House of Delegates
May 18-19, 2018
JW Marriott San Antonio Hill Country Resort and Spa, San Antonio, Texas**

The Texas Medical Association will put all of its energy and weight behind completely eliminating deaths among Texas' pregnant women and new mothers, TMA's House of Delegates said at TexMed 2018 last week.

At its annual conference in San Antonio, the house unanimously adopted a seven-point plan to address Texas' maternal health crisis.

The plan would direct TMA to seek several solutions, including:

- Ask Texas to request a federal waiver to build a tailored health benefits program for uninsured women of childbearing age;
- Develop a formal education program to help Texas physicians better recognize substance use disorders among the women, and find treatment options;
- Eliminate unnecessary barriers and red tape preventing women from easily obtaining the most effective forms of contraception: intrauterine devices (IUDs) and implants;
- Develop a formal education program for physicians, nurses, and hospitals on the best practices proven to prevent death and disease among women during and after pregnancy; and
- Develop a campaign to educate the public on how women can make motherhood safer by taking better care of themselves before they get pregnant; getting early and timely care when they become pregnant; and knowing where to find help after their babies are born.

The measure was among dozens of recommendations and resolutions presented to the house by reference committees on socioeconomic, financial and organizational affairs, science and public health, and medical education and health care quality.

Among the measures delegates adopted were directives for TMA to:

- Follow an eight-point plan designed to help reduce resistance to vaccinating children against the cancer-causing human papillomavirus (HPV);
- Apply all appropriate resources to oppose Medicaid work requirements in order to protect medical services for vulnerable, low-income adults with children and other Medicaid-covered populations;
- Ensure that only physicians licensed in Texas can make medical necessity decisions and that doctors making peer-to-peer decisions be of the same specialty as a treating physician seeking authorization;
- Develop legislation that stops nonprofit health corporations (NPHCs) from retaliating against employees who file complaints or reports of suspected violations of state or federal law;
- Ask the Texas Medical Board (TMB) to adopt rules that give TMB authority to accept, process, and dispose of complaints against a licensed NPHC;
- Create Medical Staff Rights and Responsibilities "to cultivate a culture that ensures patient safety, as well as improves the quality of care of each patient;" and
- Remove the words "disruptive behavior" or "disruptive physicians" from TMA policy on behavioral standards.

Also at TMA's 2018 annual meeting, Athens family physician Doug Curran, MD, was installed as TMA's 153rd president; Austin colon and rectal surgery specialist David C. Fleeger, MD, was elected as TMA president-elect; and Lubbock pediatric endocrinologist Surendra K. Varma, MD, was honored with TMA's Distinguished Service Award.

Issues acted on by the house, grouped by the reference committee to which items were referred, are as follows:

Reference Committee on Financial and Organizational Affairs

SPKR Report 1-A-18. **Adopted.** Recommendations to amend Resolution 109-A-17 and adopt the resolution as amended.

SPKR Report 2-A-18. **Adopted.** Recommendations 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.

CCB Report 2-A-18. **Adopted.** Recommendations to amend: (1) TMA Bylaws Chapter 4, Board of Trustees, Section 4.40; and (2) TMA Bylaws Chapter 7, Elections, Section 7.42, Balloting, Subsection 7.421, First ballot, and Subsection 7.422, Run-off ballot.

BOT Report 12-A-18. **Adopted.** Recommendations to: (1) continue the 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, Committee on Reproductive, Women's, and Perinatal Health, Committee on Medical Home and Primary Care, and the Committee on Rural Health for three years; (2) amend the charge of the Patient-Physician Advocacy Committee in Section 10.532 of the TMA Bylaws; and (3) continue the Patient-Physician Advocacy Committee, as amended, for three years.

BOT Report 13-A-18. **Adopted.** Recommendations to: (1) retain policy 160.016 General Antitrust Compliance Principles; and (2) amend policy 75.003 County Medical Societies and Medical Alliances.

BOT Report 14-A-18. **Adopted.** Recommendation to approve TMA's 2025 strategic plan.

BOT Report 15-A-18. **Adopted.** Recommendation to amend TMA Bylaws, Chapter 9, Councils, Section 9.31, Number of members, to allow councils to consist of nine to 18 members.

BOC Report 4-A-18. **Referred with a report back at A-19.** Recommendation that Resolution 107-A-17 not be adopted.

BOC Report 5-A-18. **Adopted.** Recommendation that the TMA House of Delegates elect Nalin H. Tolia, MD, to emeritus membership in the Texas Medical Association.

BOC Report 6-A-18. **Adopted.** Recommendation that the TMA House of Delegates elect William J. Deaton, MD, John D. McKeever, MD, and William A. Walker, MD, to honorary membership in the Texas Medical Association.

BOC Report 7-A-18. **Adopted.** Recommendations to (1) retain TMA Policy 85.010 Terminally Ill; and (2) delete TMA Policy 85.002 Advance Directives Act Amendments.

TEXDEL Report 3-A-18. **Adopted.** Recommendation to amend Section 3.0, Officers and Elected Positions, in the delegation's Operating Procedures.

MSS Report 1-A-18. **Adopted.** Recommendation to approve amendments to the TMA Medical Student Section Operating Procedures.

YPS Report 1-A-18. **Adopted.** Recommendation to amend the TMA Young Physician Section Operating Procedures with necessary updates to clarify the election process and streamline meeting scheduling.

CCB Report 1-A-18. **Adopted.** Recommendation to grant: (1) final approval of an amendment to the TMA Constitution, Article VI, Board of Trustees, recognizing the election of a young physician member; and (2) approval of the first reading of the constitutional amendment necessary to include the young physician member of the Board of Trustees as a voting member of the House of Delegates (Article V. House of Delegates).

CSPH Report 1-A-18. **Adopted as amended, as follows:** Recommendation that the Texas Medical Association: (1) does not discriminate, and opposes discrimination, based on race, religion, disability, ethnic origin, national origin, age, sexual orientation, sex, or gender identity; and (2) 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.

PPAC Report 2-A-18. **Adopted as amended, as follows:** Recommendation that TMA Policy 265.019 Physician Behavior Standards be retained as amended to read: The Texas Medical Association encourages bylaws and policies that promote a safety culture and asserts that standards for physician behavior should not use ambiguous terms that can be used against physicians for retaliation or for economic gain.

Resolution 101-A-18. **Referred with a report back at A-19.** Resolution 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.

Resolution 103-A-18. **Adopted as amended, as follows:** Resolution 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."

Resolution 104-A-18. **Adopted.** Resolution 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.

Resolution 105-A-18. **Referred for decision.** Resolution 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.

Resolution 106-A-18. **Adopted as amended with a report back at A-19, as follows:** Resolution 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.

Resolution 107-A-18. **Adopted as amended, as follows:** Resolution 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.

Resolution 108-A-18. **Adopted as amended, as follows:** Resolution 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.

Resolution 109-A-18. **Adopted as amended, as follows:** Resolution 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.

Reference Committee on Medical Education and Health Care Quality

CHCQ Report 2-A-18. **Adopted.** Recommendation that TMA Policy 225.010 be retained as amended.

CME Report 2-A-18. **Adopted.** Recommendations that: (1) TMA Policies 30.026, 85.011, 200.027, 205.016, 205.017, 205.028 be retained; and (2) policies 185.014, 205.011, 205.018, and 245.016 be retained as amended.

CME Report 3-A-18. **Adopted as amended, as follows:** Recommendation that TMA adopt policy on 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.

CME Report 4-A-18. **Adopted.** Recommendation that TMA adopt policy on Physician Representation on the Texas Higher Education Coordinating Board.

CM-CE Report 2-A-18. **Adopted.** Recommendation to retain TMA Policies 70.004, 70.007, and 70.009 as amended.

CM-PDHCA Report 2-A-18. **Adopted as amended, as follows:** Recommendations that: (1) TMA Policy 55.027 Public School Education be retained as amended to read: With the goal of improving the public school system through active participation, TMA members are encouraged to become involved with the public school system in their areas to the degree possible, including mentoring students and joining in community/school partnership programs, where available. In addition, TMA encourages its members to work with local school systems to establish advanced placement and enrichment programs in Science, Technology, Engineering, and Math (STEM) with special emphasis on encouraging participation of disadvantaged students in these programs; and (2) TMA Policy 290.005 Telemedicine be amended to read: The Texas Medical Association defines telemedicine as clinical and diagnostic services delivered via telecommunications technology; the use of telecommunication technology to facilitate health care delivery; the application of telecommunications and information resources to the health field to facilitate delivery of medical information to physicians, practitioners, patients, and the general public; the process by which electronic, visual, and audio communications are used to provide medical care, enhance skills and knowledge, and provide diagnostic and consultative support to physicians and health care providers at distant sites.

CPMS Report 1-A-18. **Adopted.** Recommendations 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.

CPMS Report 2-A-18. **Adopted.** Recommendations to: (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 policy on Health Information Technology – Cyber Security.

Resolution 201-A-18. **Adopted as amended, as follows:** Resolution that the Texas Medical Association support the inclusion and integration of topics of health care value in medical education.

Resolution 202-A-18. **Referred.** Resolution 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.

Resolution 203-A-18. **Adopted as amended, as follows:** Resolution 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) that TMA be actively and immediately engaged in the rule-making process of SB 1148.

Resolution 204-A-18. **Not adopted.** Resolution that the Texas Medical Association cause to be created a TMA-endorsed 501(c)(3) non-profit Texas Board of Medical Specialties to serve the purpose of certifying physicians practicing in Texas.

Resolution 205-A-18. **Adopted as substituted.** Resolution that the Council on Medical Education study the issue of unmatched candidates for U.S. residency programs and to report back in 2019.

Reference Committee on Science and Public Health

CSPH Report 2-A-18. **Adopted.** Recommendations 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.

CSPH Report 3-A-18. **Adopted.** Recommendation that TMA adopt new policy on appropriate supplementation of vitamin D.

CSPH Report 4-A-18. **Adopted.** Recommendations 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.

CSPH Report 5-A-18. **Adopted.** Recommendations that: (1) TMA Policy 45.011 County Contracts to Recover Tissue in Texas, and policy 95.018 Physician Pharmacy Interactions be retained; (2) policies 20.0016 Alzheimer's Disease and Other Dementia, 260.015 Firearms, 260.058 Labeling of Ephedrine Products, 265.018 Evidence-based Medicine, 280.033 Hypothermia for Successful Out-of-Hospital Resuscitation, and 280.034 Pain Management be retained as amended; and (3) policies 30.027 Physical Therapy Services, 95.028 Multiple Schedule II Drug Prescriptions, and 260.057 Regulation of Ephedrine Products be deleted.

CSPH Report 6-A-18. **Adopted as amended, as follows:** Recommendation 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.

CSPH Report 7-A-18. **Adopted.** Recommendations to: (1) approve new policy on the chronic disease of substance use disorders; and (2) delete current TMA Policy 25.008 Alcoholism.

CSPH Report 8-A-18. **Adopted as amended, as follows:** Recommendations: (1) 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.

CM-C Report 1-A-18. **Adopted.** Recommendation that TMA Policy 50.004 Skin Cancer Prevention be retained.

CM-CAH Report 1-A-18. **Adopted.** Recommendation that TMA Policies 55.052 Child Psychiatrists in State Agency Policymaking Positions and 260.034 Lead Poisoning be retained.

CM-CAH Report 2-A-18. **Adopted.** Recommendations that the Texas Medical Association: (1) amend and retain TMA 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.

CM-ID Report 1-A-18. **Adopted.** Recommendation that TMA Policies 95.019 Needle Exchange Programs, 135.007 Immunization Guidelines, and 135.016 Influenza Vaccine Recommendations for Health Care Workers be retained as amended.

CM-RWPH Report 1-A-18. **Adopted.** Recommendations 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.

Resolution 301-A-18. **Adopted as amended, as follows:** Resolution 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.

Resolution 302-A-18. **Referred.** Resolution 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.

Resolution 303-A-18. **Adopted.** Resolution 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.

Resolution 304-A-18. **Not adopted.** Resolution that the Texas Medical Association: (1) advocate for the use of lesbian, gay, bisexual, and transgender (LGBT)-friendly language in medical intake forms like the use of gender-inclusive pronouns such as, but not limited to, they/them and zhe/zhem rather than the standard male/female pronouns; (2) oppose any law that protects discrimination against patients on the basis of gender, gender identity, or sexual orientation; and (3) work with the Gay and Lesbian Medical Association and other appropriate parties to find ways to improve the LGBT patient experience.

Resolution 305-A-18. **Not adopted.** Resolution that the Texas Medical Association: (1) advocate for increased access to grocery stores and fresh foods for impoverished communities and areas with limited access to healthy foods; and (2) support increased education and promotion of food literacy for

individuals living in communities with limited access to healthy foods as a means to enable them to choose and consume healthier foods sustainably.

Resolution 306-A-18. **Referred.** Resolution 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.

Resolution 307-A-18. **Adopted.** Resolution 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.

Resolution 308-A-18. **Adopted as amended, as follows:** Resolution 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.

Resolution 309-A-18. **Not adopted.** Resolution that the Texas Medical Association: (1) support the incorporation of blood glucose screening tests into the Texas school systems; and (2) work with the Texas State Board of Education to incorporate blood glucose screening tests into the annual health-related requirements for school.

Resolution 310-A-18. **Not adopted.** Resolution that the Texas Medical Association: (1) in cooperation with other interested parties, investigate the potential impact of community health workers on initiation and completion rates of human papillomavirus vaccination (HPV) in underserved populations, such as inner-city and rural populations; (2) urge the Texas Department of State Health Services and/or local bodies governing community health workers to expand the training and role of community health workers in promoting HPV vaccination; and (3) urge counties and communities to address HPV vaccination through more programs carried out by community health workers dedicated to education and navigation of the vaccination process.

Resolution 311-A-18. **Adopted.** Resolution 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.

Resolution 312-A-18. **Referred.** Resolution 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.

Resolution 313-A-18. **Referred for study and report back.** Resolution 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.

Resolution 314-A-18. **Referred.** Resolution that the Texas Medical Association advocate for legislation permitting extreme risk protection orders in Texas.

Reference Committee on Socioeconomics

PRES Report 1-A-18. **Adopted as amended, as follows:** Recommendations 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.

CHSO Report 1-A-18. **Adopted.** Recommendations that: (1) policies 65.006, 115.008, 130.014, and 130.015 be retained; and (2) policies 85.015, 125.005, and 125.006 be retained as amended.

CHSO Report 2-A-18. **Adopted.** Recommendation that TMA adopt new policy on medical staff rights and responsibilities.

CHSO Report 3-A-18. **Adopted.** Recommendations 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.

CSE Report 1-A-18. **Adopted.** Recommendations that: (1) TMA Policies 65.007, 65.008, 110.008, 115.009, 115.013, 145.009, 145.010, 180.008, 180.024, 190.027, 190.028, 195.028, 235.028, 245.015, and 260.052 be retained; (2) policies 55.029, 65.011, 80.003, 190.017, 230.005, 265.017, 320.007, and 335.007 be retained as amended; and (3) policies 105.015 and 190.026 be deleted.

CSE Report 2-A-18. **Adopted.** Recommendation that TMA Policy 240.014 be retained as amended.

CSE Report 3-A-18. **Adopted.** Recommendation that: (1) TMA Policy 235.0354 be amended; (2) TMA adopt policy on standardized electronic prior authorization transactions; and (3) that the Council on Socioeconomics Report 3-A-18 be adopted in lieu of Resolution 406-A-17.

CSE Report 4-A-18. **Adopted.** Recommendation that Resolution 408-A-17 not be adopted.

CSE Report 5-A-18. **Adopted.** Recommendation that Resolution 411-A-17 not be adopted.

CSE Report 6-A-18. **Adopted.** Recommendations 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.

CM-EMST Report 2-A-18. **Adopted.** Recommendations that: (1) policies 100.022, 100.023, 100.025, and 100.026 be retained; (2) policy 100.024 be retained as amended; and (3) policy 100.021 be deleted.

CM-MHPC Report 2-A-18. **Adopted.** Recommendation that TMA Policy 255.004 Patient-Centered Medical Home be retained.

Resolution 401-A-18. **Adopted as amended, as follows:** Resolution 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.

Resolution 402-A-18. **Adopted.** Resolution 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.

Resolution 403-A-18. **Adopted as amended, as follows:** Resolution 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.

Resolution 404-A-18. **Adopted.** Resolution 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.

Resolution 405-A-18. **Referred for decision.** Resolution 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.

Resolution 406-A-18. **Adopted as amended, as follows:** Resolution 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.

Resolution 407-A-18. **Adopted.** Resolution 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.

Resolution 408-A-18. **Adopted as amended, as follows:** Resolution 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.