

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.

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

2
3 **REFERRED TO:** Division of Communication and Division of Membership and Business
4 Development

5
6 **STATUS:** Updated and communicated.
7

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

10
11 **REFERRED TO:** Council on Science and Public Health

12
13 **STATUS:** See C-SPH Report 2-A-19.
14

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

17
18 **REFERRED TO:** Office of the EVP

19
20 **STATUS:** Texas Delegation Operating Procedures have been updated to reflect the
21 amendments adopted by the house.
22

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

25
26 **REFERRED TO:** Office of the EVP

27
28 **STATUS:** Medical Student Section Operating Procedures have been updated to reflect
29 amendments adopted by the house.
30

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

34
35 **REFERRED TO:** Office of the EVP

36
37 **STATUS:** Young Physician Section Operating Procedures have been updated to reflect
38 amendments adopted by the house.
39

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

47
48 **REFERRED TO:** Add to TMA Policy Compendium

49
50 **STATUS:** Added 60.008 Rejection of Discrimination to TMA Policy Compendium.

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

9
 10 **REFERRED TO:** Council on Practice Management Services, Ad Hoc Committee on HIT and
 11 Division of Public Affairs

12
 13 **STATUS:** See C-PMS Report 1-A-19.

14
 15 **Resolution 103 – Internet-Based Notification of Patients When a Physician is Closing or Leaving a**
 16 **Practice (Travis County Medical Society):** That the Texas Medical Association formally recommend to
 17 the Texas Medical Board amendment of the current provisions of 22 Texas Administrative Code
 18 §165.5(b)(2) as follows: “Notification shall be accomplished by: (A) posting a notice on the website of the
 19 physician, to be kept available for two years, or publishing notice in the newspaper of greatest general
 20 circulation in each county in which the physician practices or practiced; (B) placing a written notice in the
 21 physician’s office; or (C) sending an email notice or postal letters to patients seen in the last two years
 22 notifying them of discontinuance of practice.” **Adopted as amended.**

23
 24 **REFERRED TO:** Office of the General Counsel and add to TMA Policy Compendium

25
 26 **STATUS:** Added 245.022 Notification of Physician Closing or Leaving Practice to
 27 TMA Policy Compendium. TMA will work to ensure the development of a
 28 more timely and technology-based solution exist for physicians notifying
 29 their patients when closing or leaving a practice. TMA sent a letter to TMB
 30 requesting it review 22 Texas Admin Code, section 165.5(b)(2), and
 31 consider the recommendations found in Resolution 103.

32
 33 **Resolution 104 – Clarification of Guidelines for Online Prescribers in Texas (Travis County Medical**
 34 **Society):** That: (1) the Texas Medical Association support national efforts to amend federal law and federal
 35 Drug Enforcement Administration regulations to allow for the e-prescribing of a medication, including a
 36 controlled substance, needed by a patient with a mental health or behavioral health diagnosis when an
 37 appropriate patient-physician relationship has been established through telemedicine and in accordance with
 38 state law and accepted standards of care; and (2) our Texas Delegation to the American Medical Association
 39 take this, or a similar, resolution to the AMA House of Delegates for consideration. **Adopted.**

40
 41 **REFERRED TO:** Add to TMA Policy Compendium

42
 43 **STATUS:** Added 95.044 Online Prescriber Guidelines to TMA Policy Compendium.

44
 45 **Resolution 105 – Revision of Section 165.155 (a) of the Texas Occupations Code, Solicitation of**
 46 **Patients (Bexar County Medical Society):** That the Texas Medical Association work to pass legislation
 47 that would rewrite Section 165.155 of the Texas Occupations Code, in particular, part (a) of the section, in
 48 order to eliminate the great potential for selective regulatory abuse, to eliminate any competitive burdens that
 49 are now placed on some groups of physicians, and to eliminate the present situation where physicians are
 50 unknowingly breaking the law. **Referred for decision.**

1 **REFERRED TO:** Board of Trustees

2
3 **STATUS:** Since this subject matter is closely tied to medical ethics and implicates
4 current TMA Board of Councilors ethics opinions and TMA Bylaws
5 provisions regarding fee splitting, the board approved a recommendation to
6 refer Resolution 105-A-18 to the TMA Board of Councilors. See BOT
7 Report 10-A-19.
8

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

14
15 **REFERRED TO:** Council on Legislation and Office of the General Counsel

16
17 **STATUS:** TMA is pushing legislation (HB 1532 (Meyer)/SB 1985(Hughes)) which
18 would establish a process at Texas Medical Board (TMB) to handle
19 complaints of corporate interference and retaliatory practices.
20

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

28
29 **REFERRED TO:** Council on Legislation and Office of the General Counsel

30
31 **STATUS:** TMA is pushing legislation (HB 1532 (Meyer)/SB 1985 (Hughes)) which
32 would establish a process at Texas Medical Board (TMB) to handle
33 complaints of corporate interference and retaliatory practices.
34

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

41
42 **REFERRED TO:** Council on Medical Education and Office of the General Counsel

43
44 **STATUS:** Council on Medical Education conducted a study in conjunction with the
45 Office of General Counsel and a report containing policy proposals was
46 submitted to the house for consideration. See C-ME Report 5-A-19.
47

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

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

2
3 **STATUS:** HB 1353 (Oliverson)/SB 752 (Huffman) provides additional liability
4 protection for physicians that are volunteering their services to patients in
5 times of disaster.
6

7 FROM REFERENCE COMMITTEE ON MEDICAL EDUCATION AND HEALTH CARE QUALITY:
8

9 **Council on Medical Education Report 3 – Aligning Future Graduate Medical Education Capacity**
10 **With Target Enrollments of New Texas Medical Schools:** That TMA adopt new policy Aligning Future
11 Graduate Medical Education Capacity With Target Enrollments of New Texas Medical Schools to read: (1)
12 The Texas Medical Association supports an amendment to state law that would stipulate that public medical
13 schools are required to submit a plan to meet the graduate medical education (GME) needs for the school’s
14 planned target class size. The GME plan is to be submitted to the Texas Higher Education Coordinating
15 Board as part of its application for approval to offer a program leading to an MD or DO degree. If at any
16 time a medical school substantially increases its class size after approval from the Texas Higher Education
17 Coordinating Board to offer a program leading to an MD or DO degree, the Texas Medical Association
18 believes the medical school then should be required to provide an updated GME plan to the board that
19 reflects the subsequent increase in class size. TMA believes the Texas Higher Education Coordinating Board
20 should make a determination as to what constitutes a substantial increase in class size for the purposes of this
21 reporting requirement; (2) TMA believes it is in the best interest of the state that any medical school
22 operating in the state, public or private, should plan for the GME needs of its graduates and that its plans
23 should focus on the GME capacity needed for the school’s target class size, with an emphasis on expanding
24 care for patients by creating new GME positions rather than displacing GME programs already in existence.
25 **Adopted as amended.**
26

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

28
29 **STATUS:** TMA drafted language for SB 1378 (Buckingham, R-Lakeway)/HB 4039
30 (Turner, D-Grand Prairie) to implement this policy and advocated in support
31 of the passage of this legislation during the 2019 Legislative Session. Added
32 200.052 Aligning Future Graduate Medical Education Capacity with Target
33 Enrollments of New Texas Medical Schools to TMA Policy Compendium.
34

35 **Council on Medical Education Report 4 – Physician Representation on Texas Higher Education**
36 **Coordinating Board:** That the Texas Medical Association adopt new TMA Policy: Physician
37 Representation on the Texas Higher Education Coordinating Board. **Adopted.**
38

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

41
42 **STATUS:** Added 200.053 Physician Representation on the Texas Higher Education
43 Coordinating Board to TMA Policy Compendium. TMA continues to work
44 with state leadership to advocate for appointment of a physician to the board
45

46 **Council on Practice Management Services Report 1 – Reducing Errors in Pharmacy (Resolution**
47 **307-A-17):** That the Texas Medical Association: (1) support improving quality and patient outcomes through
48 the collection and analysis of e-prescribing mishaps through reporting in a transparent and non-punitive
49 manner; (2) participate in the National Council for Prescription Drug Program (NCPDP) to influence
50 national standards for pharmacies and the e-prescribing process; and (3) provide education specific to e-
51 prescribing best practices so that pharmacies receive accurate prescriptions the first time, reducing callbacks
52 to the physician’s office. **Adopted.**

1 **REFERRED TO:** Council on Practice Management Services and Ad Hoc Committee on HIT
 2
 3 **STATUS:** (1) TMA continues its support of ECRI as a member of its Partnership for
 4 Health IT Patient Safety and is affiliated with The Alliance for Quality
 5 Improvement and Patient Safety. These organizations focus on activities
 6 based on aggregated data collection to reduce errors in all health care
 7 settings, including the pharmacy. (2) Physicians have volunteered to work
 8 on NCPDP's task groups related to e-prescribing regulatory issues and the
 9 implementation of structured and codified sig. Staff attended the NCPDP
 10 conference in February to establish relationships and seek additional
 11 avenues of participation and influence. (3) TMA updated its e-prescribing
 12 page (www.texmed.org/e-prescribe) to include information on prescription
 13 quality; TMA developed an educational webinar on e-prescribing quality
 14 that is available free for members; and TMA will continue to develop
 15 resources related to e-prescribing quality to enhance patient safety.
 16

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

23
 24 **REFERRED TO:** Add to TMA Policy Compendium
 25

26 **STATUS:** Amended 95.029 Health Information Technology – Electronic-Prescribing;
 27 amended 265.012 Health Information Technology – Electronic Health
 28 Records and Personal Health Records; deleted 265.021 Electronic Medical
 29 Records; deleted 115.019 Abolish Compulsory Electronic Health Records;
 30 amended 265.012 Health Information Technology – Electronic Health
 31 Records and Personal Health Records; added 265.026 Cyber Security Policy
 32 to TMA Policy Compendium.
 33

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

37
 38 **REFERRED TO:** Council on Medical Education and add to TMA Policy Compendium
 39

40 **STATUS:** Council sent a letter to the medical school deans to communicate TMA's
 41 support for incorporating topics of health care value in medical education
 42 and residency training. Added 200.054 Incorporating High-Value Care into
 43 Undergraduate and Graduate Medical Education in Texas to TMA Policy
 44 Compendium.
 45

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

1 **REFERRED TO:** Council on Medical Education

2
3 **STATUS:** The Council on Medical Education is continuing to study this issue and will
4 report back to the house at the A-20 meeting with a status update.

5
6 **Resolution 203 – Freedom from Maintenance of Certification (Ori Z. Hampel, MD):** That the Texas
7 Medical Association: (1) take the position in its advocacy efforts that all requirements for maintenance of
8 board certification in medical staff bylaws for Texas health-related facilities, institutions, and programs that
9 fall within the differentiation prohibition of Senate Bill 1148 (2017) should be considered null and void
10 effective Jan. 1, 2018; (2) take the position in its advocacy efforts that any requirements for maintenance of
11 board certification in medical staff bylaws for Texas health-related facilities, institutions, and programs that
12 fall within the differentiation prohibition of Senate Bill 1148 (2017) require the vote of the medical staff (or
13 satisfaction of another exception under the law); (3) take the position in its advocacy efforts that any vote for
14 requiring maintenance of board certification in medical staff bylaws for Texas health-related facilities,
15 institutions, and programs that fall within the differentiation prohibition under Senate Bill 1148 taken before
16 the effective date of the bill should be considered null and void effective Jan. 1, 2018; and (4) be actively and
17 immediately engaged in the rule-making process of SB 1148. **Adopted as amended.**

18
19 **REFERRED TO:** Council on Legislation, Council on Health Service Organizations and add to
20 TMA Policy Compendium

21
22 **STATUS:** Added 175.025 Freedom from Maintenance of Certification to TMA Policy
23 Compendium. TMA has been working with Senator Buckingham on S.B.
24 1882 (companion bill HB 4258 by Rep. Murphy) in the current legislative
25 session specifically on these issues.

26
27 **Resolution 205 – Graduate Associate Physician (International Medical Graduate Section):** That the
28 Council on Medical Education study the issue of unmatched candidates for U.S. residency programs and to
29 report back in 2019. **Adopted as substituted.**

30
31 **REFERRED TO:** Council on Medical Education

32
33 **STATUS:** The Council on Medical Education conducted a study on unmatched U.S.
34 medical school graduates and submitted a report with policy proposals for
35 consideration by the house. See CME Report 6-A-19.

36
37 FROM REFERENCE COMMITTEE ON SCIENCE AND PUBLIC HEALTH:

38
39 **Council on Science and Public Health Report 2 – Addressing the Diaper Gap (Resolution 305-A-17):**
40 That the Texas Medical Association: (1) encourage physicians to screen for social and economic risk factors
41 in order to support care plans and to direct patients to appropriate local social support resources; (2) provide
42 information to members on community resources related to free and low-cost diapers and other basic
43 material needs; and (3) recognize diapers, especially for adults, are a basic and essential health care necessity
44 that helps to mitigate disease and illness and enables many to remain at home, and support efforts to remove
45 the state sales tax applied to diapers. **Adopted.**

46
47 **REFERRED TO:** Council on Science and Public Health and add to TMA Policy Compendium

48
49 **STATUS:** Added 260.108 Addressing the Diaper Gap to TMA Policy Compendium.
50 An update was provided to the Council on Science and Public Health on the
51 approved policy. TMA is monitoring the legislation filed on taxation of
52 essential personal products including diapers.

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

4
5 **REFERRED TO:** Add to TMA Policy Compendium

6
7 **STATUS:** Added 260.109 Vitamin D3 Supplementation to TMA Policy Compendium.
8

9 **Council on Science and Public Health Report 4 – Implementing a Sugar-Sweetened Beverage Tax in**
10 **Texas (Resolution 311-A-17):** That the Texas Medical Association: (1) collaborate with the public health
11 community to promote and support evidence-based interventions that will reduce obesity and its
12 complications. These evidence-based interventions should include providing information and resources for
13 physicians to support obesity screening and diagnostic tools for use in the primary care setting, physician
14 payment for the evaluation and management of patients with obesity, and research on culturally appropriate
15 education and public awareness to address obesity and its complications; and (2) amend TMA Policy
16 260.095. **Adopted.**

17
18 **REFERRED TO:** Add to TMA Policy Compendium

19
20 **STATUS:** Added 260.110 Implementing a Sugar-Sweetened Beverage Tax in Texas to
21 TMA Policy Compendium; amended 260.095 Eligibility of Sugar-
22 Sweetened Beverages for SNAP and Counseling.
23

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

1 **STATUS:** (1) and (2) See C-PMS Report 2-A-19 (3) Added 265.027 Costs to Update
2 Health Information Technology Products to Address Issues of Sex and
3 Gender (4) Added 265.028 Improving LGBTQ Health Care Access to TMA
4 Policy Compendium. A continuing medical education program on LGBTQ
5 health will be presented at TexMed 2019.
6

7 **Committee on Child and Adolescent Health Report 2 – Referred 2017 Resolutions Relating to**
8 **Concussions and Head Injuries:** That the Texas Medical Association: (1) amend and retain policy 260.094;
9 (2) create a network in which TMA members could provide and receive consultations on concussions with
10 one another, and possibly link physicians with specialists in sports medicine, as the best way to share
11 information on concussion protocol, current knowledge on how to manage patients, and information for
12 patients; and (3) start an education and awareness campaign directed toward athletes to ensure education and
13 timely information is shared directly with students. **Adopted.**
14

15 **REFERRED TO:** (1) Add to TMA Policy Compendium; (2) Committee on Child and
16 Adolescent Health; (3) Council on Health Promotion
17

18 **STATUS:** (1) Amended 260.094 Head Injuries and Sport-Related Concussions (SRC)
19 in TMA Policy Compendium. (2) The Committee on Child and Adolescent
20 Health established a workgroup to explore feasibility of establishing a
21 network for consultation, as well as alternatives to provide information and
22 practice resources to members. (3) The Council on Health Promotion
23 discussed the topic and directed staff to develop an educational campaign
24 for student athletes. The plan for that campaign is under review.
25

26 **Committee on Reproductive, Women’s, and Perinatal Health Report 1 – Evaluation and Management**
27 **of Stillbirth:** That the Texas Medical Association: (1) promote physician awareness of the comprehensive
28 process for evaluation and management of stillbirth including current clinical management guidelines
29 developed by the American College of Obstetricians and Gynecologists; (2) work with the relevant state
30 health and human service agencies, public and private insurance organizations, and health care associations
31 to explore opportunities to incorporate fetal death data into quality improvement initiatives addressing
32 maternal and infant health and explore the costs and benefits associated with the evaluation and management
33 of stillbirths; and (3) delete policy 140.009 Perinatal Autopsies Following Stillbirth. **Adopted.**
34

35 **REFERRED TO:** (1) and (2) to Committee on Reproductive, Women’s and Perinatal Health;
36 (3) Delete from TMA Policy Compendium
37

38 **STATUS:** (1) and (2) The Committee on Reproductive, Women’s, and Perinatal
39 Health established a workgroup to develop written continuing medical
40 education materials to promote best practices in the evaluation and
41 management of stillbirth. A second workgroup met with representatives
42 from state agencies, health plans, and associations and determined that there
43 are no current opportunities to develop quality improvement initiatives at
44 this time. (3) Deleted 140.009 Perinatal Autopsies Following Stillbirth from
45 TMA Policy Compendium.
46

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

1 **REFERRED TO:** Council on Science and Public Health

2

3 **STATUS:** A one-page overview of this issue has been developed and prepared for
4 publication to TMA Communications, and is in the process of being
5 disseminated to physicians.
6

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

14

15 **REFERRED TO:** Committee on EMS and Trauma

16

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

18

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

23

24 **REFERRED TO:** Add to TMA Policy Compendium

25

26 **STATUS:** Added 60.009 “Bathroom” Bills to TMA Policy Compendium

27

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

33

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

35

36 **STATUS:** Several pieces of legislation have been filed that provide an assumption that
37 all parents (including those in the foster care system) are fit. Certainly this is
38 not reality. However, it leads to the question of whether TMA should be
39 positioning physicians to wrest control of health care decisions of children
40 away from parents who have not had their rights revoked by the court. TMA
41 is monitoring many pieces of foster care legislation and is working with the
42 Texas Pediatric Society and other groups on these issues. The Committee on
43 Child and Adolescent Health reviewed the resolution, existing policies, and
44 after further discussion with the authors, recommended that the resolution
45 not be adopted. See CM-CAH Report 1-A-19.
46

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

50

51 **REFERRED TO:** Council on Legislation

1 **STATUS:** HB 3284 (Sheffield) proposes to alter the mandated PMP check to only
 2 Schedule II drugs in four classes – opioids, benzodiazepines, barbiturates,
 3 and carisoprodol. SB 2316 (Hinojosa) pushes the mandate off from
 4 September 1, 2019 to March 1, 2020 to allow the process of electronic
 5 integration to further develop. It retains the current requirements of drugs to
 6 be checked and does not limit it to Schedule II.
 7

8 **Resolution 308 – Texas Prescription Drug Monitoring Program Data Integration Into Electronic**
 9 **Health Record Technology (Medical Student Section):** That the Texas Medical Association advocate for
 10 integration of real-time prescription drug monitoring program data into Texas electronic health record
 11 systems and electronic prescribing systems should be at no cost to the physician. Adopted as amended.
 12

13 **REFERRED TO:** Council on Legislation
 14

15 **STATUS:** About \$6 million in funding in both House and Senate supplemental
 16 budgets is earmarked for the Board of Pharmacy to begin the process of
 17 electronic integration between the PMP and EMR systems. This funding
 18 allows the Board of Pharmacy to purchase the licenses from the vendor,
 19 Appriss Health, for all prescribers and pharmacists. That is probably the
 20 most expensive part of doing a one off integration deal. There may be
 21 charges from the EMR vendor but we are working with their industry
 22 groups to minimize the additional charges.
 23

24 **Resolution 311 – Encouraging Unstructured Playtime in School (Medical Student Section):** That the
 25 Texas Medical Association: (1) encourage daily physical activity for children as a means to prevent
 26 childhood obesity and promote physical and mental health; (2) recognize the importance of unstructured
 27 playtime in addition to the current physical education requirements to encourage physical, cognitive, and
 28 emotional development; and (3) support the development of a recess policy to encourage each school district
 29 to have unstructured playtime in addition to physical education at each elementary school campus. **Adopted.**
 30

31 **REFERRED TO:** Add to TMA Policy Compendium
 32

33 **STATUS:** Added 55.060 Encouraging Unstructured Playtime in School to TMA Policy
 34 Compendium.
 35

36 **Resolution 312 – Identification Bracelets for Patients With Hearing Loss (Tarrant County Medical**
 37 **Society):** That the Texas Medical Association adopt as policy a recommendation for medical care settings,
 38 especially hospitals and emergency departments, to provide identification bracelets on patients with hearing
 39 loss indicating their hearing status. **Referred.**
 40

41 **REFERRED TO:** Council on Health Service Organizations
 42

43 **STATUS:** See C-HSO Report 2-A-19.
 44

45 **Resolution 313 – Raising the Minimum Purchase Age for All Guns to 21 (Ryan Van Ramshorst, MD,**
 46 **Texas Pediatric Society):** That the Texas Medical Association support federal and state bills that raise the
 47 purchase age for all guns to be in line with the current minimum age for handguns, which is 21 years.
 48 **Referred for study with a report back.**
 49

50 **REFERRED TO:** Council on Science and Public Health and Council on Legislation
 51

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

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

4
5 **REFERRED TO:** Council on Legislation and Council on Science and Public Health

6
7 **STATUS:** See C-SPH Report 1-A-19.

8
9 FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

10
11 **President’s Report 1 - Physician-Led Initiatives to Address Maternal Mortality and Morbidity:** That
12 that the Texas Medical Association: (1) Pursue legislation authorizing the Texas Health and Human Services
13 Commission to: (a) submit a federal Medicaid 1115 demonstration waiver requesting approval to design and
14 implement a tailored health benefits program for eligible uninsured women of childbearing age that provides
15 12 months’ continuous coverage for preventive, primary, and specialty care coverage, including behavioral
16 health services, to women before, during and after pregnancy; (b) ensure adolescents aging out of the
17 Children’s Health Insurance Program (CHIP) are seamlessly enrolled into Healthy Texas Women; (c) ensure
18 women losing CHIP-Perinatal are seamlessly connected to the Family Planning Program to avoid gaps in
19 preventive health care; and (d) implement initiatives that improve early-entry prenatal care, including a
20 statewide campaign on the importance of prenatal care during the first trimester, expediting Medicaid
21 eligibility and enrollment for pregnant women, promoting use of telemedicine for routine prenatal care, and
22 reforming the Medicaid transportation program to ensure pregnant women with young children can travel
23 with their children to obtain preventive services; (2) Develop a continuing medical education program for
24 physicians that covers: information on publicly funded support services for women with substance use
25 disorders (SUDs); guidelines for the prescribing of opioids and pain management; efforts to better connect
26 SUD treatment physicians and providers with women’s health physicians and providers to ensure women
27 undergoing treatment for these disorders are able to obtain preventive health care services; and diagnosis and
28 treatment of behavioral health issues such as anxiety and depression; (3) Develop legislation to allocate
29 sufficient state resources to resolve red tape and payment barriers preventing widespread adoption of long-
30 acting reversible contraceptives (LARCs), including ensuring the state pays physicians, hospitals, and clinics
31 their full LARC acquisition costs so women can obtain a LARC according to clinical best practice; ensure
32 availability of LARCs immediately following delivery to women enrolled in the Children’s Health Insurance
33 Program (CHIP)-Perinatal; and remove roadblocks preventing teens from simultaneously enrolling in CHIP
34 and Healthy Texas Women to obtain contraceptive services with parental consent; (4) Develop a continuing
35 medical education program, in partnership with the American College of Obstetricians and Gynecologists
36 District XI (Texas Chapter), Texas Association of Obstetricians and Gynecologists, and Texas Academy of
37 Family Physicians, designed to increase patients’ and physicians’ awareness of long-acting reversible
38 contraceptives as the most effective form of contraception; (5) Develop continuing medical education
39 programs on quality-based initiatives with standardized protocols and best practices to improve prenatal,
40 labor and delivery and postpartum health outcomes; and implementation of hospital-based quality
41 improvement initiatives that reduce maternal mortality and morbidity, based on best practice and
42 standardized protocols; (6) Introduce legislation to improve the quality of health data records for women of
43 reproductive age to support patient health, the quality of maternal death records, and the exchange of health
44 information for women of reproductive age. The legislation should encompass: (a) support of comprehensive
45 efforts to improve the state’s surveillance of maternal mortality and ensuring Texas’ maternal death records
46 have accurate information on the factors associated with maternal deaths; (b) mandates to the Texas
47 Department of State Health Services to develop training and educational materials for physicians and other
48 medical certifiers to accurately report maternal deaths; and (c) mandates to electronic health record systems
49 to improve the interoperability of health records, including resolution of barriers that are preventing the
50 exchange of health information critical to providing quality maternal and postpartum care; (7) Develop a
51 public campaign to increase awareness of the importance of early and timely maternal health care and

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

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

9
10 **STATUS:** (2) (4) and (5) The Committee on Reproductive, Women's, and Perinatal
11 Health developed online continuing medical education on Long Acting
12 Reversible Contraceptives available on TMA website and will conduct a
13 CME and practicum at TexMed 2019. The Quality track at TexMed 2019
14 will include a presentation on the Texas AIM bundles and will be recorded
15 for the development of an enduring CME. A workgroup of the Task Force
16 on Behavioral Health has been convened to develop a CME on management
17 of maternal substance use disorders. (7) Staff has issued several news
18 releases and published several blog posts on the issue. A formal campaign is
19 awaiting the outcome of the maternal health legislative package in the 2019
20 Texas Legislature. The issue is on the agenda for the May 2019 meeting of
21 the Council on Health Promotion. (8) Added 330.015 Physician-Led
22 Initiatives to Address Maternal Mortality and Morbidity to TMA Policy
23 Compendium. (1) (3) and (6) Numerous pieces of legislation have been filed
24 dealing with women's health initiatives, the Healthy Texas Women's
25 program, maternal mortality, and many of the other issues outlined in the
26 report. TMA is working to cut red tape and improve the prior authorization
27 processes in Medicaid that will benefit Texas patients and physicians. TMA
28 is also working with house and senate budget conferees on providing
29 additional financial resources to improve services in the program and
30 delivering additional treatment options for women. Finally, TMA is
31 working with HHSC to address red tape issues regarding long-acting
32 reversible contraceptives and other regulatory issues that make it difficult
33 for women to get appropriate access to services. Both the work on the
34 legislative and budget fronts should result in significant improvements to
35 women's health services in Texas.

36
37 **Council on Health Service Organizations Report 2 – Medical Staff Rights and Responsibilities Bill of**
38 **Rights:** That TMA adopt new policy on medical staff rights and responsibilities. **Adopted.**

39
40 **REFERRED TO:** Add to TMA Policy Compendium

41
42 **STATUS:** Added 130.026 Medical Staff Rights and Responsibilities Bill of Rights to
43 TMA Policy Compendium.

44
45 **Council on Health Service Organizations Report 3 – Due Process Rights in Physician Contracts with**
46 **Hospitals:** That: (1) the Texas Medical Association advocate for the Centers for Medicare & Medicaid
47 Services' strengthening of the due process rights of physicians by revising Medicare's Conditions of
48 Participation for hospitals to guarantee that physicians be entitled to fair hearings by peers before any
49 termination or restriction of medical staff privileges and that those due process rights cannot be denied
50 through a third-party contract; and (2) TMA Policy 185.020 Principles for Employment Contracts be
51 amended. **Adopted.**

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

6
7 **REFERRED TO:** Add to TMA Policy Compendium

8
9 **STATUS:** Added 190.037 Medicaid Work Requirements to TMA Policy Compendium

10
11 **Resolution 403 – Under-Reporting of Optometric Diabetic Eye Examinations to Treating Physicians**
12 **(Harris County Medical Society):** That the Texas Medical Association work with the Texas Optometry
13 Board to develop guidelines around conditions that need to be reported to the patient’s physician. **Adopted**
14 **as amended.**

15
16 **REFERRED TO:** Interspecialty Society Committee

17
18 **STATUS:** The Interspecialty Society Committee will discuss this resolution at their
19 TexMed 2019 meeting.
20

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

25
26 **REFERRED TO:** Add to TMA Policy Compendium

27
28 **STATUS:** Added 235.039 Opposition to Pain Score as a Contributor to Hospital
29 Financial Incentives to TMA Policy Compendium.
30

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

48
49 **REFERRED TO:** Board of Trustees; Medical Economics and Payment Advocacy

50
51 **STATUS:** The board approved not adopting Resolution 405-A-18 and reaffirming
52 current TMA policy 235.034 and 235.038. See BOT Report 13-A-19.

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

7
8 **REFERRED TO:** (1) Add to TMA Policy Compendium; (2) Texas Delegation to the AMA.

9
10 **STATUS:** (1) Added 270.007 Supporting Reclassification of Complex Rehabilitation
11 Technology to TMA Policy Compendium. (2) The Texas Delegation
12 introduced Resolution 117-A-18 at the June 2018 AMA House of
13 Delegation annual meeting. It was referred to the AMA Council on Medical
14 Service for a report back to the AMA HOD 2019 annual meeting.
15

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

23
24 **REFERRED TO:** Council on Legislation and Office of the General Counsel

25
26 **STATUS:** HB 2387 (G. Bonnen)/SB 1187 (Buckingham) require that medical
27 decisions and reviews by Texas licensed health plans are performed by a
28 physician licensed in the state in the same or similar specialty.
29

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

46
47 **REFERRED TO:** Add to TMA Policy Compendium

48
49 **STATUS:** Added 100.030 Protecting the Prudent Layperson Standard to TMA Policy
50 Compendium.