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:


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


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.

Last updated 5/2/2019
**Board of Trustees Report 14 – TMA 2025:** That TMA’s 2025 strategic plan be approved. **Adopted.**

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

**STATUS:** Updated and communicated.

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

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


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

**REFERRED TO:** Office of the EVP

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

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

**REFERRED TO:** Office of the EVP

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

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

**REFERRED TO:** Office of the EVP

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

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

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

**STATUS:** Added 60.008 Rejection of Discrimination to TMA Policy Compendium.
Resolution 101 – Patient-Centered Medical Record Responsibilities (Webb-Zapata-Jim Hogg County Medical Society): That the Texas Medical Association: (1) encourage appropriate organizations, e.g., disaster preparedness agencies, utility companies, and county health departments, to educate Texans on the importance of having access to or possession of an accurate summary of their medical record whenever and wherever it is needed, and (2) support a legislative proclamation that designates a Texans Medical Record Checkup Day at the beginning of hurricane and tornado season to encourage Texans to have access to or possession of an accurate summary of their medical record should it be needed. **Referred with a report back at A-19.**

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

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

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

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

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

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

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

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

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

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

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

Referred to: Council on Legislation and Office of the General Counsel

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

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

Referred to: Council on Legislation and Office of the General Counsel

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

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

Referred to: Council on Medical Education and Office of the General Counsel

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

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


**REFERENCES TO:**

Council on Legislation and Office of the General Counsel

**STATUS:**

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

**FROM REFERENCE COMMITTEE ON MEDICAL EDUCATION AND HEALTH CARE QUALITY:**

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

**REFERENCES TO:**

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

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

**REFERENCES TO:**

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

**STATUS:**

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

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

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

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

REferred TO: Add to TMA Policy Compendium


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

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

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

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

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

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

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

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

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

Referred to: Council on Medical Education


From Reference Committee on Science and Public Health:

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

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

Status: Added 260.108 Addressing the Diaper Gap to TMA Policy Compendium. An update was provided to the Council on Science and Public Health on the approved policy. TMA is monitoring the legislation filed on taxation of essential personal products including diapers.
That the Texas Medical Association adopt new policy on Appropriate Supplementation of Vitamin D.
Adopted.

REFERRED TO:  Add to TMA Policy Compendium

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

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

REFERRED TO:  Add to TMA Policy Compendium

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

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

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

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

REFERRED TO: Add to TMA Policy Compendium

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

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

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

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

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

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

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

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

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

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

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

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

Referral to Committee on EMS and Trauma


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

Referral to Add to TMA Policy Compendium

Status: Added 60.009 “Bathroom” Bills to TMA Policy Compendium

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

Referral to Council on Legislation and Committee on Child and Adolescent Health

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

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

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

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

REFERRED TO: Council on Legislation

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

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

REFERRED TO: Add to TMA Policy Compendium

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

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

REFERRED TO: Council on Health Service Organizations


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

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

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

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

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

**FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:**

President’s Report 1 - Physician-Led Initiatives to Address Maternal Mortality and Morbidity: That
that the Texas Medical Association: (1) Pursue legislation authorizing the Texas Health and Human Services
Commission to: (a) submit a federal Medicaid 1115 demonstration waiver requesting approval to design and
implement a tailored health benefits program for eligible uninsured women of childbearing age that provides
12 months’ continuous coverage for preventive, primary, and specialty care coverage, including behavioral
health services, to women before, during and after pregnancy; (b) ensure adolescents aging out of the
Children’s Health Insurance Program (CHIP) are seamlessly enrolled into Healthy Texas Women; (c) ensure
women losing CHIP-Perinatal are seamlessly connected to the Family Planning Program to avoid gaps in
preventive health care; and (d) implement initiatives that improve early-entry prenatal care, including a
statewide campaign on the importance of prenatal care during the first trimester, expediting Medicaid
eligibility and enrollment for pregnant women, promoting use of telemedicine for routine prenatal care, and
reforming the Medicaid transportation program to ensure pregnant women with young children can travel
with their children to obtain preventive services; (2) Develop a continuing medical education program for
physicians that covers: information on publicly funded support services for women with substance use
disorders (SUDs); guidelines for the prescribing of opioids and pain management; efforts to better connect
SUD treatment physicians and providers with women’s health physicians and providers to ensure women
undergoing treatment for these disorders are able to obtain preventive health care services; and diagnosis and
treatment of behavioral health issues such as anxiety and depression; (3) Develop legislation to allocate
sufficient state resources to resolve red tape and payment barriers preventing widespread adoption of long-
acting reversible contraceptives (LARCs), including ensuring the state pays physicians, hospitals, and clinics
their full LARC acquisition costs so women can obtain a LARC according to clinical best practice; ensure
availability of LARCs immediately following delivery to women enrolled in the Children’s Health Insurance
Program (CHIP)-Perinatal; and remove roadblocks preventing teens from simultaneously enrolling in CHIP
and Healthy Texas Women to obtain contraceptive services with parental consent; (4) Develop a continuing
medical education program, in partnership with the American College of Obstetricians and Gynecologists
District XI (Texas Chapter), Texas Association of Obstetricians and Gynecologists, and Texas Academy of
Family Physicians, designed to increase patients’ and physicians’ awareness of long-acting reversible
contraceptives as the most effective form of contraception; (5) Develop continuing medical education
programs on quality-based initiatives with standardized protocols and best practices to improve prenatal,
labor and delivery and postpartum health outcomes; and implementation of hospital-based quality
improvement initiatives that reduce maternal mortality and morbidity, based on best practice and
standardized protocols; (6) Introduce legislation to improve the quality of health data records for women of
reproductive age to support patient health, the quality of maternal death records, and the exchange of health
information for women of reproductive age. The legislation should encompass: (a) support of comprehensive
efforts to improve the state’s surveillance of maternal mortality and ensuring Texas’ maternal death records
have accurate information on the factors associated with maternal deaths; (b) mandates to the Texas
Department of State Health Services to develop training and educational materials for physicians and other
medical certifiers to accurately report maternal deaths; and (c) mandates to electronic health record systems
to improve the interoperability of health records, including resolution of barriers that are preventing the
exchange of health information critical to providing quality maternal and postpartum care; (7) Develop a
public campaign to increase awareness of the importance of early and timely maternal health care and
promote existing community based efforts; and (8) That the Texas Medical Association adopt as formal policy the goals of eliminating maternal mortality in Texas. Adopted as amended.

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

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

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

REFERRED TO: Add to TMA Policy Compendium

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

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

STATUS: (1) Letter sent to Seema Verma, Administrator of the Centers for Medicare and Medicaid Services seeking additional specificity on due process requirements under the Medicare of Conditions of Participation for Hospitals. (2) Amended 185.020 Principles for Employment Contracts in TMA Policy Compendium.


REFERRED TO: Add to TMA Policy Compendium

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

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

REFERRED TO: Add to TMA Policy Compendium

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

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

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

STATUS: (1) Added 30.038 Physicians Allowed to Delegate Ability to Enter EHR Data to TMA Policy Compendium; (2) TMA will continue to include this issue as a topic of discussion during regular meetings with CMS and Novitas.
Resolution 402 – Opposition to Medicaid Work Requirements (Ryan Van Ramshorst, MD, Texas Pediatric Society): That the Texas Medical Association apply all appropriate resources to oppose Medicaid work requirements to ensure that vulnerable, low-income adults with children and other covered populations continue to receive necessary medical services and that Texas does not increase uncompensated care for physicians. Adopted.

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 190.037 Medicaid Work Requirements to TMA Policy Compendium

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

REFERRED TO: Interspecialty Society Committee

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

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

REFERRED TO: Add to TMA Policy Compendium

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

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

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

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

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

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

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

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

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

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

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

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