2019 AUDIT TRAIL

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

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

FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS:

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

REFERRED TO: Add to TMA Policy Compendium

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

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

REFERRED TO: Council on Constitution and Bylaws

STATUS:


REFERRED TO: Add to TMA Policy Compendium

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


REFERRED TO: Council on Constitution and Bylaws

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

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

STATUS: (1) Policy 95.014 deleted from TMA Policy Compendium; (2)

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

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 265.019 reaffirmed in TMA Policy Compendium.

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

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 245.009 reaffirmed in TMA Policy Compendium.

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

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

STATUS: (2) No action needed for item 2.

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

REFERRED TO: Council on Constitution and Bylaws and TMA President

STATUS: Standing Committee on Health Information Technology has been appointed.

Council on Socioeconomics Report 4 – Establishing a Standing Committee on Medicaid, CHIP, and
the Uninsured: That: (1) the select committee on Medicaid, CHIP, and the Uninsured be made a standing
committee called the Committee on Medicaid, CHIP, and the Uninsured, reporting to the Council on
Socioeconomics; (2) the number of members of the committee be set at 15 to allow broad representation to
address the programs and activities of the committee; and (3) That TMA Bylaws Chapter 10, Committees,
Section 10.53 be amended to include a new subsection, 10.531, Committee on Medicaid, CHIP, and the
Uninsured, and to renumber the remainder of the chapter accordingly. Referred.
Council on Science and Public Health Report 6 – Task Force on Behavioral Health: That: (1) The Task Force on Behavioral Health be designated a subcommittee of the Council on Science and Public Health, renaming the task force as the Subcommittee on Behavioral Health; and (2) TMA amend the charge of the council in the TMA Bylaws Section 9.808. **Adopted.**

REFERRED TO: Board of Trustees

STATUS:

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

REFERRED TO: Texas Delegation to the AMA

STATUS:

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

REFERRED TO: Board of Trustees

STATUS:

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

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

STATUS:

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

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

STATUS: No action needed for Resolution 103-A-19
Resolution 104-A-19 – Alternate Delegates May Address the House of Delegates (Lone Star Caucus):
That alternate delegates to the TMA House of Delegates be allowed to address the house on matters pending before the House of Delegates without being credentialed as a delegate and that under these circumstances may suggest but cannot make any changes to the content of any resolution or recommendation being considered by the House of Delegates. Referred for action.

REFERRED TO: Board of Trustees

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

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

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

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

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

REFERRED TO: Board of Trustees

STATUS: The board recommends to the TMA House of Delegates that TMA continue its active and robust involvement with existing coalitions and advocacy groups and that Resolution 106-A-19 not be adopted.
Resolution 107-A-19 – Physician Dispensing of Prescriptions (Harris County Medical Society): That physicians licensed by the Texas Medical Board (TMB) be allowed to prescribe, dispense, and sell prescriptions, over-the-counter medications, and medical devices to patients in Texas with regulation only by TMB. Referred for study and report back.

REFERRED TO: Council on Legislation

STATUS:

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

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

STATUS:

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

REFERRED TO: Board of Councilors

STATUS:

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

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

STATUS:

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

REFERRED TO: Council on Legislation, add to TMA Policy Compendium, and Communications Staff
Resolution 112-A-19 – Equal Pay for Equal Work (Dallas County Medical Society): That (1) the Texas Medical Association adopt policy to oppose discrimination in physician compensation and promote the principle of equal pay for equal work; (2) TMA create: (a) implicit bias training for all physicians and (b) an education campaign to unify TMA around improving conditions for women physicians; (3) TMA policy containing references to “sex” or “gender” reflect proper usage of the words. The AMA Journal of Ethics suggests “sex” be used when referencing the biological differences between males and females and “gender” be used when referencing the complex psychosocial self-perceptions, attitudes, and expectations people have about members of both sexes; (4) TMA establish a Women in Medicine Section whose purpose is to: (a) strengthen engagement and representation of female physicians in organized medicine through the development of relevant policy, programming, and services, and (b) closely monitor gender equity in medicine; and (5) TMA Bylaws, Chapter 3, House of Delegates, Section 3.25, Sections, be amended as follows: 3.25 Sections. 3.255 Women in Medicine Section: The House of Delegates shall have a section named the Women in Medicine Section. Any TMA physician member may become a member of the section, and female physicians who are TMA members are members of the section automatically. The section shall have the authority to elect one voting delegate to serve in the House of Delegates. The section shall elect an alternate delegate who may serve as provided in 3.32. The section will be directed by an elected governing council and governed by operating procedures approved by the House of Delegates. The operating procedures shall provide the purposes, organization, and procedures of the Women in Medicine Section. 


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

STATUS: (1) 245.023 Equal Pay for Equal Work added to TMA Policy Compendium. (3) 60.011 References to Sex and Gender in TMA Policy added to TMA Policy Compendium. (4) The Women in Medicine inaugural meeting was held during the 2019 TMA Fall Conference. The section will monitor gender equity in medicine.

FROM REFERENCE COMMITTEE ON MEDICAL EDUCATION AND HEALTH CARE QUALITY:

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

(5) 195.038 Improving the Quality Payment Program and Preserving Patient Access added to TMA Policy Compendium.


REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 205.030 reaffirmed in TMA Policy Compendium.


REFERRED TO: Add to TMA Policy Compendium

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

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

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

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

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

REFERRED TO: Council on Medical Education

STATUS: 200.056 Support of Expanded Eligibility for Inpatient Medicaid GME Funding to Teaching Hospitals added to TMA Policy Compendium.
Council on Medical Education Report 4-A-19 – Study of Projected Need for More Medical Schools in Texas: That TMA adopt new policy: TMA recognizes that medical schools require extraordinary resources to meet national accreditation standards and to maintain educational excellence. With the increasing number of medical schools under development in Texas, it is in the best interest of the state for a comprehensive study to be done on the projected need for additional medical schools. The study should be commissioned by the Texas Higher Education Coordinating Board, similar to this agency’s work in 2002, which evaluated the projected need the people of Texas have for physicians’ services and the need for opportunities in the state to become a physician. TMA supports the coordinating board’s use of the study in evaluating future proposals for the establishment of new medical schools in the state. Adopted.

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

STATUS: 200.057 Inequity in Medicare GME Funding for Texas Teaching Hospitals added to TMA Policy Compendium.


REFERRED TO: Add to TMA Policy Compendium


REFERRED TO: Add to TMA Policy Compendium

STATUS: (1) 200.059 Maximizing Match Rates for Candidates to U.S. Residency Programs added to TMA Policy Compendium; and (2) Policy 30.036 amended in TMA Policy Compendium.


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

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

REFERRED TO:  Add to TMA Policy Compendium

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


REFERRED TO:  Add to TMA Policy Compendium

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

Committee on Physician Distribution and Health Care Access Report 1-A-19 – Improving Access to Care in Medically Underserved Areas through Project ECHO and the Child Psychiatry Access Project Model: That: (1) TMA adopt new policy on Improving Access to Care Through Project ECHO and Promoting Awareness of Potential Benefits of the Child Psychiatry Access Project Model for Texas; and (2) the Texas Delegation to the AMA be directed to advocate for promoting awareness and greater implementation of the Project ECHO and Child Psychiatry Access Project models among both academic health centers and community-based primary care physicians; work with stakeholders to identify and mitigate barriers to broader implementation of the models in the US; monitor whether payers offer additional payment or incentive payments for physicians who engage in clinical practice improvement activities as a result of their participation in Project ECHO programs and if confirmed, promote awareness among physicians; support broadband connectivity in all rural areas; and encourage the U.S. Department of Health and Human Services to publish its findings on the potential benefits of the Project ECHO model, as required by the federal ECHO Act of December 2016 (P.L. 114-270, 114th Congress) at the national level. Adopted.

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

STATUS:  (1) 290.010 Improving Access to Care in Rural and Medically Underserved Areas added to TMA Policy Compendium.

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

REFERRED TO:  Add to TMA Policy Compendium

STATUS:  175.026 Alternative Maintenance of Certification Pathways to Comply with Antitrust Rulings added to TMA Policy Compendium.

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

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

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

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

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

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

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

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

**STATUS:** (1) 90.003 Intellectual Disability added to TMA Policy Compendium; Three *Texas Medicine Today* stories and a *Blogged Arteries* post have been published on this subject:


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

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

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

Resolution 209-A-19 – Promoting Health Insurance and Health Policy Education Prior to Residency (Medical Student Section): That the Texas Medical Association support and promote the availability of educational resources for medical students on the business of medicine and health policy. **Adopted as amended.**
Resolution 210-A-19 – Recommendation for Hemorrhage Control Training of Health Care Professionals (Medical Student Section): That the Texas Medical Association (1) support initiatives that promote training in hemorrhage control, such as Stop the Bleed®; and (2) support the inclusion of hemorrhage control supplies in first aid kits in public spaces. Adopted as amended.

Referral: Committee on Emergency Medical Services and Trauma and Add to TMA Policy Compendium

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

Referral: Council on Medical Education and Council on Science and Public Health

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

Referral: Council on Health Service Organizations

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

Referral: Council on Health Care Quality and Council on Socioeconomics

FROM REFERENCE COMMITTEE ON SCIENCE AND PUBLIC HEALTH:


Referral: Add to TMA Policy Compendium
STATUS: Policy 260.062 deleted from TMA Policy Compendium.


STATUS: Resolution 306-A-18 was not adopted.


REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 325.009 deleted from TMA Policy Compendium.

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

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

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

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

REFERRED TO: Add to TMA Policy Compendium

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

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

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 260.081 deleted from TMA Policy Compendium

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

**REFERRED TO:** Texas Delegation to the AMA

**STATUS:**

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

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

**STATUS:** (1) Policy 260.015 amended in TMA Policy Compendium; (4) Policy 325.002 amended in TMA Policy Compendium.


**Council on Science and Public Health Report 2-A-19 – Support of Evidence-Based Medicine,**

**Resolution 107-A-17**: That Policy 265.018, Evidence-Based Medicine, be amended. **Adopted.**

REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 265.018 amended in TMA Policy Compendium.

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

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

STATUS: (1) and (3) 55.062 Early Childhood Adversity and Health added to TMA Policy Compendium


REFERRED TO: Add to TMA Policy Compendium

STATUS: (1) Policies 260.019 and 260.022 reaffirmed in TMA Policy Compendium; (2) Policies 95.031, 95.032, 100.017, 260.051, 260.041, 260.059, and 260.082 deleted from TMA Policy Compendium; and (3) Policies 95.023,
Resolution 301-A-19 – Distribution and Display of Human Trafficking Aid Information in Public Places (Lone Star Caucus, Lubbock County Medical Society): That: (1) TMA adopt as policy that readily visible signs, notices, posters, placards, or other readily available educational materials providing information about reporting human trafficking activities or providing assistance to victims and survivors be permitted in local clinics, emergency departments, or other medical settings; (2) TMA, through its website or internet presence, provide downloadable materials displaying the National Human Trafficking Hotline number to aid in displaying such information in local clinics, emergency departments, or other medical settings and advocate that other recognized medical professional organizations do the same; (3) TMA urge both state and federal governments to make changes in laws to advocate the broad posting of the National Human Trafficking Hotline number in areas such as local clinics, emergency departments, and other medical settings; and (4) our Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates for consideration. Adopted.

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

STATUS: (1) 260.113 Distribution and Display of Human Trafficking Aid Information in Public Places added to TMA Policy Compendium.

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

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

STATUS:

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

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

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

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

STATUS:

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

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

STATUS:

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

REFERRED TO: Add to TMA Policy Compendium


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

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

**STATUS:**

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

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

**STATUS:**

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

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

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

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

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

**STATUS:** Policy 315.031 amended in TMA Policy Compendium.

**Resolution 311-A-19 – Identifying Trauma and Mental Health Susceptibilities in Schools (Medical Student Section):** That TMA advocate for school-based systems of mental health care that provide an integrated system of educator training, referral to treatment, and clear access to providers. **Adopted.**
Resolution 312-A-19 – Opposition to Increasing Work Requirements for the Supplemental Nutrition Assistance Program (SNAP) (Medical Student Section): That the Texas Medical Association recognizes the importance of the benefits of the Supplemental Nutrition Assistance Program (SNAP) to support the nutrition and health of many Texans and will caution state leadership when work requirements compromise the health benefits provided through participation in SNAP. **Adopted as amended.**

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

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

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

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

REFERRED TO: Add to TMA Policy Compendium

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


REFERRED TO: Add to TMA Policy Compendium

STATUS: Policy 100.016 reaffirmed in TMA Policy Compendium.

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

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

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


REFERRED TO: Add to TMA Policy Compendium

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

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

**REferred To:** Council on Socioeconomics

**Status:**

**Resolution 402-A-19 – Prescription Monitoring Program Integration Into Electronic Medical Records (Lone Star Caucus):** That the Texas Medical Association (1) advocate for prescription monitoring program integration into electronic medical records, at no cost to the physician, providing patient-specific information whenever a physician attempts to prescribe a controlled substance; and (2) advocate for the integration of the PMP into Texas-based public health information exchanges (currently five), at no cost to the exchanges, so that physicians have one stop for obtaining patient’s health information. Adopted as amended.

**Referred To:** Committee on Health Information Technology and add to TMA Policy Compendium

**Status:** 95.046 Prescription Monitoring Program Integration Into Electronic Medical Records added to TMA Policy Compendium.

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

**Referred To:** Council on Socioeconomics and add to TMA Policy Compendium

**Status:** 235.040 Prior Authorization Approval added to TMA Policy Compendium.

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

**Referred To:** Council on Socioeconomics and add to TMA Policy Compendium

**Status:** 135.026 Medicare Part B Coverage of Vaccines added to TMA Policy Compendium.

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

**Referred To:** Council on Socioeconomics and add to TMA Policy Compendium

**Status:** 195.039 Lower Drug Costs added to TMA Policy Compendium.

**Resolution 407-A-19 – Compensation to Physicians for Activities Other than Direct Patient Care (Harris County Medical Society):** That the Texas Medical Association form a task force including

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members of Council on Legislation, Council on Socioeconomics, Council on Healthcare Quality and
interested county medical societies to strategically prepare solutions for advocacy that address and mitigate
the burden of prior authorization and that the task force bring a report back to the House of Delegates in
2020. **Adopted as amended.**

**REFERRED TO:** Board of Trustees

**STATUS:**

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

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

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

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

**REFERRED TO:** Texas Delegation to the AMA

**STATUS:** The Texas Delegation introduced Resolution 131 at the June 2019 AMA
House of Delegates annual meeting. The resolution was referred for
decision to the AMA Board of Trustees with a report back at the AMA
House of Delegates 2019 Interim Meeting.

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

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

**STATUS:** 155.012 Laboratory Benefit Managers added to TMA Policy Compendium.
Resolution 411-A-19 – Data Migration Responsibilities of Electronic Health Record Vendors in Client Contract Termination (Medical Student Section): That (1) the Texas Medical Association work with the American Medical Association and other state medical societies to develop model contract and business associate agreement (BAA) language that ensures electronic health record (EHR) vendors are required to deliver the patient’s complete medical record in a discrete, industry-recognized, nonproprietary format that can be imported into the new EHR at no cost to the physicians; and (2) our TMA seek legislative and/or regulatory relief to require that physicians have access to their former EHR data while transitioning EHRs to ensure continuity of patient care, limit gaps in information exchange, and ensure physician ownership of data. Adopted as amended.

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

STATUS:

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

REFERRED TO: Add to TMA Policy Compendium

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

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

REFERRED TO: Texas Delegation to the AMA

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

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

Resolution 414-A-19 – Studying Financial Barriers of Rural Hospitals (Medical Student Section): That the Texas Medical Association collaborate with other qualified organizations to identify root causes of rural hospital closures and the impact on communities with a report back to the House of Delegates in 2020. Adopted as amended.
Resolution 415-A-19 – Improving Buprenorphine Access for Opioid Substance Use Disorder Treatment (Medical Student Section): That the Texas Medical Association (1) support state efforts to increase the reimbursement rate of buprenorphine to better reflect its actual cost and medication-assisted treatment overhead costs to physicians; and (2) support the elimination of preauthorization requirements for insured patients with opioid use disorders seeking buprenorphine treatment. Adopted as amended.

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