

## 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:**

**Board of Trustees Report 15 – Sunset Policy Review:** Recommendation that policies 105.018, Fraud and Abuse Initiative, and 160.018, Statute of Limitations for Administrative Violations, be retained. **Adopted.**

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

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

**Council on Constitution and Bylaws Report 1 – Inactive Specialty Societies:** That TMA amend Chapter 3, House of Delegates, Section 3.20, Composition, Subsection 3.227, Specialty societies qualifying for delegate representation and renumber the listing accordingly. **Adopted.**

**REFERRED TO:** Council on Constitution and Bylaws

**STATUS:**

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

4  
5 **REFERRED TO:** (1) Add to TMA Policy Compendium and (2) Council on Constitution and  
6 Bylaws

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

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

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

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15 **STATUS:** Policy 265.019 reaffirmed in TMA Policy Compendium.

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

19  
20 **REFERRED TO:** Add to TMA Policy Compendium

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22 **STATUS:** Policy 245.009 reaffirmed in TMA Policy Compendium.

23  
24 **Council on Practice Management Services Report 1 – Patient-Centered Medical Responsibilities**  
25 **(Resolution 101-A-18):** That the Texas Medical Association (1) support a patient-centered medical record  
26 checkup campaign encouraging individuals to ensure they have an up-to-date medical record summary that is  
27 accessible in a disaster; and (2) applaud House Concurrent Resolution No. 143, designating May 1 as Texans  
28 Medical Record Checkup Day, adopted by the 86th Texas House of Representative. **Adopted as amended.**

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

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

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

41  
42 **REFERRED TO:** Council on Constitution and Bylaws and TMA President

43  
44 **STATUS:** Standing Committee on Health Information Technology has been appointed.

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46 **Council on Socioeconomics Report 4 – Establishing a Standing Committee on Medicaid, CHIP, and**  
47 **the Uninsured:** That: (1) the select committee on Medicaid, CHIP, and the Uninsured be made a standing  
48 committee called the Committee on Medicaid, CHIP, and the Uninsured, reporting to the Council on  
49 Socioeconomics; (2) the number of members of the committee be set at 15 to allow broad representation to  
50 address the programs and activities of the committee; and (3) That TMA Bylaws Chapter 10, Committees,  
51 Section 10.53 be amended to include a new subsection, 10.531, Committee on Medicaid, CHIP, and the  
52 Uninsured, and to renumber the remainder of the chapter accordingly. **Referred.**

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**REFERRED TO:** Board of Trustees

**STATUS:**

**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:** (1) Council on Science and Public Health and (2) Council on Constitution and Bylaws

**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:** Texas Delegation Operating Procedures updated.

**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

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**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.

1 **Resolution 107-A-19 – Physician Dispensing of Prescriptions (Harris County Medical Society):** That  
2 physicians licensed by the Texas Medical Board (TMB) be allowed to prescribe, dispense, and sell  
3 prescriptions, over-the-counter medications, and medical devices to patients in Texas with regulation only by  
4 TMB. **Referred for study and report back.**

5  
6 **REFERRED TO:** Council on Legislation

7  
8 **STATUS:**  
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10 **Resolution 108-A-19 – Initial Assessment and Treatment Recommendation by Specialists (Young**  
11 **Physician Section):** That TMA recognize that the best practice of patient care dictates that it is the  
12 responsibility of the physician to develop the diagnosis and treatment in the evaluation of a patient, while it  
13 is recognized under limited circumstances that an initial evaluation may be conducted by a nurse practitioner  
14 or physician assistant. **Referred for study and report back.**

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

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

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26 **REFERRED TO:** Board of Councilors

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

38  
39 **REFERRED TO:** (1) TMA President and (2) Council on Socioeconomics

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

49  
50 **REFERRED TO:** Council on Legislation, add to TMA Policy Compendium, and  
51 Communications Staff  
52

1           **STATUS:**                   60.010 Opposing Legislation that Mandates Physician Discrimination added  
2   to TMA Policy Compendium.  
3

4    **Resolution 112-A-19 – Equal Pay for Equal Work (Dallas County Medical Society):** That (1) the Texas  
5    Medical Association adopt policy to oppose discrimination in physician compensation and promote the  
6    principle of equal pay for equal work; (2) TMA create: (a) implicit bias training for all physicians and (b) an  
7    education campaign to unify TMA around improving conditions for women physicians; (3) TMA policy  
8    containing references to “sex” or “gender” reflect proper usage of the words. The AMA Journal of Ethics  
9    suggests “sex” be used when referencing the biological differences between males and females and “gender”  
10   be used when referencing the complex psychosocial self-perceptions, attitudes, and expectations people have  
11   about members of both sexes; (4) TMA establish a Women in Medicine Section whose purpose is to: (a)  
12   strengthen engagement and representation of female physicians in organized medicine through the  
13   development of relevant policy, programming, and services, and (b) closely monitor gender equity in  
14   medicine; and (5) TMA Bylaws, Chapter 3, House of Delegates, Section 3.25, Sections, be amended as  
15   follows: 3.25 Sections. 3.255 Women in Medicine Section: The House of Delegates shall have a section  
16   named the Women in Medicine Section. Any TMA physician member may become a member of the section,  
17   and female physicians who are TMA members are members of the section automatically. The section shall  
18   have the authority to elect one voting delegate to serve in the House of Delegates. The section shall elect an  
19   alternate delegate who may serve as provided in 3.32. The section will be directed by an elected governing  
20   council and governed by operating procedures approved by the House of Delegates. The operating  
21   procedures shall provide the purposes, organization, and procedures of the Women in Medicine Section.  
22   **Adopted as amended in lieu of CM-M Report 2-A-19 and CSE Report 3-A-19.**  
23

24           **REFERRED TO:**       (1) and (3) Add to TMA Policy Compendium; (2)(a) Council on Practice  
25   Management Services; (2)(b) Council on Health Promotion and Women in  
26   Medicine Section; (4) Board of Trustees; and (5) Council on Constitution  
27   and Bylaws  
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29           **STATUS:**                   (1) 245.023 Equal Pay for Equal Work added to TMA Policy Compendium.  
30   (3) 60.011 References to Sex and Gender in TMA Policy added to TMA  
31   Policy Compendium.  
32

33    FROM REFERENCE COMMITTEE ON MEDICAL EDUCATION AND HEALTH CARE QUALITY:  
34

35    **President Report 2-A-19 – Improving the Quality Payment Program and Preserving Patient Access:**  
36    That: (1) TMA strongly advocate for Congress to make participation in the Merit-Based Incentive Payment  
37    System and alternative payment models under the Quality Payment Program completely voluntary; (2) TMA  
38    strongly advocate for Congress to eliminate budget neutrality in the Merit-Based Incentive Payment System  
39    and finance incentive payments with supplemental funds that do not come from Medicare Part B payment  
40    cuts to physicians and other clinicians; (3) TMA call on the Centers for Medicare & Medicaid Services to  
41    provide a transparent, accurate, and complete Quality Payment Program Experience Report on an annual  
42    basis so the association can analyze the data to advocate for additional exemptions, flexibilities, and  
43    reductions in reporting burdens, administrative hassles, and costs; (4) TMA establish formal policy that the  
44    Centers for Medicare & Medicaid Services increase the low-volume threshold for the 2020 Quality Payment  
45    Program and future years of the program for all physicians but continue to offer them the opportunity to opt  
46    in or voluntarily report; (5) TMA establish formal policy that the Centers for Medicare & Medicaid Services  
47    preserve patient access by exempting small practices (1-15 clinicians) from required participation in the  
48    Merit-Based Incentive Payment System but continue to offer them the opportunity to opt in or voluntarily  
49    report; and (6) the Texas Delegation to the American Medical Association ask the AMA House of Delegates  
50    to adopt similar policy and calls to action. **Adopted.**  
51

1           **REFERRED TO:**       (1) (2) and (3) Council on Health Care Quality; (4) and (5) Add to TMA  
2 Policy Compendium; and (6) Texas Delegation to the AMA

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

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7           **Committee on Continuing Education Report 2-A-19 – Sunset Policy Review:** That Policy 205.030,  
8 Commercial Support Regarding Unrestricted CME Funding, be retained. **Adopted.**

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

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12          **STATUS:**               Policy 205.030 reaffirmed in TMA Policy Compendium.

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14          **Council on Medical Education Report 1-A-19 – Sunset Policy Review:** That policies 185.018, Mitigating  
15 the Texas Physician Shortage and 200.031, Medical School Admissions, be retained. **Adopted.**

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

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

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

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

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

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

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

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2           **STATUS:**                   200.057 Inequity in Medicare GME Funding for Texas Teaching Hospitals  
3   added to TMA Policy Compendium.  
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5 **Council on Medical Education Report 4-A-19 – Study of Projected Need for More Medical Schools in**  
6 **Texas:** That TMA adopt new policy: TMA recognizes that medical schools require extraordinary resources  
7 to meet national accreditation standards and to maintain educational excellence. With the increasing number  
8 of medical schools under development in Texas, it is in the best interest of the state for a comprehensive  
9 study to be done on the projected need for additional medical schools. The study should be commissioned by  
10 the Texas Higher Education Coordinating Board, similar to this agency’s work in 2002, which evaluated the  
11 projected need the people of Texas have for physicians’ services and the need for opportunities in the state to  
12 become a physician. TMA supports the coordinating board’s use of the study in evaluating future proposals  
13 for the establishment of new medical schools in the state. **Adopted.**

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15           **REFERRED TO:**           Council on Medical Education and add to TMA Policy Compendium  
16

17           **STATUS:**                   200.058 Projected Need for More Medical Schools in Texas added to TMA  
18   Policy Compendium.  
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20 **Council on Medical Education Report 5-A-19 – Medical Students in Natural Disaster/Emergency**  
21 **Situations and Related Liability Coverage (Resolution 108-A-18):** That Policy 200.055, Maximizing  
22 Participation of Medical Students in Natural Disaster and Emergency Situations, be amended. **Adopted.**

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24           **REFERRED TO:**           Add to TMA Policy Compendium  
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26           **STATUS:**                   Policy 200.055 amended in TMA Policy Compendium.  
27

28 **Council on Medical Education Report 6-A-19 – Study of Unmatched Candidates for U.S. Residency**  
29 **Programs (Resolution 205-A-18):** That TMA: (1) adopt new policy on Maximizing Match Rates for  
30 Candidates to U.S. Residency Programs; and (2) amend the title of Policy 30.036, New Licensing Category  
31 for Assistant Physicians. **Adopted.**

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33           **REFERRED TO:**           Add to TMA Policy Compendium  
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35           **STATUS:**                   (1) 200.059 Maximizing Match Rates for Candidates to U.S. Residency  
36   Programs added to TMA Policy Compendium; and (2) Policy 30.036  
37   amended in TMA Policy Compendium.  
38

39 **Council on Health Service Organizations Report 1-A-19 – Supportive Palliative Care Policy:** That  
40 TMA develop policy to advocate for legislation that defines “supportive palliative care” as a distinct and  
41 different term from “hospice palliative care” under Texas Health and Safety Code Chapter 142. **Adopted.**

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43           **REFERRED TO:**           Council on Legislation and add to TMA Policy Compendium  
44

45           **STATUS:**                   85.018 Supportive Palliative Care added to TMA Policy Compendium.  
46

47 **Council on Health Service Organizations Report 2-A-19 – Identification Bracelets for Patients With**  
48 **Hearing Loss (Resolution 312-A-18):** That TMA approve Resolution 312-A-18 as policy, a  
49 recommendation for medical care settings, especially hospitals and emergency departments, to provide  
50 identification bracelets on patients with hearing loss indicating their hearing status. **Adopted.**

51  
52           **REFERRED TO:**           Add to TMA Policy Compendium



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2           **STATUS:**                   265.029 Identification Bracelets for Patients with Hearing Loss added to  
3   TMA Policy Compendium.  
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5   **Council on Health Service Organizations Report 3-A-19 – Sunset Policy Review:** That policies 20.008,  
6   Minimum Disaster Preparedness Standards for Assisted Living, and 20.007, Behavior Evaluation in Long  
7   Term Care Facilities, be retained. **Adopted.**  
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9           **REFERRED TO:**       Add to TMA Policy Compendium  
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11          **STATUS:**                   Policies 20.008 and 20.007 reaffirmed in TMA Policy Compendium.  
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13   **Committee on Physician Distribution and Health Care Access Report 1-A-19 – Improving Access to**  
14   **Care in Medically Underserved Areas through Project ECHO and the Child Psychiatry Access Project**  
15   **Model:** That: (1) TMA adopt new policy on Improving Access to Care Through Project ECHO and  
16   Promoting Awareness of Potential Benefits of the Child Psychiatry Access Project Model for Texas; and (2)  
17   the Texas Delegation to the AMA be directed to advocate for promoting awareness and greater  
18   implementation of the Project ECHO and Child Psychiatry Access Project models among both academic  
19   health centers and community-based primary care physicians; work with stakeholders to identify and  
20   mitigate barriers to broader implementation of the models in the US; monitor whether payers offer additional  
21   payment or incentive payments for physicians who engage in clinical practice improvement activities as a  
22   result of their participation in Project ECHO programs and if confirmed, promote awareness among  
23   physicians; support broadband connectivity in all rural areas; and encourage the U.S. Department of Health  
24   and Human Services to publish its findings on the potential benefits of the Project ECHO model, as required  
25   by the federal ECHO Act of December 2016 (P.L. 114-270, 114th Congress) at the national level. **Adopted.**  
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27          **REFERRED TO:**       (1) Add to TMA Policy Compendium and (2) Texas Delegation to the AMA  
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29          **STATUS:**                   (1) 290.010 Improving Access to Care in Rural and Medically Underserved  
30   Areas added to TMA Policy Compendium.  
31

32   **Resolution 201-A-19 – Alternative Maintenance of Certification (MOC) Pathways to Comply with**  
33   **Antitrust Rulings (Harris County Medical Society):** That any facility or medical staff in Texas that has  
34   complied with Texas law in requiring maintenance of certification (MOC) must accept proof of MOC from  
35   one of multiple recertifying entities. **Reaffirmed TMA Policy 175.021 in lieu of adoption of Resolution**  
36   **201.**  
37

38          **REFERRED TO:**       Add to TMA Policy Compendium  
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40          **STATUS:**                   175.026 Alternative Maintenance of Certification Pathways to Comply with  
41   Antitrust Rulings added to TMA Policy Compendium.  
42

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

1  
2           **REFERRED TO:**       Council on Legislation and add to TMA Policy Compendium

3  
4           **STATUS:**               175.027 Physician Protection from Maintenance of Certification in Facility  
5                                    Bylaws added to TMA Policy Compendium.

6  
7   **Resolution 203-A-19 – Restrictions to Requirements of Maintenance of Certification (MOC) (Harris**  
8   **County Medical Society):** That the Texas Medical Association oppose mandatory maintenance of  
9   certification. **Adopted as amended.**

10  
11           **REFERRED TO:**       Add to TMA Policy Compendium

12  
13           **STATUS:**               175.028 Requirements of Maintenance of Certification added to TMA  
14                                    Policy Compendium

15  
16   **Resolution 205-A-19 – Eliminating Professional and Colloquial Use of the Term “Mental Retardation”**  
17   **by Physicians in a Clinical Setting (Medical Student Section):** That (1) the Texas Medical Association  
18   recommend physicians adopt the term “intellectual disability” instead of “mental retardation”; and (2) the  
19   Texas Delegation carry this, or a similar resolution, to the American Medical Association that the term  
20   “mental retardation” be replaced with more widely accepted terminology by all United States physicians in a  
21   clinical setting. **Adopted as amended.**

22  
23           **REFERRED TO:**       (1) Division of Communications and add to TMA Policy Compendium and  
24                                    (2) Texas Delegation to the AMA

25  
26           **STATUS:**               (1) 90.003 Intellectual Disability added to TMA Policy Compendium;  
27                                    Three *Texas Medicine Today* stories and a *Blogged Arteries* post have been  
28                                    published on this subject:

29                                    <https://www.texmed.org/Template.aspx?id=50695>

30                                    <https://www.texmed.org/Template.aspx?id=50789>

31                                    <https://www.texmed.org/Template.aspx?id=50933>

32                                    <https://www.texmed.org/Template.aspx?id=51062>

33  
34   **Resolution 206-A-19 – Consideration for Care of Individuals with Autism Spectrum Disorder (ASD)**  
35   **(Medical Student Section):** That the Texas Medical Association (1) support the provision of resources in  
36   the community to individuals with autism and to their families in order to provide a more comprehensive  
37   spectrum of primary and preventative care to individuals with autism; and (2) encourage physicians to  
38   promote existing resources in order to better accommodate patients with ASD in rural or underserved  
39   communities. **Adopted as amended.**

40  
41           **REFERRED TO:**       Council on Health Promotion, Committee on Medical Home and Primary  
42                                    Care, Committee on Rural Health, and add to TMA Policy Compendium

43  
44           **STATUS:**               260.111 Autism Spectrum Disorder added to TMA Policy Compendium

45  
46   **Resolution 209-A-19 – Promoting Health Insurance and Health Policy Education Prior to Residency**  
47   **(Medical Student Section):** That the Texas Medical Association support and promote the availability of  
48   educational resources for medical students on the business of medicine and health policy. **Adopted as**  
49   **amended.**

50  
51           **REFERRED TO:**       Medical Student Section, Resident and Fellow Section, and add to TMA  
52                                    Policy Compendium

1  
2           **STATUS:**                   200.056 Business of Medicine Education for Medical Students added to  
3   TMA Policy Compendium.  
4

5 **Resolution 210-A-19 – Recommendation for Hemorrhage Control Training of Health Care**  
6 **Professionals (Medical Student Section):** That the Texas Medical Association (1) support initiatives that  
7 promote training in hemorrhage control, such as Stop the Bleed®; and (2) support the inclusion of  
8 hemorrhage control supplies in first aid kits in public spaces. **Adopted as amended.**  
9

10           **REFERRED TO:**           (1) Committee on Emergency Medical Services and Trauma and (2) Add to  
11   TMA Policy Compendium  
12

13           **STATUS:**                   (2) 100.031 Hemorrhage Control Supplies in First Aid Kits added to TMA  
14   Policy Compendium.  
15

16 **Resolution 211-A-19 – The Integration of LGBTQ Health Topics Into Medical Education (Medical**  
17 **Student Section):** That TMA: (1) support the integration of LGBTQ health care topics into undergraduate  
18 and graduate medical education; and (2) work with the appropriate parties to develop best practices for the  
19 integration of LGBTQ health care education into undergraduate and graduate medical education as well as  
20 CME. **Referred with a report back.**  
21

22           **REFERRED TO:**           Council on Medical Education and Council on Science and Public Health  
23

24           **STATUS:**  
25

26 **Resolution 212-A-19 – Improve Physician-Hospital Relations (Harris County Medical Society):** That  
27 the Texas Medical Association (1) study ways to protect the relationship of physicians and their patients after  
28 inpatient hospital referrals and report back to the TMA House of Delegates at its annual 2020 meeting; and  
29 (2) study ways to improve the representation of all practice types of physicians through hospital medical staff  
30 bylaws to include the business associate agreement, if any. **Adopted as amended.**  
31

32           **REFERRED TO:**           Council on Health Service Organizations  
33

34           **STATUS:**  
35

36 **Resolution 213-A-19 – Complying with Value-Based Care Quality Measures for Medication**  
37 **Adherence (Elizabeth Torres, MD):** That TMA work with payers to identify standard methodologies that  
38 address quality measure requirements for medication adherence in response to marketplace influences  
39 beyond the physician/providers control. **Adopted.**  
40

41           **REFERRED TO:**           Council on Health Care Quality and Council on Socioeconomics  
42

43           **STATUS:**  
44

45 FROM REFERENCE COMMITTEE ON SCIENCE AND PUBLIC HEALTH:  
46

47 **Committee on Cancer Report 1-A-19 – Sunset Policy Review:** That Policy 260.062, Indoor Tanning  
48 Salon Regulation, be deleted. **Adopted.**  
49

50           **REFERRED TO:**           Add to TMA Policy Compendium  
51

52           **STATUS:**                   Policy 260.062 deleted from TMA Policy Compendium.

1  
2 **Committee on Child and Adolescent Health Report 1-A-19 – A Misstep in the Protection of Foster**  
3 **Children (Resolution 306-A-18):** That Resolution 306-A-18 not be adopted. **Adopted.**

4  
5 **STATUS:** Resolution 306-A-18 was not adopted.

6  
7 **Committee on Child and Adolescent Health Report 2-A-19 – Sunset Policy Review:** That Policy  
8 325.009, Child Abuse Prevention and Education, be deleted. **Adopted.**

9  
10 **REFERRED TO:** Add to TMA Policy Compendium

11  
12 **STATUS:** Policy 325.009 deleted from TMA Policy Compendium.

13  
14 **Committee on Emergency Medical Services and Trauma Report 2-A-19 – Appropriate Physician**  
15 **Oversight of EMS Medical Practices (Resolution 302-A-18):** That new TMA policy, the Texas Medical  
16 Association will advocate for the Texas emergency medical service (EMS) systems to provide adequate  
17 funding for physicians to play an active role in the provision of Medical Direction and Oversight. This  
18 includes adequate support staff to accomplish this goal with the level of involvement necessary to perform  
19 the duties required by the Texas Medical Board (TMB) and Department of State Health Services (DSHS);  
20 thus facilitating safe oversight and management of EMS medical practices, be adopted in lieu of Resolution  
21 302-A-18. **Adopted.**

22  
23 **REFERRED TO:** Council on Legislation and add to TMA Policy Compendium

24  
25 **STATUS:** 100.032 Appropriate Physician Oversight of Emergency Medical Service  
26 Medical Practices added to TMA Policy Compendium.

27  
28 **Committee on Emergency Medical Services and Trauma Report 3-A-19 – Sunset Policy Review:** That  
29 Policy 100.013, Trauma Funding, be retained and Policy 205.029, Hurricane Ike and The University of  
30 Texas Medical Branch, be deleted. **Adopted.**

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

33  
34 **STATUS:** Policy 100.013 reaffirmed and policy 205.029 deleted from TMA Policy  
35 Compendium.

36  
37 **Committee on Infectious Diseases Report 1-A-19 – Sunset Policy Review:** That Policy 260.081, Bar  
38 Coding on Vaccines, be deleted. **Adopted.**

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

41  
42 **STATUS:** Policy 260.081 deleted from TMA Policy Compendium

43  
44 **Council on Practice Management Services Report 2-A-19 – Improving Health Technology Products to**  
45 **Address the Issues of Sex and Gender:** That the Texas Delegation to the AMA introduce a resolution to the  
46 AMA House of Delegates asking AMA to adopt the following: (1) Research the problems related to the  
47 handling of sex and gender within health information technology (HIT) products and how to best work with  
48 vendors so their HIT products treat patients equally and appropriately, regardless of sexual or gender  
49 identity; and (2) Advocate for the incorporation of recommended best practices into electronic health records  
50 and other HIT products at no additional cost to physicians, and investigate the use of personal health records  
51 to reduce physician burden in maintaining accurate patient information instead of having to query everyone  
52 regarding sexual orientation and gender identify at each encounter. **Adopted.**

1  
2           **REFERRED TO:**       Texas Delegation to the AMA

3  
4           **STATUS:**

5  
6   **Council on Science and Public Health Report 1-A-19 – Extreme Risk Protection Orders and Gun**  
7   **Violence (Resolution 314-A-18)** – That (1) TMA Policy 260.015, Firearms, be amended to read: The Texas  
8   Medical Association recognizes gun violence as a public health issue requiring the promotion of evidence-  
9   based strategies in Texas. Medical professional organizations should speak out about the prevention of  
10   firearm-related injuries and deaths, and TMA calls on physicians to support: (a) The primary prevention of  
11   firearm morbidity and mortality through educating Texans about firearm safety and the potential hazards of  
12   firearm ownership, recognizing that physicians have an unencumbered right to inquire of and inform patients  
13   and their families about the risks of firearms and in particular the risk to children; (b) Promotion of the Texas  
14   Hunter Education and certification program developed by the Texas Department of Parks and Wildlife; (c)  
15   Providing anticipatory guidance in the clinical setting on the dangers of firearm ownership in an  
16   informational, nonjudgmental manner, encouraging firearm owners to adhere to best practices for reducing  
17   the risk of accidental or intentional injuries or deaths by ensuring firearms are not accessible to children;  
18   adolescents; or people with mental, behavioral, or substance use disorders; (d) Strict enforcement of federal  
19   and state gun control laws and mandated penalties for crimes committed with a firearm, including illegal  
20   possession; (e) The use of trigger locks (such as can be provided by [www.projectchildsafe.org](http://www.projectchildsafe.org)) and locked  
21   gun cabinets to help prevent unintentional discharge; and (f) Unfettered study of issues involving firearms  
22   and public health and safety, and Texas’ participation in national surveillance studies on violence in the  
23   United States, ensuring the state has timely, accurate data on firearm-related mortality and morbidity to  
24   guide Texas’ public health prevention activities (Res. 28S, p 176, A-93; Substitute CPH Rep. 3-A-08;  
25   amended CSPH Rep. 5-A-18); (2) That the Task Force on Behavioral Health develop information for  
26   physicians on the prevention and assessment of suicide risk and promote awareness of mental health first-aid  
27   training for physicians and office staff, and of state statute on the sharing of information on patients at risk;  
28   (3) That TMA advocate for a protective order process to allow for the implementation of risk-based  
29   protective orders to address those reported to be at high risk of violence to others or self-harm; (4) Policy  
30   325.002, Family Violence, be amended to read: The Texas Medical Association believes that physicians  
31   should be aware of the resources available in their community such as information provided by the Texas  
32   Family Violence Council and information on family protective orders developed by the Office of the  
33   Attorney General to inform and support victims of domestic violence. Physicians should make this  
34   information available in their waiting rooms or have their office staff provide it. The association should  
35   provide physicians with information on the symptoms of domestic violence and abuse, and physicians should  
36   record information on domestic violence in the patient’s medical file (CPH, p 129, A-92; amended CPH Rep.  
37   3-A-10). **Adopted as amended.**

38  
39           **REFERRED TO:**       (1) and (4) Add to TMA Policy Compendium; (2) Council on Science and  
40   Public Health; (3) Council on Legislation; and (1)-(4) Council on Health  
41   Promotion

42  
43           **STATUS:**               (1) Policy 260.015 amended in TMA Policy Compendium; (4) Policy  
44   325.002 amended in TMA Policy Compendium.

45  
46   **Council on Science and Public Health Report 2-A-19 – Support of Evidence-Based Medicine,**  
47   **Resolution 107-A-17:** That Policy 265.018, Evidence-Based Medicine, be amended. **Adopted.**

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

50  
51           **STATUS:**               Policy 265.018 amended in TMA Policy Compendium.

52

1 **Council on Science and Public Health Report 3-A-19 – Raising the Minimum Purchase Age for Guns**  
 2 **(Resolution 313-A-18):** That: (1) Resolution 313-A-18 not be adopted; (2) language from AMA policy H-  
 3 145.990, Parental Education on Prevention of Firearm Accidents in Children, be adopted as new TMA  
 4 policy; and (3) Policy 245.021, Patient-Doctor Privileged Communication, be reaffirmed. **Adopted.**

5  
 6 **REFERRED TO:** (1) Resolution 313-A-18 was not adopted; (2) and (3) Add to TMA Policy  
 7 Compendium

8  
 9 **STATUS:** (2) 260.112 Parental Education on Prevention of Firearm Accidents in  
 10 Children added to TMA Policy Compendium; (3) Policy 245.021 reaffirmed  
 11 in TMA Policy Compendium.

12  
 13 **Council on Science and Public Health Report 4-A-19 – Early Childhood Adversity and Health:** That  
 14 (1) the Texas Medical Association identify adverse childhood experiences (ACEs) as a public health issue  
 15 and advance TMA activities to increase awareness and understanding of ACEs among TMA members and  
 16 the public, and ensure physicians have information on resources for screening patients, payment for care, and  
 17 local resources and services for their patients; (2) TMA, in coordination, in coordination with other state  
 18 entities, convene a summit with physicians and other health professionals, community leaders, and  
 19 representatives of public health and high risk populations to identify priorities for addressing ACEs. This  
 20 includes identifying barriers physicians face in screening and caring for children and adults, gaps in services  
 21 and resources in public programs and communities, evidence-based programming, access to data for  
 22 assessment, and understanding the unique needs of specific populations; and (3) TMA advocate for public  
 23 health initiatives and activities that provide effective support and care for children and adults exposed to  
 24 trauma. **Adopted as amended.**

25  
 26 **REFERRED TO:** Council on Science and Public Health

27  
 28 **STATUS:**

29  
 30 **Council on Science and Public Health Report 5-A-19 – Sunset Policy Review:** That (1) policies 260.019,  
 31 Protective Headgear for Equestrian Sports, and 260.022, Swimming Pool Safety, be retained; (2) policies  
 32 95.031, Controlled Substance Registrations, 95.032, Minimum Pharmacy Disaster Standards, 100.017,  
 33 Emergency Preparedness Re Chemical and Bio-Terrorism Physician Education, 260.051, Helmet  
 34 Requirement for Motorcycle Riders, 260.041, Ephedrine, 260.059, Texas Poison Center Network, and  
 35 260.082, Reducing the Health Burden of Air Pollution in Texas, be deleted; and (3) policies 95.023, Direct-  
 36 to-Consumer Advertising of Prescription Drugs and Implantable Devices, 260.003, Poison Control Center  
 37 Enhancements, 260.080, Vaccine Delivery, 260.083, Promotion of Health Lifestyles – Reducing the  
 38 Population Burden of Cardiovascular Disease by Reducing Sodium Intake, 280.035, ST-Elevation Acute  
 39 Myocardial Infarction (STEMI), and 260.103, Disaster Preparedness Planning and Response be retained as  
 40 amended. **Adopted.**

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

43  
 44 **STATUS:** (1) Policies 260.019 and 260.022 reaffirmed in TMA Policy Compendium;  
 45 (2) Policies 95.031, 95.032, 100.017, 260.051, 260.041, 260.059, and  
 46 260.082 deleted from TMA Policy Compendium; and (3) Policies 95.023,  
 47 260.003, 260.080, 260.083, 280.035, and 260.103 amended in TMA Policy  
 48 Compendium.

49  
 50 **Resolution 301-A-19 – Distribution and Display of Human Trafficking Aid Information in Public**  
 51 **Places (Lone Star Caucus, Lubbock County Medical Society):** That: (1) TMA adopt as policy that readily  
 52 visible signs, notices, posters, placards, or other readily available educational materials providing

1 information about reporting human trafficking activities or providing assistance to victims and survivors be  
 2 permitted in local clinics, emergency departments, or other medical settings; (2) TMA, through its website or  
 3 internet presence, provide downloadable materials displaying the National Human Trafficking Hotline  
 4 number to aid in displaying such information in local clinics, emergency departments, or other medical  
 5 settings and advocate that other recognized medical professional organizations do the same; (3) TMA urge  
 6 both state and federal governments to make changes in laws to advocate the broad posting of the National  
 7 Human Trafficking Hotline number in areas such as local clinics, emergency departments, and other medical  
 8 settings; and (4) our Texas Delegation to the American Medical Association take this resolution to the AMA  
 9 House of Delegates for consideration. **Adopted.**

10  
 11 **REFERRED TO:** (1) Add to TMA Policy Compendium; (3) and (4) Texas Delegation to the  
 12 AMA; and (1)-(4) Council on Science and Public Health

13  
 14 **STATUS:** (1) 260.113 Distribution and Display of Human Trafficking Aid Information  
 15 in Public Places added to TMA Policy Compendium.

16  
 17 **Resolution 302-A-19 – Statement of Personhood Measures (Dallas County Medical Society):** That the  
 18 Texas Medical Association, regarding any personhood measure, advocate and inform on proposed public  
 19 policy measures related to reproductive health based on evidence-based medicine, which promotes the safety  
 20 and effective treatment of patients, and preserves access to comprehensive reproductive care including  
 21 assisted reproductive services. **Adopted as amended.**

22  
 23 **REFERRED TO:** Committee on Reproductive, Women’s, & Perinatal Health

24  
 25 **STATUS:**

26  
 27 **Resolution 303-A-19 – Improving Medical Clearance Policies for Traumatic Brain Injury Patients**  
 28 **(Dallas County Medical Society):** That: (1) TMA reaffirm its policy stating that it strongly supports current  
 29 national and Texas gun law and regulations relating to medical need and public safety, and advocates for  
 30 legislation that more strongly implements these laws due to public health concerns; (2) TMA advocate for  
 31 amending Texas law to clearly include prohibiting symptomatic TBI patients from obtaining or retaining a  
 32 license to carry a firearm until medical clearance; (3) TMA create policy, advocate for, and support  
 33 legislation that expands to all people the medical clearance requirements and firearm purchasing restrictions  
 34 in Texas’ license-to-carry law; (4) TMA advocate for legislation that would promote and emphasize the need  
 35 and importance of physician reporting of all patients who have prohibitive conditions, including  
 36 symptomatic TBI patients, to the Texas Medical Advisory Board; (5) TMA advocate for expansion of and  
 37 investment into the Medical Advisory Board so it is better known by physicians, easier to use, and explicit  
 38 regarding the medical conditions that may require reporting to it; (6) TMA advocate for legislation that  
 39 expands the Medical Advisory Board’s oversight of possibly impaired individuals with gun licenses to all  
 40 possibly impaired gun owners; and (7) that the Texas Delegation to the AMA carry any newly adopted  
 41 policy related to TBI and access to firearms to AMA. **Referred for study.**

42  
 43 **REFERRED TO:** Council on Science and Public Health, Office of the General Counsel, and  
 44 Council on Legislation

45  
 46 **STATUS:**

47  
 48 **Resolution 304-A-19 – Requirement for Food Allergy Posters and Employee Training in Food**  
 49 **Establishments (Harris County Medical Society, Louise H. Bethea, MD, Texas Allergy, Asthma &**  
 50 **Immunology Society):** That TMA: (1) provide advocacy support to the Texas Allergy, Asthma &  
 51 Immunology Society’s efforts as the society seeks the passage of legislation mandating, not just  
 52 recommending, that all food service establishments display a poster related to food allergen awareness in an

1 area of the establishment accessible primarily to its employees. This poster must include the risk of an  
2 allergic reaction, a list of the major food allergens, methods to prevent cross-contamination in food  
3 preparation, and signs and symptoms associated with anaphylaxis with instructions to call 911; and (2)  
4 advocate for a mandate that food service employees be required, on a biennial basis, to be trained in food  
5 allergy awareness with information on which foods – milk, eggs, wheat, soy, shellfish, fish, peanuts, and tree  
6 nuts – cause the most reactions; trained in the prevention of cross-contamination in food preparation; and  
7 trained in the signs and symptoms associated with anaphylaxis with instructions to call 911. The training  
8 programs can be completed online or in class form and should be certified by a nationally recognized  
9 organization and approved by the Texas Department of Health and Human Services. **Referred for study  
10 with report back.**

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

12 **STATUS:**

13  
14  
15  
16 **Resolution 305-A-19 – Allow the Possession and Administration of an Epinephrine Auto-Injector in  
17 Certain Entities (Harris County Medical Society, Louise H. Bethea, MD, Texas Allergy, Asthma &  
18 Immunology Society):** That: (1) epinephrine auto-injectors be allowed to be placed in public places in areas  
19 accessible as determined by the entity. Those entities include amusement parks, camps, institutions of higher  
20 education, food service establishments, sports venues, concerts, state government entities, retail facilities,  
21 churches, synagogues, youth centers, and any other entity the Texas Executive Commissioner, by rule,  
22 designates as an entity that would benefit from the possession and administration of epinephrine auto-  
23 injectors; (2) an employee or volunteer with these entities be trained on an annual basis by an approved  
24 source to administer an epinephrine auto-injector to a person reasonably believed to be experiencing  
25 anaphylaxis on the premises of the entity; (3) policies relating to epinephrine auto-injectors be established by  
26 the Texas Executive Commission; and (4) a trained person who in good faith initiates treatment using an  
27 epinephrine auto-injector under the rules established by the state be immune from civil or criminal liability,  
28 as will the entity or business and those associated with the prescribing, dispensing, and administration of the  
29 epinephrine auto-injectors. **Referred.**

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

31 **STATUS:**

32  
33  
34  
35 **Resolution 306-A-19 – Opposition to Limiting the Physician’s Role in the End-of-Life Process (Harris  
36 County Medical Society):** That the Texas Medical Association oppose any efforts to limit the physician’s  
37 compassionate and ethical role in the end-of-life process. **Adopted as amended.**

38  
39 **REFERRED TO:** Add to TMA Policy Compendium

40  
41 **STATUS:** 85.019 Physician’s Role in End-of-Life Process added to TMA Policy  
42 Compendium.

43  
44 **Resolution 307-A-19 – Regulatory Recommendations for Bed Bugs (Wendell H. Williams III, MD):**  
45 That: (1) TMA consider bed bugs as a public health issue; (2) the resolution be referred to the appropriate  
46 TMA council, committee, or body to seek a mechanism for the collection, study, and public reporting of data  
47 on the impact of bed bugs on the public health of Texans; (3) the resolution be referred to the appropriate  
48 TMA council, committee, or body to collaborate with the Texas Association of City and County Health  
49 Officials to develop guidelines for local health authorities using an Integrated Pest Management approach to  
50 bed bugs; (4) TMA in collaboration with the Texas Department of State Health Services support regulatory  
51 changes that encourage the reporting, treatment, and study of bed bugs in state-supported living centers; (5)  
52 TMA seek legislation to address the public health issue of bed bugs in Texas, most especially when affecting



1 vulnerable populations or inhabitants of multifamily dwelling units (MDUs); and (6) the Texas Delegation  
2 carry this resolution, or a similar one, to the American Medical Association to develop public health  
3 recommendations and seek regulatory or legislative action for this growing national public health issue,  
4 especially in regard to the collection, study, and public reporting of data on the impact of bed bugs; the effect  
5 of bed bug infestations on MDUs; and the U.S. Department of Housing and Urban Development's role in  
6 bed bug management. **Referred for study.**

7  
8 **REFERRED TO:** Council on Science and Public Health

9  
10 **STATUS:**

11  
12 **Resolution 308-A-19 – Regulation of Electric Scooters (Bexar County Medical Society):** That TMA: (1)  
13 work with the Texas Department of Public Safety (DPS) to have electric scooters regulated as bicycles and  
14 require operators to follow traffic laws as bicycle operators; (2) work with DPS to place an age restriction on  
15 electric scooter operators to limit the use of these scooters by children too young to understand traffic laws  
16 and to allow only one operator per scooter; and (3) work with DPS to require the use of helmets when  
17 operating electric scooters and to add safety features so that car drivers can see them. **Referred for study.**

18  
19 **REFERRED TO:** Council on Science and Public Health and Committee on Emergency  
20 Medical Services and Trauma

21  
22 **STATUS:**

23  
24 **Resolution 309-A-19 – Factoring Adolescent Sleep Patterns into Middle and High School Start Times**  
25 **(Medical Student Section):** That TMA encourage physicians to be informed on the biologic sleep needs of  
26 adolescents, promote awareness of this need to the community, and communicate with local school health  
27 advisory committees to share evidence-based, best practices regarding health promotion, including the  
28 benefits of later school start times for adolescents. **Adopted.**

29  
30 **REFERRED TO:** Council on Health Promotion and add to TMA Policy Compendium

31  
32 **STATUS:** 55.061 Adolescent Sleep Patterns and School Start Times added to TMA  
33 Policy Compendium.

34  
35 **Resolution 310-A-19 – Amending TMA Policy 315.031, Restricting the Sale of Electronic Cigarettes to**  
36 **Minors (Medical Student Section):** That Policy 315.031, Restricting the Sale of Electronic Cigarettes to  
37 Minors, be amended. **Adopted.**

38  
39 **REFERRED TO:** Add to TMA Policy Compendium

40  
41 **STATUS:** Policy 315.031 amended in TMA Policy Compendium.

42  
43 **Resolution 311-A-19 – Identifying Trauma and Mental Health Susceptibilities in Schools (Medical**  
44 **Student Section):** That TMA advocate for school-based systems of mental health care that provide an  
45 integrated system of educator training, referral to treatment, and clear access to providers. **Adopted.**

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

48  
49 **STATUS:** 215.023 Identifying Trauma and Mental Health Susceptibilities in Schools  
50 added to TMA Policy Compendium.

51

1 **Resolution 312-A-19 – Opposition to Increasing Work Requirements for the Supplemental Nutrition**  
 2 **Assistance Program (SNAP) (Medical Student Section):** That the Texas Medical Association recognizes  
 3 the importance of the benefits of the Supplemental Nutrition Assistance Program (SNAP) to support the  
 4 nutrition and health of many Texans and will caution state leadership when work requirements compromise  
 5 the health benefits provided through participation in SNAP. **Adopted as amended.**

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

8  
 9 **STATUS:** 260.114 Work Requirements for the Supplemental Nutrition Assistance  
 10 Program added to TMA Policy Compendium.

11  
 12 **Resolution 313-A-19 – Physicians Counseling Patients About the Risks of Direct-to-Consumer Genetic**  
 13 **Testing (Medical Student Section):** That the Texas Medical Association support establishing policies that  
 14 promote educating the public about potential risks and benefits created by direct-to-consumer genetic testing.  
 15 **Adopted as amended.**

16  
 17 **REFERRED TO:** Council on Legislation and add to TMA Policy Compendium

18  
 19 **STATUS:** 105.020 Physicians Counseling Patients About the Risks of Direct-to-  
 20 Consumer Genetic Testing added to TMA Policy Compendium.

21  
 22 **Resolution 315-A-19 – Notification of Generic Drug Manufacturing Changes (Harris County Medical**  
 23 **Society):** That (1) the Texas Medical Association work with Texas legislators to ensure that each patient is  
 24 expressly notified at the time of dispensing by the pharmacy or pharmacy benefit manager of a change in the  
 25 manufacturer of his or her generic medication; and (2) the Texas Delegation to the American Medical  
 26 Association present a similar resolution to the AMA House of Delegates for consideration. **Adopted as**  
 27 **amended.**

28  
 29 **REFERRED TO:** (1) Council on Legislation and (2) Texas Delegation to the AMA

30  
 31 **STATUS:**

32  
 33 **Resolution 316-A-19 – Determinants of Health (Harris County Medical Society):** That the Texas  
 34 Medical Association (1) educate physicians about the social determinants of health for the purpose of  
 35 assisting physicians to better understand their impact on patient health outcomes and wellbeing; (2) educate  
 36 state and federal policy makers, business leaders, and governmental and commercial payors about the  
 37 influence of social determinants of health on overall health care quality and health care costs; (3) collaborate  
 38 with innovative public and private partnerships to address social determinants of health and advocate for  
 39 their adoption by state policy makers; and (4) advocate that governmental and commercial payors modify  
 40 existing performance and quality programs reflect the higher expected health care utilization and cost of  
 41 population at greater risk of exposure to social determinants of health and appropriately risk adjust physician  
 42 compensation to reflect these higher costs. **Adopted as amended.**

43  
 44 **REFERRED TO:** Council on Health Care Quality and Council on Socioeconomics

45  
 46 **STATUS:**

47  
 48 FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

49  
 50 **Committee on Rural Health Report 1-A-19 – Expand Availability of Broadband Internet Access to**  
 51 **Rural Texas:** That TMA advocate for the expeditious expansion of broadband connectivity to all rural areas  
 52 of Texas. **Adopted.**

1

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

3

4           **STATUS:**               275.006 Broadband Internet Access to Rural Texas added to TMA Policy

5                                       Compendium.

6

7   **Committee on Rural Health Report 2-A-19 – Sunset Policy Review:** That Policy 100.016, Texas

8   Department of State Health Services Emergency Medical Services Local Projects Grant Program, be

9   retained. **Adopted.**

10

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

12

13           **STATUS:**               Policy 100.016 reaffirmed in TMA Policy Compendium.

14

15   **Council on Socioeconomics Report 1-A-19 – Health Plan Claim Auditing Programs:** That: (1) TMA

16   policy 65.008 be amended; and (2) the Texas Delegation take a resolution to the AMA House of Delegates at

17   its 2019 Annual Meeting asking for adoption of this policy and advocacy. **Adopted.**

18

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

20

21           **STATUS:**               (1) Policy 65.008 amended in TMA Policy Compendium

22

23   **Council on Socioeconomics Report 2-A-19 – Sunset Policy Review:** That: (1) policies 40.005, AMA

24   Private Sector Advocacy, 55.055, Increase Enrollment of Children in Health Insurance Plans, 130.019,

25   Emergency Medical Treatment and Active Labor Act, 145.025, Out-of-Network Payments, 145.026,

26   Expanding Coverage to Children, 145.027, 160.017, Utilization Review, 190.029, Health Care Coverage

27   Legislative Initiatives, 235.029, Franchise Tax Issues, 325.008, Insurance Discrimination Against Victims of

28   Family Violence, and 335.014, Workers’ Compensation Delivery System be retained; and (2) policies

29   120.010, Principles for Evaluating Health System Reform and 180.033, Payment for After-Hours Non-

30   Emergent Care, be retained as amended. **Adopted.**

31

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

33

34           **STATUS:**               (1) Policies 40.005, 55.055, 130.019, 145.025, 145.026, 145.027, 160.017,

35                                       190.029, 235.029, 325.008, and 335.014 reaffirmed in TMA Policy

36                                       Compendium; and (2) Policies 120.010 and 180.033 amended in TMA

37                                       Policy Compendium.

38

39   **Resolution 401-A-19 – Participation in Government Programs When Receiving Payment for**

40   **Uncompensated Care (Lone Star Caucus):** That: (1) all Texas health care facilities receiving federal or

41   state funds for uncompensated care must also accept Medicare, Medicaid, TRICARE, CHIP, and federally

42   subsidized health insurance via the Affordable Care Act from patients covered by these forms of insurance;

43   and (2) some of the funds for uncompensated care now going to the hospitals in Texas be transferred to

44   another part of the Texas Medicaid program and used to increase the payment rate for physicians who

45   provide Medicaid services. **Adopted.**

46

47           **REFERRED TO:**       Council on Socioeconomics

48

49           **STATUS:**

50

51   **Resolution 402-A-19 – Prescription Monitoring Program Integration Into Electronic Medical Records**

52   **(Lone Star Caucus):** That the Texas Medical Association (1) advocate for prescription monitoring program

1 integration into electronic medical records, at no cost to the physician, providing patient-specific information  
2 whenever a physician attempts to prescribe a controlled substance; and (2) advocate for the integration of the  
3 PMP into Texas-based public health information exchanges (currently five), at no cost to the exchanges, so  
4 that physicians have one stop for obtaining patient's health information. **Adopted as amended.**

5  
6 **REFERRED TO:** Committee on Health Information Technology and add to TMA Policy  
7 Compendium

8  
9 **STATUS:** 95.046 Prescription Monitoring Program Integration Into Electronic  
10 Medical Records added to TMA Policy Compendium.

11  
12 **Resolution 403-A-19 – Prior Authorization Approval (Lone Star Caucus):** That (1) the criteria for prior  
13 approval for patient referrals, tests, surgeries, procedures, and medications be available to all physicians at  
14 the time of the request for such action; (2) the types of patient referrals, tests, surgeries, procedures, and  
15 medications that typically require prior authorization be kept to a minimum, and such criteria be available to  
16 the physician and staff in a transparent manner; and (3) prior approval for patient referrals, tests, surgeries,  
17 procedures and medications be handled in a timely fashion, appropriate to facilitate treatment of the illness  
18 for which the test or intervention is being sought. **Adopted as amended.**

19  
20 **REFERRED TO:** Council on Socioeconomics and add to TMA Policy Compendium

21  
22 **STATUS:** 235.040 Prior Authorization Approval added to TMA Policy Compendium.

23  
24 **Resolution 404-A-19 – Medicare Part B Coverage of Vaccines (El Paso County Medical Society):** That  
25 the Texas Medical Association advocate for the Centers for Medicare & Medicaid Services and other payers  
26 to include the zoster virus vaccine, hepatitis A vaccine, meningitis vaccine, and all future vaccines  
27 recommended by the Centers for Disease Control and Prevention Advisory Committee on Immunization  
28 Practices and administration of these vaccines in both CMS and payer fee schedules. **Adopted as amended.**

29  
30 **REFERRED TO:** Council on Socioeconomics and add to TMA Policy Compendium

31  
32 **STATUS:** 135.026 Medicare Part B Coverage of Vaccines added to TMA Policy  
33 Compendium.

34  
35 **Resolution 405-A-19 – Lower Drug Costs (Lone Star Caucus):** That TMA advocate reducing the higher  
36 cost of medications by supporting negotiation of drug prices for Medicare and Medicaid. **Adopted.**

37  
38 **REFERRED TO:** Council on Socioeconomics and add to TMA Policy Compendium

39  
40 **STATUS:** 195.039 Lower Drug Costs added to TMA Policy Compendium.

41  
42 **Resolution 407-A-19 – Compensation to Physicians for Activities Other than Direct Patient Care**  
43 **(Harris County Medical Society):** That the Texas Medical Association form a task force including  
44 members of Council on Legislation, Council on Socioeconomics, Council on Healthcare Quality and  
45 interested county medical societies to strategically prepare solutions for advocacy that address and mitigate  
46 the burden of prior authorization and that the task force bring a report back to the House of Delegates in  
47 2020. **Adopted as amended.**

48  
49 **REFERRED TO:** Board of Trustees

50  
51 **STATUS:**

52

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

9  
 10 **REFERRED TO:** (1) and (2) Add to TMA Policy Compendium and (3) Texas Delegation to  
 11 the AMA

12  
 13 **STATUS:** (1) and (2) 195.040 Patient-Physician Relations within Medicare Advantage  
 14 Plans added to Policy Compendium.

15  
 16 **Resolution 409-A-19 – Update Practice Expense Component of Relative Value Units (Harris County**  
 17 **Medical Society):** That the Texas Delegation to the American Medical Association submit a resolution to  
 18 the AMA House of Delegates at the 2019 Annual Meeting requesting that the AMA pursue efforts to update  
 19 resource-based relative value unit practice expense methodology so that it accurately reflects current  
 20 physician practice costs, with report back at the AMA House of Delegates 2019 Interim Meeting. **Adopted.**

21  
 22 **REFERRED TO:** Texas Delegation to the AMA

23  
 24 **STATUS:**

25  
 26 **Resolution 410-A-19 – Laboratory Benefit Managers (Texas Society of Pathologists and Travis County**  
 27 **Medical Society):** That: (1) TMA support efforts to reduce laboratory benefit management policies that  
 28 result in delays in patient care, reduced patient access, or increased patient costs without clinical  
 29 justification; and (2) support any policies regarding laboratory benefit management arrangements that  
 30 preclude any potential conflict of interest in programs adopted by health insurance payers to provide  
 31 laboratory benefit management, including prohibition on the use of any laboratory benefit management  
 32 entity financially affiliated with a clinical laboratory. **Adopted.**

33  
 34 **REFERRED TO:** Council on Socioeconomics and add to TMA Policy Compendium

35  
 36 **STATUS:** 155.012 Laboratory Benefit Managers added to TMA Policy Compendium.

37  
 38 **Resolution 411-A-19 – Data Migration Responsibilities of Electronic Health Record Vendors in Client**  
 39 **Contract Termination (Medical Student Section):** That (1) the Texas Medical Association work with the  
 40 American Medical Association and other state medical societies to develop model contract and business  
 41 associate agreement (BAA) language that ensures electronic health record (EHR) vendors are required to  
 42 deliver the patient’s complete medical record in a discrete, industry-recognized, nonproprietary format that  
 43 can be imported into the new EHR at no cost to the physicians; and (2) our TMA seek legislative and/or  
 44 regulatory relief to require that physicians have access to their former EHR data while transitioning EHRs to  
 45 ensure continuity of patient care, limit gaps in information exchange, and ensure physician ownership of  
 46 data. **Adopted as amended.**

47  
 48 **REFERRED TO:** Committee on Health Information Technology and Office of the General  
 49 Counsel

50  
 51 **STATUS:**

52

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

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

7  
 8 **STATUS:** 330.016 Tax Exemption for Feminine Hygiene Products added to TMA  
 9 Policy Compendium.

10  
 11 **Resolution 413-A-19 – The Benefits of Importation of International Pharmaceutical Medications**  
 12 **(Medical Student Section):** That the Texas Delegation to the American Medical Association ask the AMA  
 13 to study the implications of prescription drugs importation for personal use and wholesale purchase across  
 14 our southern and northern borders. **Adopted as amended.**

15  
 16 **REFERRED TO:** Texas Delegation to the AMA

17  
 18 **STATUS:**

19  
 20 **Resolution 414-A-19 – Studying Financial Barriers of Rural Hospitals (Medical Student Section):** That  
 21 the Texas Medical Association collaborate with other qualified organizations to identify root causes of rural  
 22 hospital closures and the impact on communities with a report back to the House of Delegates in 2020.  
 23 **Adopted as amended.**

24  
 25 **REFERRED TO:** Committee on Rural Health

26  
 27 **STATUS:**

28  
 29 **Resolution 415-A-19 – Improving Buprenorphine Access for Opioid Substance Use Disorder**  
 30 **Treatment (Medical Student Section):** That the Texas Medical Association (1) support state efforts to  
 31 increase the reimbursement rate of buprenorphine to better reflect its actual cost and medication-assisted  
 32 treatment overhead costs to physicians; and (2) support the elimination of preauthorization requirements for  
 33 insured patients with opioid use disorders seeking buprenorphine treatment. **Adopted as amended.**

34  
 35 **REFERRED TO:** Council on Legislation and add to TMA Policy Compendium

36  
 37 **STATUS:** 235.014 Buprenorphine Access for Opioid Substance Use Disorder  
 38 Treatment added to TMA Policy Compendium.

39  
 40 **Resolution 416-A-19 – Revising the Texas Department of Insurance Division of Workers’**  
 41 **Compensation Designated Doctor Training and Education Process (Bexar County Medical Society):**  
 42 That TMA work with the Texas Department of Insurance Division of Workers’ Compensation: (1) through  
 43 the regulatory process to ensure that the TDI-DWC examination being given has questions that are accurate  
 44 and have been validated; (2) to eliminate the requirement for physicians to repeat the course and exam  
 45 process every two years; and (3) to develop less costly methods of obtaining and maintaining the appropriate  
 46 level of education requirement to ensure that the Designated Doctors are using the Guides to the Evaluation  
 47 of Permanent Impairment, 4th edition accurately and that injured workers are being evaluated fairly.  
 48 **Adopted.**

49  
 50 **REFERRED TO:** Council on Socioeconomics

51  
 52 **STATUS:**