



Physicians Caring for Texans

Summary

House of Delegates May 17-18, 2019 Hilton Anatole Hotel, Dallas, Texas

At TMA's 2019 annual meeting, Austin colon and rectal surgeon David C. Fleeger, MD, will be installed as TMA's 154th president; and Dallas colon and rectal surgeon Don R. Read, MD, will be honored posthumously with TMA's Distinguished Service Award. Issues being considered by the house, grouped by the reference committee to which items were referred, are as follows:

Reference Committee on Financial and Organizational Affairs

PRES Report 1-A-19. Recommendation for approval of Luis M. Benavides, MD, as a nominee of the TMLT Board of Governors, to be placed before TMLT policyholders for election. **Adopted.**

BOC Report 4-A-19. Recommendation that the TMA House of Delegates elect Mary C. Spalding, MD, and Josie Williams, MD, to emeritus membership in TMA. **Adopted.**

BOC Report 5-A-19. Recommendation that the TMA House of Delegates elect Richard M. Holt, MD; Wesley Stafford, MD; Jane Stafford, MD; Harris M. Hauser, MD; Milton Altschuler, MD; and John D. Milam, MD, to honorary membership in TMA. **Adopted.**

BOC Report 6-A-19. Recommendations 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.**

BOT Report 14-A-19. Recommendations 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.**

BOT Report 15-A-19. Recommendation that policies 105.018, Fraud and Abuse Initiative, and 160.018, Statute of Limitations for Administrative Violations, be retained. **Adopted.**

CCB Report 1-A-19. Recommendation 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.**

CM-M Report 2-A-19. Recommendations that: (1) TMA establish a Women in Medicine Section; (2) the TMA House of Delegates approve the following charge to the section: The purpose of the Women in

Medicine Section is to strengthen engagement and representation of female physicians in organized medicine through the development of relevant policy, programming, and services; and (3) TMA amend Chapter 3, House of Delegates, Section 3.25, Sections, to include 3.255 Women in Medicine Section. **Adopted amended resolution 112 in lieu of CM-M Report 2-A-19 and CSE Report 3-A-19.**

CM-PHW Report 1-A-19. Recommendations 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.**

CM-PHW Report 2-A-19. Recommendation that Policy 265.019, Physician Behavior Standards, be retained. **Adopted.**

CM-PPA Report 2-A-19. Recommendation that policy 245.009, Disciplinary Investigation Reporting, be retained. **Adopted.**

CPMS Report 1-A-19. Recommendation to adopt revised Resolution 101-A-18. **Adopted as amended: RESOLVED, That the Texas Medical Association 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 be it further**

RESOLVED, That the Texas Medical Association applaud House Concurrent Resolution No. 143, designating May 1 as Texans Medical Record Checkup Day, adopted by the 86th Texas House of Representative.

CPMS Report 3-A-19. Recommendations 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.**

CSE Report 3-A-19. Recommendations that: (1) That TMA adopt new policy opposing discrimination in physician compensation; (2) the Texas Delegation to the AMA closely monitor and report back on the recommendations for improving gender equity in medicine (including principles for state and specialty societies, academic medical centers, and other entities that employ physicians) that will be presented at the AMA June 2019 Annual Meeting; (3) the Board of Trustees appoint a special task force of representatives from the Committee on Membership, Council on Health Service Organizations, Council on Medical Education, Committee on Continuing Education, and Board of Councilors, with input from the TMA Office of the General Counsel and the TMA Division of Communications, to develop and/or recommend (a) policy; (b) advocacy options; and (c) communication strategies stemming from the recommendations adopted at the TMA 2018 Fall Conference Women in Medicine Luncheon to (i) Create a Women's Section within TMA; (ii) Create implicit bias training for both male and female TMA members; and (iii) Create an education campaign designed to unify TMA around improving conditions for women; and (4) 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. **Adopted amended resolution 112 in lieu of CM-M Report 2 and CSE Report 3-A-19.**

CSE Report 4-A-19. Recommendations 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.**

CSPH Report 6-A-19. Recommendations 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.**

TEXDEL Report 3-A-19. Recommendations that the TMA House of Delegates approve an amendment to the Texas Delegation's Operating Procedures, 5.0 Delegate Review Committee. **Adopted.**

Resolution 101-A-19. Resolution 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.**

Resolution 102-A-19. Resolution that: (1) The reference committees may receive written testimony prior to the meeting of the House of Delegates for resolutions and recommendations assigned to the reference committees from any member of TMA in a format to be determined by the speaker of the House of Delegates; and (2) written testimony received on resolutions and recommendations before the reference committee should be considered carefully by the reference committee along with in-person testimony prior to the formation of its recommendations to the House of Delegates. **Adopted as amended:**

RESOLVED, 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.

Resolution 103-A-19. Resolution 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.**

Resolution 104-A-19. Resolution 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.**

Resolution 105-A-19. Resolution that: (1) TMA 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 beyond basic diagnoses as a condition for filling a prescription; and (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 dosage, duration, frequency, or quantity of a prescription while in the execution of their duties; and (3) 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:**

RESOLVED, That 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; and be it further

RESOLVED, That 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 be it further

RESOLVED, 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.

Resolution 106-A-19. Resolution 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.**

Resolution 107-A.19. Resolution that 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.**

Resolution 108-A-19. Resolution 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.**

Resolution 109-A-19. Resolution 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.**

Resolution 110-A-19. Resolution that (1) TMA 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 to compete against local primary care practices owned and operated by TMA members; (2) TMA collaborate with primary care specialty organizations and other specialty societies to conduct a comprehensive study of these market developments to assess their current and prospective positive and negative influences on the delivery of health care in Texas; (3) the study include, but not be limited to, an analysis of geographic market concentration of health insurers doing business in Texas; how vertical integration of Texas' health care markets are impacting clinical practice choices, patient choice, and the viability of physician owned, community-based practices; and how predatory and anticompetitive managed care business practices are hurting the stability and viability of physician-owned practices; and (4) as part of the aforementioned study, TMA develop a multi-year 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, and that such study be prepared and submitted to the House of Delegates no later than May 2020. **Adopted as amended:**

RESOLVED, That the Texas Medical Association 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; and be it further

RESOLVED, That the Texas Medical Association 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.

Resolution 111-A-19. Resolution 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.**

Resolution 112-A-19. Resolution that: (1) the Texas Medical Association promote the principle of equal pay for equal work, regardless of sex, ethnicity, and religious preference; and (2) in upholding the principle of equal pay for equal work, TMA lends its strength and affirmation to the efforts underway by the American Medical Association to address this issue of inequality. **Adopted amended resolution 112 in lieu of CM-M Report 2-A-19 and CSE Report 3-A-19 as follows:**

RESOLVED, That the Texas Medical Association adopt policy to oppose discrimination in physician compensation and promote the principle of equal pay for equal work; and be it further

RESOLVED, That TMA create: (1) implicit bias training for all physicians and (2) an education campaign to unify TMA around improving conditions for women physicians; and be it further

RESOLVED, That 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; and be it further

RESOLVED, That TMA establish a Women in Medicine Section whose purpose is to: (1) strengthen engagement and representation of female physicians in organized medicine through the development of relevant policy, programming, and services, and (2) closely monitor gender equity in medicine; and be it further

RESOLVED, That 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.

Address of the President. That the House of Delegates recognize TMA President Dr. Douglas W. Curran for his commitment, dedicate and hard work during his year as TMA president, with a strong focus on membership and advocacy. **Adopted.**

Board of Trustees Report 12-A-19. The board reported on the celebration of Louis J. Goodman, PhD, highlighting his 32-year career at the association, his retirement in 2019, honoring Dr. Goodman by naming the association headquarters, the Louis J. Goodman Texas Medical Association Building on March 5, 2019 and hosting a reception in his honor on May 16, 2019. **Adopted.**

Resolution 001-A-19. That the TMA House of Delegates show its sincere gratitude and support to Louis J. Goodman, PhD, executive vice president/chief executive officer of the Texas Medical Association on this day, Saturday, May 18, 2019. **Adopted.**

Reference Committee on Medical Education and Health Care Quality

PRES Report 2-A-19. Recommendations 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.**

CM-CE Report 2-A-19. Recommendation that Policy 205.030, Commercial Support Regarding Unrestricted CME Funding, be retained. **Adopted.**

CME Report 1-A-19. Recommendation that policies 185.018, Mitigating the Texas Physician Shortage and 200.031, Medical School Admissions, be retained. **Adopted.**

CME Report 2-A-19. Recommendation to adopt new policy: 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. 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.**

CME Report 3-A-19. Recommendation to 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 on AMA 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.

CME Report 4-A-19. Recommendation to 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.**

CME Report 5-A-19. Recommendation that Policy 200.055, Maximizing Participation of Medical Students in Natural Disaster and Emergency Situations, be amended. **Adopted.**

CME Report 6-A-19. Recommendations to: (1) adopt new policy on Maximizing Match Rates for Candidates to U.S. Residency Programs; and (2) amend the title of Policy 30.036, New Licensing Category for Assistant Physicians. **Adopted.**

CHSO Report 1-A-19. Recommendation to develop policy to advocate for legislation that defines “supportive palliative care” as a distinct and different term from “hospice palliative care” under Texas Health and Safety Code Chapter 142. **Adopted.**

CHSO Report 2-A-19. Recommendation to approve Resolution 312-A-18 as policy, a recommendation for medical care settings, especially hospitals and emergency departments, to provide identification bracelets on patients with hearing loss indicating their hearing status. **Adopted.**

CHSO Report 3-A-19. Recommendation that policies 20.008, Minimum Disaster Preparedness Standards for Assisted Living, and 20.007, Behavior Evaluation in Long Term Care Facilities, be retained.

Adopted.

CM-PDHCA Report 1-A-19. Recommendations 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.**

Resolution 201-A-19. Resolution 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.**

Resolution 202-A-19. Resolution 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.**

Resolution 203-A-19. Resolution that: (1) TMA oppose mandatory maintenance of certification; (2) what constitutes life-long learning remain under the purview of state medical boards, and (3) the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates.

Adopted as amended:

RESOLVED, That the Texas Medical Association oppose mandatory maintenance of certification.

Resolution 205-A-19. Resolution that TMA support the elimination of the term “mental retardation” from its professional and colloquial use by physicians in a clinical setting, to be replaced with more widely accepted terminology, such as “intellectual disability” or “developmental disorder” and that 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 U.S. physicians in a clinical setting. **Adopted as amended:**

RESOLVED, That the Texas Medical Association recommend physicians adopt the term “intellectual disability” instead of “mental retardation”; and be it further

RESOLVED, That 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.

Resolution 206-A-19. Resolution that TMA: (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; (2) encourage Texas medical schools to educate students using a holistic and practical approach to treatment, management, and care for their patients with ASD; and (3) encourage physicians to become more aware of state and local demographics and promote existing resources in order to better accommodate patients with ASD in rural or underserved communities. **Adopted as amended:**

RESOLVED, That the Texas Medical Association 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 be it further

RESOLVED, TMA encourage physicians to promote existing resources in order to better accommodate patients with ASD in rural or underserved communities.

Resolution 207-A-19. Resolution that TMA: (1) study the impact of existing service learning programs and opportunities undergraduate medical education; and (2) collaborate with appropriate parties to identify evidence-based strategies to increase service learning opportunities for Texas undergraduate medical students. **Not adopted.**

Resolution 208-A-19. Resolution that TMA: (1) support research on a systematic and standardized approach to wellness in order to establish common terminology and a basic framework for wellness programs in Texas undergraduate and graduate medical education; and (2) advocate for the integration of a standard multidimensional wellness model into Texas undergraduate and graduate medical education and encourages those institutions in their efforts to routinely monitor and assess student well-being. **Not adopted.**

Resolution 209-A-19. Resolution that TMA support the availability of educational resources for medical students on health insurance and health policy to improve readiness for understanding the role of insurance in health care. **Adopted as amended:**

RESOLVED, That the Texas Medical Association support and promote the availability of educational resources for medical students on the business of medicine and health policy.

Resolution 210-A-19. Resolution that TMA: (1) support initiatives that promote the training of health care professionals in hemorrhage control, such as Stop the Bleed, at Texas medical schools; and (2) support the inclusion of hemorrhage control supplies in first aid kits in public spaces, including medical schools and hospitals. **Adopted as amended:**

RESOLVED, That the Texas Medical Association support initiatives that promote training in hemorrhage control, such as Stop the Bleed®; and be it further

RESOLVED, That TMA support the inclusion of hemorrhage control supplies in first aid kits in public spaces.

Resolution 211-A-19. Resolution 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.**

Resolution 212-A-19. Resolution that TMA: (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. **Adopted as amended:**

RESOLVED, That the Texas Medical Association 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 be it further

RESOLVED, That TMA 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.

Resolution 213-A-19. Resolution 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.**

Reference Committee on Science and Public Health

CM-C Report 1-A-19. Recommendation that Policy 260.062, Indoor Tanning Salon Regulation, be deleted. **Adopted.**

CM-CAH Report 1-A-19. Recommendation that Resolution 306-A-18 not be adopted. **Adopted.**

CM-CAH Report 2-A-19. Recommendation that Policy 325.009, Child Abuse Prevention and Education, be deleted. **Adopted.**

CM-EMST Report 2-A-19. Recommendation 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.**

CM-EMST Report 3-A-19. Recommendation that Policy 100.013, Trauma Funding, be retained and Policy 205.029, Hurricane Ike and The University of Texas Medical Branch, be deleted. **Adopted.**

CM-ID Report 1-A-19. Recommendation that Policy 260.081, Bar Coding on Vaccines, be deleted. **Adopted.**

CPMS Report 2-A-19. Recommendation 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 identify at each encounter. **Adopted.**

CSPH Report 1-A-19. Recommendations that: (1) Policy 260.015, Firearms, be amended; (2) 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; and (3) TMA advocate for a protective order process to allow for the implementation of risk-based protective orders to support those reported to be at high risk of violence to others or self-harm, and 94) that Policy 325.002, Family Violence, be amended. **Adopted as amended:**

(1) TMA Policy 260.015, Firearms. 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:

- 1. 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;**

2. **Promotion of the Texas Hunter Education and certification program developed by the Texas Department of Parks and Wildlife;**
3. **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;**
4. **Strict enforcement of federal and state gun control laws and mandated penalties for crimes committed with a firearm, including illegal possession;**
5. **The use of trigger locks (such as can be provided by www.projectchildsafes.org) and locked gun cabinets to help prevent unintentional discharge; and**
6. **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, 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).**

CSPH Report 2-A-19. Recommendation that Policy 265.018, Evidence-Based Medicine, be amended. **Adopted.**

CSPH Report 3-A-19. Recommendations that: (1) Resolution 313-A-18 not be adopted; (2) language from AMA policy H-145.990, Parental Education on Prevention of Firearm Accidents in Children, be adopted as new TMA policy; and (3) Policy 245.021, Patient-Doctor Privileged Communication, be reaffirmed. **Adopted.**

CSPH Report 4-A-18. Recommendations that TMA: (1) 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) 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) advocate for public health initiatives and activities that provide effective support and care for children and adults exposed to trauma. **Adopted as amended:**

Recommendation 1: 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.

Recommendation 2: That the Texas Medical Association, 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.

Recommendation 3: That TMA advocate for public health initiatives and activities that provide effective support and care for children and adults exposed to trauma.

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

Adopted.

Resolution 301-A-19. Resolution 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.**

Resolution 302-A-19. Resolution that TMA oppose any personhood measure that is unclear, confusing, ambiguous, or not based on sound scientific or medical knowledge, which threatens the safety and effective treatment of patients, and which threatens access to assisted reproductive services. **Adopted as amended:**

RESOLVED, 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.

Resolution 303-A-19. Resolution 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.**

Resolution 304-A-19. Resolution 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.**

Resolution 305-A-19. Resolution 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.**

Resolution 306-A-19. Resolution that TMA oppose any efforts to limit the physician's appropriate and ethical role in the end-of-life process. **Adopted as amended:**

RESOLVED, That the Texas Medical Association oppose any efforts to limit the physician's compassionate and ethical role in the end-of-life process.

Resolution 307-A-19. Resolution 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.

Resolution 308-A-19. Resolution 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.**

Resolution 309-A-19. Resolution 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.**

Resolution 310-A-19. Resolution that Policy 315.031, Restricting the Sale of Electronic Cigarettes to Minors, be amended. **Adopted.**

Resolution 311-A-19. Resolution 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. Resolution that TMA: (1) oppose any governmental efforts to increase work requirements for the Supplemental Nutrition Assistance Program (SNAP) beyond the level detailed in the Agriculture Improvement Act of 2018; and (2) oppose any governmental efforts to limit the Texas government's ability to exempt SNAP recipients from work requirements. **Adopted as amended:**

RESOLVED, 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.

Resolution 313-A-19. Resolution that TMA: (1) support establishing policies that promote educating the public about potential risks created by direct-to-consumer genetic testing; and (2) support encouraging physicians to caution patients on risks that direct-to-consumer genetic testing can pose, including but not limited to unreliable test results and privacy violations. **Adopted as amended:**

RESOLVED, 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.

Resolution 314-A-19. Resolution that TMA: (1) support the expansion of existing legislation regarding job-secured parental leave of at least 12 weeks, to include monetary compensation; and (2) advocate for mandatory paid parental leave. **Not adopted.**

Resolution 315-A-19. Resolution that: (1) the Texas Medical Association work with Texas legislators to ensure that each patient is expressly notified 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 congressional approval and implementation. **Adopted as amended:**

RESOLVED, That 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 be it further

RESOLVED, That the Texas Delegation to the American Medical Association present a similar resolution to the AMA House of Delegates for consideration.

Resolution 316-A-19. Resolution that TMA: (1) study the social determinants of health for the purpose of better understanding their impact on medicine; (2) advocate to governmental and commercial payers the power of determinants of health on overall health care quality and health care costs; and (3) advocate that governmental and commercial payers modify existing performance and quality programs to include determinants of health in the total compensation for the provision of medical services. **Adopted as amended:**

RESOLVED, That the Texas Medical Association 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; and be it further

RESOLVED, That TMA 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; and be it further

RESOLVED, That TMA collaborate with innovative public and private partnerships to address social determinants of health and advocate for their adoption by state policy makers; and be it further

RESOLVED, That TMA 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.

Reference Committee on Socioeconomics

CM-RH Report 1-A-19. Recommendation that TMA advocate for the expeditious expansion of broadband connectivity to all rural areas of Texas. **Adopted.**

CM-RH Report 3-A-19. Recommendation that Policy 100.016, Texas Department of State Health Services Emergency Medical Services Local Projects Grant Program, be retained. **Adopted.**

CSE Report 1-A-19. Recommendations 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.**

CSE Report 2-A-19. Recommendations that: (1) policies 40.005, AMA Private Sector Advocacy, 55.055, Increase Enrollment of Children in Health Insurance Plans, 130.019, Emergency Medical Treatment and Active Labor Act, 145.025, Out-of-Network Payments, 145.026, Expanding Coverage to Children, 145.027, 160.017, Utilization Review, 190.029, Health Care Coverage Legislative Initiatives, 235.029, Franchise Tax Issues, 325.008, Insurance Discrimination Against Victims of Family Violence, and 335.014, Workers' Compensation Delivery System be retained; and (2) policies 120.010, Principles for Evaluating Health System Reform and 180.033, Payment for After-Hours Non-Emergent Care, be retained as amended. **Adopted.**

Resolution 401-A-19. Resolution 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.**

Resolution 402-A-19. Resolution that TMA 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. **Adopted as amended:**

RESOLVED, That the Texas Medical Association 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 be it further

RESOLVED, That the Texas Medical Association 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.

Resolution 403-A-19. Resolution 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 rapid enough manner that patient care is not delayed. **Adopted as amended:**

RESOLVED, That 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; and be it further

RESOLVED, That 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 be it further

RESOLVED, That 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.

Resolution 404-A-19. Resolution that TMA advocate for the Centers for Medicare & Medicaid Services to include the zoster virus vaccine, hepatitis A vaccine, and meningitis vaccine, and administration of these vaccines in its fee schedule. **Adopted as amended:**

RESOLVED, 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.

Resolution 405-A-19. Resolution that TMA advocate reducing the higher cost of medications by supporting negotiation of drug prices for Medicare and Medicaid. **Adopted.**

Resolution 407-A-19. Resolution that insurance companies and managed care companies, including companies managing governmental insurance plans (“payers”), compensate physicians for the time that physicians and their staff spend on “non-care services,” including, but not limited to, authorization and preauthorization for coverage and payment for prescriptions, laboratory tests, radiology tests, procedures, surgeries, hospitalizations, and physician visits; as well as the gathering, compilation, and submission of medical records and data. Such compensation shall be promptly paid in full by payers to physicians at a level commensurate with the education, training, and expertise of the physician. Payment should be at a rate comparable to the most highly trained professionals. The physician shall bill the payers for time spent by the physician and his or her staff in performing “non-care services.” Billable time for “non-care services” includes, but is not limited to, time spent filling out forms, reviewing the patient’s medical record, gathering patient-related data, making telephone calls (including time spent negotiating “phone trees” and hold time), documenting in the patient’s medical record, communicating with the patient, including telemedicine in all its forms, altering treatment plans (such as changing medications to comply with formularies), printing, copying, and faxing. Upon receiving such a bill, the payers shall pay the physician promptly, with significant interest penalties assessed for delay in payment. Since “non-care services” benefit the insurance companies, compensation owed to physicians for “non-care services” should not be billable to patients. **Adopted as amended:**

RESOLVED, That the Texas Medical Association form a task force including 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.

Resolution 408-A-19. Resolution 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; and (3) the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates. **Adopted as amended:**

RESOLVED, That 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; and be it further

RESOLVED, That 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 be it further

RESOLVED, That the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates.

Resolution 409-A-19. Resolution 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.**

Resolution 410-A-19. Resolution 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.**

Resolution 411-A-19. Resolution that resolution resolves that: (1) TMA support policy that electronic health record (EHR) vendors assist in completing a data transfer and that all data be given to the physician in an industry-recognized, nonproprietary format immediately upon termination of the contract or when the EHR vendor goes out of business; and (2) 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:**

RESOLVED, That TMA 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 be it further

RESOLVED, That 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.

Resolution 412-A-19. Resolution 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.**

Resolution 413-A-19. Resolution that: (1) TMA study the positive and negative effects of potential programs for Texans to obtain safe, cost-effective prescription drugs from outside the United States; (2) the Texas Delegation to the American Medical Association ask the AMA to study current state and federal laws and regulations regarding obtaining prescription drugs from outside the United States; and (3) the Texas Delegation to the AMA ask the AMA to study the implications of a prescription drug importation program that allows for patient purchase or wholesale purchase by the state Medicaid agency given that it (a) poses no additional risk to the public's health and safety, and (b) results in a significant reduction in the cost of covered products, as pursuant to Section 804 of the Federal Food, Drug and Cosmetic Act. **Adopted as amended:**

RESOLVED, 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.

Resolution 414-A-19. Resolution that TMA advocate for examining the financial factors contributing to rural hospital closures. **Adopted as amended:**

RESOLVED, 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.

Resolution 415-A-19. Resolution that: (1) TMA support state efforts to increase the reimbursement rate of buprenorphine to better reflect its actual cost and medication-assisted treatment overhead costs to physicians; (2) TMA support the elimination of preauthorization requirements for insured patients with opioid use disorders seeking buprenorphine treatment; and (3) TMA support the elimination of physician waiver requirements to prescribe buprenorphine to patients diagnosed with opioid use disorder. **Adopted as amended:**

RESOLVED, That the Texas Medical Association 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 be it further

RESOLVED, That TMA support the elimination of preauthorization requirements for insured patients with opioid use disorders seeking buprenorphine treatment.

Resolution 416-A-19. Resolution 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.**