

2020 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:

BOT Report 9 2020 – Online Communications Policy for TMA Physician Leaders. That TMA adopt the Online Communications Policy for Texas Medical Association Physician Leaders. **Adopted as amended.**

REFERRED TO: Add to policy compendium.

STATUS:

WIM Report 1 2020 – Women in Medicine Operating Procedures Changes. That TMA: (1) adopt the section’s operating procedures; and (2) approve the section’s name change from “Women in Medicine Section” to “Women Physicians Section.” Amend the section’s operating procedures to reflect this change, and amend Chapter 3, House of Delegates, Section 3.25, 3.255 Women in Medicine Section, to reflect this change. **Adopted.**

REFERRED TO: (1) Office of the EVP and (2) Council on Constitution and Bylaws

STATUS:

C-SPH Report 1 2020 – Recommendation for the Laurance N. Nickey, MD Award. That TMA: (1) create the Laurance N. Nickey, MD, Lifetime Achievement Award; and (2) the recipient be selected by the Council on Science and Public Health and be awarded every three to five years. **Adopted.**

REFERRED TO: Council on Science and Public Health

STATUS:

C-OL Report 1 2020 – Physicians Dispensing of Prescriptions, Resolution 107-A-19. That policy 95.034, Legislation to Allow Physicians to Dispense Pharmaceuticals, be reaffirmed in lieu of Resolution 107-A-19. **Adopted.**

REFERRED TO: Add to policy compendium.

STATUS:

BOT Report 10 2020 – Establish a Coalition of Medical Societies to Protect Competition and sustainability in the Health Insurance Marketplace, Resolution 106-A-19. That TMA not adopt Resolution 106-A-19, Establish a Coalition of Medical Societies to Protect Competition and Sustainability in the Health Insurance Marketplace. **Tabled to 2021.**

STATUS: **TABLED TO 2021**

1 **BOT Report 12 2020 – Physicians in Employed Settings.** That TMA: (1) pilot a forum for physicians in
2 employed settings, combining virtual communications with in-person programming at TexMed 2021; and (2)
3 approve the evaluation and implementation of priorities and services, with assignment to appropriate
4 councils, committees, and staff units. **Tabled to 2021.**

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6 **STATUS: TABLED TO 2021**

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8 **BOC Report 4 2020 – Licensure Status on TMA Membership Applications, Resolution 109-A-19.** That
9 TMA not adopt Resolution 109-A-19, Licensure Status on TMA Membership Applications. **Tabled to 2021.**

10
11 **STATUS: TABLED TO 2021**

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13 **CM-M Report 2 2020 – New Telemedicine TMA Dues Category.** That TMA: (1) create a new
14 telemedicine membership category at one half of TMA full active dues; and (2) if approved, that the TMA
15 Board of Trustees direct the Council on Constitution and Bylaws to recommend the necessary bylaw
16 amendments. **Tabled to 2021.**

17
18 **STATUS: TABLED TO 2021**

19
20 **Resolution 101 2020 – The Creation of an Independent Physician Section.** That: (1) TMA take steps to
21 create a section dedicated to help meet the unique needs of physicians in private practice who reside in this
22 state; and (2) the Texas Delegation to the American Medical Association take a similar resolution to the
23 AMA House of Delegates for consideration. **Tabled to 2021.**

24
25 **STATUS: TABLED TO 2021**

26
27 **Resolution 102 2020 – Expansion of TMA Ambassador Program.** That: (1) TMA express its gratitude for
28 the Ambassador Program; and (2) TMA allocate additional resources so the Ambassador Program is able to
29 add at least two new continuing medical education topics each year to its list of presentations that are
30 currently available. **Tabled to 2021.**

31
32 **STATUS: TABLED TO 2021**

33
34 **Resolution 103 2020 – A Systematic and Precise Method for AMA Public Endorsements of Proposed**
35 **Legislation.** That the Texas Delegation to our AMA introduce a resolution to the AMA House of Delegates
36 that calls upon AMA to (1) avoid giving general, nonspecific public endorsements of large, omnibus national
37 health care legislation; (2) instead, develop and adopt a more precise endorsement mechanism that can better
38 inform the public of the specific provisions within the proposed legislation, the strength of any underlying
39 evidence, and the AMA position of support or opposition; and (3) maintain an emphasis on the most
40 problematic elements of a bill, present or omitted, that AMA finds to be likely detrimental to the quality or
41 sustainability of our health care system, freedom of choice and practice. **Tabled to 2021.**

42
43 **STATUS: TABLED TO 2021**

44
45 **Resolution 104 2020 – The Term Physician Should Be Used Rather Than Provider.** That: (1) TMA, in
46 its publications, policies, and conferences, shall cease using the term “provider” to describe physicians,
47 substituting “physician,” “resident,” “fellow” or other term that recognizes the education, training, and
48 experience of its members; (2) TMA encourage physicians, its local components, and the media to use the
49 term “physician” instead of “provider” when describing physicians; and (3) TMA refer the process of
50 creating a formal position paper for the use of the term “provider” to the most suited committee or council.
51 **Referred for action with report back.**

52

1 **REFERRED TO:** TMA Board of Trustees

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3 **STATUS:**

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5 **Resolution 105 2020 – Supporting Proportionate Representation of Special Interest Groups.** That: (1)
6 TMA study the proportionate representation of special interest groups such as LGBTQ+ and
7 underrepresented minorities among active osteopathic and allopathic TMA physician members; and (2)
8 TMA create mechanisms like advisory committees or special interest subcommittees that increase interest
9 and involvement in organized medicine among individuals who fall into special interest group strata on both
10 a state and a county medical society level. **Tabled to 2021.**

11
12 **STATUS:** **TABLED TO 2021**

13
14 **Resolution 106 2020 – Physician and Medical Student Promotion in Exchange for Gifts on Social**
15 **Media.** That: (1) TMA amend policy 9.6.2 Gifts to Physicians from Industry; and (2) TMA inform physician
16 members of appropriate social media marketing practices related to this amendment through the relevant
17 member channels. **Tabled to 2021.**

18
19 **STATUS:** **TABLED TO 2021**

20
21 **Resolution 107 2020 – Educating Physicians on the Rights of Immigrant Patients.** That: (1) TMA
22 advocate for the adoption by health care facilities of policies that protect the rights of immigrants when
23 seeking care, such as designation of private areas of the clinic, and discourage routine collection of patient
24 immigration status information; and (2) TMA support the education of physicians, health care providers, and
25 patients about their rights when seeking medical care, such as their right to refuse to answer questions from
26 immigration agents and to insist that their lawyer be present if they are questioned. **Tabled to 2021.**

27
28 **STATUS:** **TABLED TO 2021**

29
30 **Resolution 108 2020 – For the Creation of a Physician-Led Public Outreach and Education**
31 **Organization to Defend the Integrity of the Medical Profession and Advocate for Sustainable,**
32 **Evidence-Based Healthcare Policy.** That: (1) TMA, in collaboration with other medical societies, create
33 and support a permanent, physician-led, independently funded public outreach entity to use multiple media
34 platforms (conventional, online, and social media) to engage the public, share information, promote an
35 educated dialogue, advocate for evidenced-based, incremental, and sustainable health care policy and defend
36 the integrity of the medical profession; and (2) the Texas Delegation to the American Medical Association
37 carry a similar resolution to the AMA House of Delegates which calls upon the AMA to support the
38 aforementioned permanent, physician-led, independently funded public outreach entity. **Tabled to 2021.**

39
40 **STATUS:** **TABLED TO 2021**

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

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44 **C-ME Report 1 2020 – Amendment to Policy 185.023 Support of Rural.** That policy 185.023 be
45 amended to support TMA advocacy for a minimum of \$1 million in state funding in the 2022-23 state budget
46 to allow the state's Rural Resident Physician Grant Program to become operational. **Adopted.**

47 **REFERRED TO:** Add to policy compendium and Council on Legislation.

48
49 **STATUS:**

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1 **C-ME Report 3 2020 – Opposition to Diversion of Medicare Funding for Graduate Medical Education**
2 **From Physicians to Training Programs for Midlevel Practitioners.** That: (1) TMA adopt new policy
3 opposing diversion of Medicare funding for graduate medical education to training programs for midlevel
4 practitioners; and (2) the Texas Delegation to the American Medical Association take a resolution to the
5 AMA House of Delegates to adopt policy that opposes the diversion of Medicare funding for graduate
6 medical education from physicians to training programs for advanced practice registered nurses and
7 physician assistants. **Adopted as amended.**
8

9 **REFERRED TO:** (1) Add to policy compendium; and (2) Texas Delegation to the AMA
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11 **STATUS:**
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13 **CM-PDHCA Report 1 2020 – Support for Interest-Free Deferment of Education Loans for Residents**
14 **in Training.** That TMA adopt new policy supporting interest-free deferment of education loans for residents
15 in training. **Adopted.**
16

17 **REFERRED TO:** Add to policy compendium.
18

19 **STATUS:**
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21 **Joint Report 1 2020 – Initial Assessment and Treatment Recommendations by Specialists, Resolution**
22 **108-A-19.** That Resolution 108-A-19, Initial Assessment and Treatment Recommendation by Specialists, be
23 referred for further study to the Council on Health Care Quality and the Interspecialty Society Committee
24 with a report back at TexMed 2021. **Adopted.**
25

26 **REFERRED TO:** Council on Health Care Quality and Interspecialty Society Committee
27

28 **STATUS:**
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30 **C-ME Report 4 2020 – Amendments to Policy 200.047 Clinical Training Resources for Texas Medical.**
31 **That policy 200.047, Clinical Training Resources for Texas Medical Students, be amended. Adopted.**
32

33 **REFERRED TO:** Add to policy compendium and Council on Legislation.
34

35 **STATUS:**
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37 **C-ME Report 5 2020 – Amendment of Policy 320.007 Town Gown Medical School Funding.** That
38 policy 320.007, Town Gown Medical School Funding, be amended. **Adopted.**
39

40 **REFERRED TO:** Add to policy compendium.
41

42 **STATUS:**
43

44 **C-ME Report 7 2020 – Referral of Res. 211-A-19, The Integration of LGBTQ Health Topics into**
45 **Medical Education.** That TMA adopt new policy in lieu of Resolution 211-A-19. **Adopted as amended.**
46

47 **REFERRED TO:** Add to policy compendium and Council on Medical Education.
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49 **STATUS:**
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1 **C-ME Report 6 2020 – Referral of Resolution 202-A-18 Addressing Gender Bias in Undergraduate**
2 **Medical Education and Implicit Bias Training.** That TMA adopt new policy in lieu of Resolution 202-A-
3 18. **Tabled to 2021.**

4
5 **STATUS: TABLED TO 2021**

6
7 **Resolution 201 2020 – Augmented Intelligence (AI) in Health Care.** That (1) the TMA Council on
8 Socioeconomics, TMA Committee on Health Information Technology, and TMA Council on Medical
9 Education collaboratively study the effects of augmented intelligence (AI) on health care in Texas; and (2)
10 TMA ensure this effort includes guidance on how physicians may be affected and how physicians may
11 prepare for the challenges and the opportunities AI creates. **Tabled to 2021.**

12
13 **STATUS: TABLED TO 2021**

14
15 **Resolution 202 2020 – Admission of Deferred Action for Childhood Arrivals (DACA) Students in**
16 **Texas Medical Schools.** That TMA encourage Texas medical schools to implement admissions policies that
17 allow admission of DACA students, for as long as the DACA program is intact. **Tabled to 2021.**

18
19 **STATUS: TABLED TO 2021**

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21 **Resolution 203 2020 – Supporting Implicit Bias Training for Perinatal Physicians.** That TMA advocate
22 for and support the use of implicit bias training for perinatal physicians in order to improve maternal health
23 outcomes. **Tabled to 2021.**

24
25 **STATUS: TABLED TO 2021**

26
27 **Resolution 204 2020 – Promoting Careers in Geriatrics Among Medical Students.** That: (1) TMA
28 recognize and support the need for more geriatricians by providing medical students educational information
29 concerning geriatrics and its opportunities to encourage them to become involved in geriatrics; and (2) TMA
30 support the efforts of medical schools in fostering interest in geriatrics through interest groups and
31 shadowing opportunities. **Tabled to 2021.**

32
33 **STATUS: TABLED TO 2021**

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35 **Resolution 205 2020 – Service Animal Assisted Therapy in Healthcare.** That: (1) TMA encourage
36 physicians to use Americans With Disabilities Act material concerning service animals in their inpatient and
37 outpatient settings as a part of their patients' therapeutic plans; and (2) TMA support the provision of
38 resources in the community to individuals with service animals to inform them how their service animals can
39 be part of a therapeutic plan to better treat their medical needs. **Tabled to 2021.**

40
41 **STATUS: TABLED TO 2021**

42
43 **Resolution 206 2020 – Amending the Mental Health Question on Physician Licensure Application to**
44 **Reflect Current Impairment.** That: (1) TMA support policy change as it relates to the Texas Medical
45 Board licensure process, such that only current or active mental health conditions need be reported; and (2)
46 TMA support policy and judicial decisions in line with the American Medical Association, such that
47 physicians are not required to disclose previous treatment for mental health conditions but are evaluated
48 solely on performance and current impairment. **Tabled to 2021.**

49
50 **STATUS: TABLED TO 2021**

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52 FROM REFERENCE COMMITTEE ON SCIENCE AND PUBLIC HEALTH:

1
2 **C-SPH Report 4 2020 – Requirement for Food Allergy Posters and Employee Training in Food**
3 **Establishments, Resolution 304-A-19.** That in lieu of adopting Resolution 304-A-19 that: (1) TMA
4 encourages statewide efforts to increase the general public’s food allergen awareness in all food service
5 establishments, including dissemination of information on the list of major food allergens, the risk of an
6 allergic reaction, methods to prevent cross-contamination in food preparation, and the signs and symptoms
7 associated with anaphylaxis with instructions to call 911; and (2) TMA supports efforts to strengthen food
8 service employee training provided by the Texas Department of State Health Services on food allergy
9 awareness, and to include information on the list of major food allergens, methods to prevent cross-
10 contamination in food preparation, and the signs and symptoms associated with anaphylaxis with instructions
11 to call 911. **Adopted.**

12
13 **REFERRED TO:** Add to TMA policy compendium.

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15 **STATUS:**

16
17 **CM-C Report 1 2020 – Addressing Cancer Health Disparities.** That: (1) TMA adopt new policy
18 addressing cancer health disparities; and (2) TMA convene a cross-component workgroup to study and
19 develop policy on disparities in health care. **Adopted.**

20
21 **REFERRED TO:** (1) Add to policy compendium; and (2) Committee on Cancer

22
23 **STATUS:**

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25 **Joint Report 2 2020 – Regulation of Electric Scooters, Resolution 308-A-19.** That: (1) TMA develop a
26 policy for electronic scooters like TMA Policy 55.021 Bicycle Helmets; (2) TMA support the use of
27 geofencing in cities where electric scooters are used to reduce speeds and therefore the impact of collisions;
28 (3) TMA develop and support policy that prevents the use of electric scooters while under the influence of
29 drugs or alcohol. Such policy should include holding electric scooter users to motor vehicle blood-alcohol-
30 content standards, making e-scooter users eligible for a driving under the influence charge when applicable,
31 and supporting state or city councils implementation of curfew hours by turning off scooters, for example,
32 from midnight to 5 a.m. on weekends, to prevent riding while intoxicated; (4) TMA support the use of
33 brightly colored, neon, or reflective materials on electric scooters to make them more visible to those
34 operating motor vehicles in the vicinity; (5) TMA expand its opposition to the use of electronic handheld
35 devices while operating a motor vehicle to include electric scooters. Electric scooters should build
36 infrastructure compatible with using an electronic map hands-free if that is a consumer need; (6) TMA
37 support regulating only one rider at a time on scooters to ensure riders can hold the handlebars; and (7) TMA
38 support parking fines or impounding when riders block the sidewalk or other pedestrian routes with scooters.
39 **Adopted.**

40
41 **REFERRED TO:** Council on Science and Public Health

42
43 **STATUS:**

44
45 **C-SPH Report 3 2020 – Improving Medical Clearance Policies for Traumatic Brain Injury Patients,**
46 **Resolution 303-A-19.** That: (1) TMA support and promote the Texas Medical Advisory Board process by
47 increasing physician awareness and TMA member participation on the Medical Advisory Board to ensure
48 adequate representation, and support potentially needed expansion of this important public service to Texas;
49 (2) TMA promote physicians’ awareness of their ability to report their patients to law enforcement or the
50 Department of Public Safety with concerns regarding their patient’s ability to safely drive or possess
51 firearms; and (3) TMA promote a review of the funding of the Medical Advisory Board by the Texas
52 Legislature to assess the potential for expanding the scope of this key public service. **Tabled to 2021.**

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2 **STATUS:** **TABLED TO 2021**
3

4 **C-SPH Report 5 2020 – Allow the Possession and Administration of an Epinephrine Auto-Injector in**
5 **Certain Entities, Resolution 305-A-19.** That: (1) TMA monitor and confer with the Texas Department of
6 State Health Services as it convenes the new Food Allergy Ad Hoc Committee, as well as develop and share
7 information for members on the role of this new ad hoc group; (2) TMA members be informed of
8 opportunities to be engaged in, monitor, and contribute to the important work of the standing DSHS Stock
9 Epinephrine Advisory Committee; (3) That TMA members be made aware of entities in their communities
10 that may seek physician support in developing standing orders and providing prescriptions for unassigned
11 auto-injectors in various settings; and (4) TMA develop communications for physicians on the expansion of
12 access to unexpired auto-injectors in various public settings. **Tabled to 2021.**
13

14 **STATUS:** **TABLED TO 2021**
15

16 **Joint Report 3 2020 – Regulatory Recommendations for Bed Bugs, Resolution 307-A-19.** That: (1)
17 TMA support the joint statement by the Centers for Disease Control and Prevention and the Environmental
18 Protection Agency (EPA), which defines bed bugs as a pest of significant public health importance and
19 recognizes that bed bugs are a continuing problem for residents in the state of Texas; (2) TMA encourage the
20 further development of effective and affordable pest treatment options and expanded access to current
21 evidence-based options approved by EPA or other reputable entities; (3) TMA supports better public and
22 physician education on bed bug identification, treatment, and threats to public health; (4) TMA supports
23 additional research on bed bug incidence to the extent that is practical and feasible and in line with methods
24 used for similar public health pests; and (5) TMA encourages municipal efforts to implement measures based
25 on the published integrated pest management approaches and on other evidence-based examples for bed bug
26 treatment practices. **Tabled to 2021.**
27

28 **STATUS:** **TABLED TO 2021**
29

30 **Resolution 301 2020 – Advocating Against Electronic Nicotine Delivery Systems (ENDS).** That: (1)
31 TMA educate its members on the various aspects of e-cigarette use through ongoing CME and articles in
32 Texas Medicine Today; (2) TMA advocate for legislation that bans the sale of flavored, mint, and menthol
33 tobacco products including both e-cigarette products and combustible products; (3) TMA advocate against
34 social media companies using influencers to advertise electronic nicotine delivery systems; and (4) TMA
35 advocate against the sale of e-cigarettes and their component products and accoutrements at retail clinics.
36 **Tabled to 2021.**
37

38 **STATUS:** **TABLED TO 2021**
39

40 **Resolution 302 2020 – Elimination of Human Abuse and Persecution.** That: (1) TMA urge the Texas
41 Legislature to make laws to protect physicians from persecution in passing confidential information without
42 personal liability to various governmental agencies; (2) TMA encourage physicians to make inquiry into
43 patients' well-being a matter of routine medical practice; and (3) TMA urges physician to document
44 instances of alleged abuse or persecution in the patient's medical records. **Tabled to 2021.**
45

46 **STATUS:** **TABLED TO 2021**
47

48 **Resolution 303 2020 – Use of Human Tissue for Beneficial Applications.** That TMA study and make
49 active recommendations for a safe harbor in Texas allowing certified entities that have nonfetal tissue and
50 non-whole-organ human tissue waste from a consenting adult patient to use the tissue strictly for research
51 purposes and clinical diagnostics. **Tabled to 2021.**
52

1 **STATUS: TABLED TO 2021**

2
3 **Resolution 304 2020 – Improving Physician Access to Immigrant Detention Facilities.** That: (1) TMA
4 advocate for community physician access to provide medical care in both U.S. Customs and Border
5 Protection and U.S. Immigration and Customs Enforcement immigrant detention facilities; and (2) TMA
6 advocate for the right of community physicians to contact health care providers working in the immigrant
7 detention facilities, in accordance with HIPAA, to ensure continuity of care for patients transferred to other
8 health care facilities or released from custody. **Tabled to 2021.**

9
10 **STATUS: TABLED TO 2021**

11
12 **Resolution 305 2020 – Suicide Prevention Education in Medical School.** That: (1) TMA support
13 integrating validated suicide prevention training programs into the curriculum of preclinical students in
14 Texas medical schools in accordance with Association of American Medical Colleges interpersonal,
15 intrapersonal, and science competences for medical students, and Liaison Committee on Medical Education
16 and Commission on Osteopathic College Accreditation standards; and (2) TMA recognize the importance of
17 studying suicide identification and prevention training programs in order to develop the most efficacious
18 method of training for Texas students. **Tabled to 2021.**

19
20 **STATUS: TABLED TO 2021**

21
22 **Resolution 306 2020 – Facilitating Brain and other Postmortem Tissue Donation for Research and**
23 **Educational Purposes.** That: (1) TMA support the production and distribution of educational materials
24 regarding the importance of postmortem brain tissue donation for the purposes of medical research and
25 education; (2) TMA encourage the inclusion of additional information and consent options for brain tissue
26 donation for research purposes on appropriate donor documents; (3) TMA encourage all persons to consider
27 consenting to brain and other tissue donation for research purposes; and (4) TMA encourage efforts to
28 develop and improve logistical frameworks for the procurement and transit of postmortem tissue for research
29 and educational purposes. **Tabled to 2021.**

30
31 **STATUS: TABLED TO 2021**

32
33 **Resolution 307 2020 – Decommissioning Existing and Not Constructing New Wastewater Treatment**
34 **Plants in or Near Flood Plains and Waterways.** That TMA support the need for local, county, and state
35 governmental entities to decommission existing and not construct new wastewater treatment plants in or near
36 flood plains and waterways. **Tabled to 2021.**

37
38 **STATUS: TABLED TO 2021**

39
40 **Resolution 308 2020 – Recurrent Flooding in Texas Must Be Resolved.** That TMA support the need for
41 local, county, and state governmental entities to commit the necessary resources and responsibility to
42 effectively eliminate recurrent flooding in Texas. **Tabled to 2021.**

43
44 **STATUS: TABLED TO 2021**

45
46 **Resolution 309 2020 – Education and Action to Arrest the Effects of Climate Change on Health.** That:
47 (1) TMA educate its members, Texas and federal policymakers, and the public on the scientific evidence
48 about the causes and the impact of climate change on the health of Texans, the seriousness of these threats,
49 and nonpartisan evidence-based remedies; (2) TMA advocate for nonpartisan evidence-based remedies for
50 climate change and include in its communications on budgetary priorities the future needs of state
51 preparedness for the effects of climate change on human health, such as increased ferocity of natural
52 disasters and more frequent infectious disease outbreaks by vector-borne diseases and dangerous new

1 viruses; and (3) the substance of the education and advocacy shall be managed through the established
2 mechanisms of the TMA Council on Science and Public Health and the Council on Legislation. **Tabled to**
3 **2021.**

4
5 **STATUS: TABLED TO 2021**

6
7 **Resolution 310 2020 – Access to Direct-acting Antiviral Therapy for Texas Medicaid Beneficiaries**
8 **Infected with Hepatitis C.** That TMA create policy using the following language: The Texas Medical
9 Association supports and will advocate for removing the requirement that a Texas Medicaid beneficiary
10 infected with hepatitis C virus have liver fibrosis before being eligible to receive direct-acting antiviral
11 therapy. **Tabled to 2021.**

12
13 **STATUS: TABLED TO 2021**

14
15 **Resolution 311 2020 – Advocating for the Improvement of Access to Mental Health Services Among**
16 **Minority Teens.** That: (1) TMA advocate for culturally informed mental health outreach and services to
17 increase utilization by minority youths in schools, including advocating for an increase in the number of
18 minority mental health professionals; (2) TMA advocate for school districts to incorporate best practices to
19 reduce biases including those against minority students facing mental health and behavioral disorders; and
20 (3) TMA advocate for increased data collection of mental health intervention outcomes among minority
21 adolescents. **Tabled to 2021.**

22
23 **STATUS: TABLED TO 2021**

24
25 **Resolution 312 2020 – Support for the Texas-CARES Program.** That: (1) TMA shall investigate options,
26 identify strategies, and support ongoing efforts to sustain the Texas Cardiac Arrest Registry to Enhance
27 Survival (Texas-CARES) Program in order to collect data on out-of-hospital cardiac arrest (OHCA)
28 incidence, 9-1-1 response, emergency medical services (EMS) treatment, and patient outcomes; (2) TMA
29 work with state, regional, and local EMS organizations, universities, hospitals, public health entities,
30 communities, and the Texas Legislature to support the Texas-CARES registry and quality improvement
31 program in order to maximize survival after OHCA; (3) TMA work to ensure that the state of Texas shall
32 own the data collected by the Texas CARES registry; (4) TMA support adding sudden cardiac arrest as a
33 reportable condition in Texas; and (5) the Texas Delegation to the American Medical Association carry a
34 similar resolution to the AMA House of Delegates for consideration. **Tabled to 2021.**

35
36 **STATUS: TABLED TO 2021**

37
38 **Resolution 313 2020 – Advocating for Increased Capacity of Local State Mental Health Facilities and**
39 **Coordination of Behavioral Health Services.** That: (1) TMA advocate for increased funding and capacity
40 for in-patient psychiatric beds throughout Texas with a priority emphasis in areas that lack local access to
41 mental health facilities; (2) TMA policy 215.019 Public Mental Health Care Funding be amended; and (3)
42 TMA policy 55.033 Children’s Mental and Behavioral Health be amended. **Tabled to 2021.**

43
44 **STATUS: TABLED TO 2021**

45
46 **Resolution 314 2020 – Required Platelet Products at a Facility in Maternal Levels of Care Designation.**
47 Resolution TMA that work with appropriate authorities at the Texas Department of State Health Services in
48 reevaluating the requirement for platelets on site at all facilities providing maternal care with a designation of
49 level of care II through IV and remove this onerous requirement. **Tabled to 2021.**

50
51 **STATUS: TABLED TO 2021**

52

1 **Resolution 315 2020 – Designating Texas Hospitals as Sensitive Locations.** That: (1) TMA oppose U.S.
2 Immigration and Customs Enforcement from operating in hospitals; (2) TMA advocate for state legislation
3 that designates hospitals as sensitive locations where U.S. Immigration and Customs Enforcement cannot
4 operate; and (3) TMA encourage hospitals to publicize their status as sensitive locations to interested parties.
5 **Tabled to 2021.**

6
7 **STATUS: TABLED TO 2021**
8

9 **Resolution 316 2020 – Concurrent Prescribing of Opioid Antagonists with Opioid Prescriptions.** That:
10 (1) TMA support concurrent prescribing (coprescription) of naloxone (or other opioid antagonists) with
11 prescriptions and refills of opioids in alignment with the Centers for Disease Control and Prevention
12 naloxone coprescription guidelines; (2) TMA support the implementation of an automatic opioid-opioid
13 antagonist coprescription risk index support tool within electronic health record (EHR) management
14 systems; and (3) the TMA Committee on Health Information Technology research and recommend
15 pragmatic implementation of automatic opioid-opioid antagonist coprescription suggestions within HER
16 management systems to EHR vendors. **Tabled to 2021.**

17
18 **STATUS: TABLED TO 2021**
19

20 **Resolution 317 2020 – Employee Rights to Lactation Accommodation.** That: (1) TMA develop model
21 legislation extending employee lactation accommodation rights to employees of private companies and
22 companies of fewer than 50 staff members; (2) TMA amend policy 140.008; (3) TMA develop model
23 legislation extending employee lactation accommodation rights to employees of private companies and
24 companies of fewer than 50 staff members. **Tabled to 2021.**

25
26 **STATUS: TABLED TO 2021**
27

28 **Resolution 318 2020 – Updating Texas Medical Association Teenage Sexual Health Guidelines.** That:
29 (1) TMA encourage its members to engage with their local
30 communities and local school boards to develop comprehensive sexual education programs for
31 adolescents that do not teach abstinence as the only effective practice to reduce the risk of unintended
32 pregnancy or sexually transmitted infections; and (2) TMA amend policy 55.016, Sexuality Education.
33 **Tabled to 2021.**

34
35 **STATUS: TABLED TO 2021**
36

37 **Resolution 319 2020 – Supporting an Opt-Out Organ, Eye, and Tissue Donation System in Texas.**
38 That: (1) TMA adopt new policy to support an opt-out organ, eye, and tissue donation system in Texas; and
39 (2) TMA amend Policy 280.010 Physician Role in Promoting Organ and Tissue Donation and
40 Transplantation. **Tabled to 2021.**

41
42 **STATUS: TABLED TO 2021**
43

44 **Resolution 320 2020 – Maternal Health and Postpartum Depression Screening.** That: (1) TMA
45 encourage implementation of postpartum depression screenings as routine protocol for perinatal and
46 postnatal women in health care settings; and (2) TMA promote education regarding postpartum depression
47 screenings to primary care physicians who are in contact with perinatal and postpartum women. **Tabled to**
48 **2021.**

49
50 **STATUS: TABLED TO 2021**
51

1 **Resolution 321 2020 – Saving Energy, Reducing Costs and Increasing Efficiency in Medical Practices.**
2 That: (1) TMA adopt and recommend energy conservation guidelines for Texas medical practices; (2) TMA
3 partner with the My Green Doctor initiative and promote its guidelines to physicians and health care
4 providers in Texas; and (3) TMA promote education for green practices for physicians and health care
5 providers in Texas. **Tabled to 2021.**

6
7 **STATUS: TABLED TO 2021**
8

9 **Resolution 322 2020 – Recommendation for the Use of Low Titer Group O Whole Blood for**
10 **Hemorrhagic.** That: (1) TMA support the use of low titer group O whole blood as the optimal blood product
11 in hemorrhagic shock for use in the prehospital setting; and (2) TMA support the use of low titer group O
12 whole blood as the optimal blood product in hemorrhagic shock for use in the hospital setting. **Tabled to**
13 **2021.**

14
15 **STATUS: TABLED TO 2021**
16

17 **Resolution 323 2020 – Recognizing the Effect of Climate Change on Public Health.** That TMA concur
18 with the scientific consensus that the Earth is undergoing adverse global climate change with anthropologic
19 contributions, and acknowledge that climate change will increasingly affect public health, with
20 disproportionate impacts on vulnerable populations such as the children, elderly, and people of low
21 socioeconomic status. **Tabled to 2021.**

22
23 **STATUS: TABLED TO 2021**
24

25 **Resolution 324 2020 – Mandatory Waiting Period for Firearm Purchases.** That TMA advocate for
26 mandatory waiting periods following the purchase of firearms to reduce firearm-related injuries and deaths.
27 **Tabled to 2021.**

28
29 **STATUS: TABLED TO 2021**
30

31 **Resolution 325 2020 – Promoting and Improving Health Literacy.** That: (1) TMA recognize that
32 inadequate patient health literacy is a barrier to effective medical diagnosis and treatment; (2) TMA
33 recommend the adoption of a health literacy policy at all health care institutions that should aim to improve
34 physician and other health care professional communication and educational approaches to patient visits; and
35 (3) TMA encourage the allocation of public and private funds for research on health literacy as well as the
36 development of low-cost community and health system resources focused on improving health literacy.
37 **Tabled to 2021.**

38
39 **STATUS: TABLED TO 2021**
40

41 **Resolution 326 2020 – Pediatric Iron Deficiency Anemia Treatment and Diagnosis Guidelines.** That
42 TMA support collaboration of qualified stakeholders to develop standard practice guidelines for diagnosis
43 and treatment of childhood iron deficiency anemia that empower primary care physicians to exhaust
44 treatment and care options within their scope before issuing subspecialty referrals. **Tabled to 2021.**

45
46 **STATUS: TABLED TO 2021**
47

48 **Resolution 327 2020 – Improving Access to Immediate Postpartum Long-Acting Reversible**
49 **Contraception for Adolescents.** That: (1) TMA supports increased funding for long-acting reversible
50 contraceptives and other prescriptive contraceptives for women who do not qualify for services under the
51 Healthy Texas Women Program and Texas Family Planning Program and who do not have reliable access to
52 Title X funded clinics; (2) TMA supports and advocates for the reduction of the age at which a minor can

1 access prescriptive contraceptives, including long acting reversible contraceptives, without parental consent
 2 from either a) 18 to 17, to match the Texas age of consent, or b) from 18 to 15, to accommodate the entire
 3 age group of adolescents who are at increased risk of teenage pregnancy within the state of Texas; and (3)
 4 TMA advocates for the expansion of the Texas “mature minor” doctrine described in TMA Policy 55.004
 5 Adolescent Sexual Activity to include access to contraceptive options, such as prescriptive birth control
 6 methods (i.e. oral contraceptives, shots, and intrauterine devices), and sexual health services (i.e. pap smears
 7 and treatment for urinary tract infections) without parental consent. **Tabled to 2021.**

8
 9 **STATUS: TABLED TO 2021**

10
 11 **Resolution 328 2020 – Lowering the Legal Age for Minors to Access Contraceptive Services.** That: (1)
 12 TMA support lowering the legal age at which a minor can access contraceptives without a guardian or
 13 parental consent to at least the age of 17; and (2) TMA continue to support initiatives, programs, and funding
 14 that eliminate barriers to adolescents accessing reproductive health care. **Tabled to 2021.**

15
 16 **STATUS: TABLED TO 2021**

17
 18 **Resolution 329 2020 – Flu Vaccinations in Immigrant Holding Facilities at the Border.** That: (1) TMA
 19 support legislation increasing vaccine availability in immigrant holding facilities; and (2) TMA acknowledge
 20 the importance vaccinations for the health of immigrants in holding facilities on the border, which can also
 21 directly affect the health of Texas citizens. **Referred for action with report back.**

22
 23 **REFERRED TO: TMA Board of Trustees.**

24
 25 **STATUS:**

26
 27 **Resolution 330 2020 – Expanding Access to Regularly-Scheduled Dialysis for All Individuals with**
 28 **ESRD.** That: (1) TMA support existing municipal, county, and state programs that allow undocumented
 29 immigrants with end-stage renal disease (ESRD) to receive regularly scheduled dialysis; (2) TMA support
 30 universal access to nonemergency, regularly scheduled dialysis as a humane and cost-effective standard of
 31 care for all individuals with ESRD, regardless of immigration status, for whom dialysis is appropriately
 32 indicated; and (3) TMA collaborate with relevant stakeholders to identify and implement ways to achieve
 33 regularly scheduled dialysis as a standard of care for all individuals with ESRD in Texas. **Tabled to 2021.**

34
 35 **STATUS: TABLED TO 2021**

36
 37 **Resolution 331 2020 – Incorporating Helmet Safety Education to Texas Elementary Schools.** That
 38 TMA amend policy 55.021 Bicycle Helmets to encourage physicians to be informed about the safety of
 39 helmet use for elementary school children cyclists, promote awareness, and share with local school health
 40 and safety advisory committees evidence-based, best practices regarding helmet safety education for
 41 schoolchildren. **Referred for action with report back.**

42
 43 **REFERRED TO: TMA Board of Trustees**

44
 45 **STATUS:**

46
 47 FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

48
 49 **BOT Report 11 2020 – Principles for Community-Based Accountable Care Organization.** That: (1)
 50 TMA adopt Principles for Community-Based Accountable Care Organizations; and (2) TMA actively
 51 promote use of a community-based accountable care organization(s) as the foundation of any future
 52 Medicaid 1115 waiver. **Adopted.**

1
2 **STATUS:** **TABLED TO 2021**
3

4 **CM-PPA Report 3 2020 – Legislative Changes Regarding Vacating Orders.** That TMA seek legislation
5 that would provide that: (1) should an administrative law judge find that the Texas Medical Board (TMB)
6 failed to meet its burden of proof on charges that served as the basis for a temporary suspension or restriction
7 of a physician’s license, TMB shall overturn and vacate the temporary suspension or restriction as soon as
8 practicable and dismiss the case; (2) the effect of an overturned and vacated temporary suspension or
9 restriction, unless specifically appealed by TMB to district court, shall be that the suspension or restriction
10 never happened and never should have happened; and (3) any mention of charges against a physician related
11 to the temporary suspension or restriction shall be removed from the physician’s TMB profile, any related
12 report to the National Practitioner Data Bank voided, and the case dismissed, unless and until a court of law
13 reverses the administrative law judge’s findings of facts and conclusion of law. **Tabled to 2021.**
14

15 **STATUS:** **TABLED TO 2021**
16

17 **Resolution 401 2020 – Insurance Coverage Transparency.** That: (1) TMA for legislation requiring
18 commercial insurance carriers to provide accurate information regarding the patient’s cost-sharing liability
19 and the insurance plan’s liability when a medical office or facility provides the diagnosis codes and Current
20 Procedural Terminology codes via phone or the internet; (2) TMA advocate for legislation requiring
21 commercial insurance carriers to provide updated information at the time of insurance eligibility verification
22 regarding factors that may result in the claim being denied (e.g. the insurance carrier is waiting for the
23 primary policyholder to verify that he or she does not have other health insurance coverage); (3) TMA
24 advocate for legislation requiring commercial insurance carriers to respond to telephone inquiries regarding
25 the patient’s cost-sharing liability by providing accurate information both verbally and via a fax
26 confirmation; (4) TMA advocate for legislation penalizing commercial insurance carriers (via fines and the
27 publication of statistics showing the number of complaints regarding noncompliance by each insurance
28 carrier) for instances where the above information is inaccurate or not provided in a timely manner; and (5)
29 the Texas Delegation to the American Medical Association carry a similar resolution to the AMA House of
30 Delegates. **Tabled to 2021.**
31

32 **STATUS:** **TABLED TO 2021**
33

34 **Resolution 402 2020 – Need for and Funding of Level I and II Trauma Centers.** That TMA work with
35 state officials to determine the number of Level I and Level II trauma centers necessary to support
36 communities of various sizes throughout Texas and to provide necessary funding to make Level I and Level
37 II trauma centers viable with adequate funding for all other service lines. **Tabled to 2021.**
38

39 **STATUS:** **TABLED TO 2021**
40

41 **Resolution 403 2020 – Taxes on Medical Billing Services.** That: (1) TMA oppose the imposition of service
42 and use taxes on processes that are not actually part of delivering a medical service; and (2) TMA work with
43 the Texas Comptroller of Public Accounts and state legislators to resolve and clarify that medical billing,
44 including outsourced billing services, is not the adjudication or practice of insurance, and thus should not be
45 subject to insurance-related sales taxes. **Tabled to 2021.**
46

47 **STATUS:** **TABLED TO 2021**
48

49 **Resolution 404 2020 – Individual Physicians Be Paid While Awaiting Credentialing Approval.** That: (1)
50 TMA adopt as policy that individual physicians should be paid the contracted rate while awaiting approval of
51 their credentials by a health plan; and (2) TMA advocate for legislation that individual physicians be paid by
52 health plans for their services while they are awaiting formal approval of their credentials. **Tabled to 2021.**

1
2 **STATUS: TABLED TO 2021**

3
4 **Resolution 405 2020 – Physicians to Retain Payment During Credentialing.** That: (1) TMA adopt as
5 policy that physicians should not be required to refund the contracted rate should credentialing be denied by
6 a health plan; and (2) TMA advocate to amend, by changing “may recover” to “may not cover,” Texas
7 Insurance Code, Title 8, Health Insurance and Other Health Coverages, Subtitle F. Physicians and Health
8 Care Providers, Chapter 1452 Physician and Provider Credentials, Sect. 1452.106 Effect of Failure to Meet
9 Credentialing Requirements, to state that “the managed care plan issuer may not recover from the applicant
10 physician or the physician’s medical group an amount equal to the difference between payments for in-
11 network benefits and out-of-network benefits.” **Tabled to 2021.**

12
13 **STATUS: TABLED TO 2021**

14
15 **Resolution 406 2020 – Physicians’ Salary Survey.** That TMA work with an established and credible
16 human resources or placement firm to develop, implement, and publish a physicians’ salary survey available
17 to TMA members only that takes into account a variety of factors that affect salary including, but not limited
18 to, specialty, demographics, practice type and size, geographic location, and different types of contractual
19 payment arrangements. **Tabled to 2021.**

20
21 **STATUS: TABLED TO 2021**

22
23 **Resolution 407 2020 – Compensation to Physicians for Activities Other Than Direct Patient Care.** That
24 TMA adopt policy that payers – insurance companies and managed care companies, including companies
25 managing governmental insurance plans – must compensate physicians for the time physicians and their staff
26 spend on services outside of direct patient care (noncare services) such as authorization and preauthorization
27 for coverage and payment for prescriptions, laboratory tests, radiology tests, procedures, surgeries,
28 hospitalizations, and physician visits, as well gathering, compiling, and submitting medical records and data.
29 Such compensation shall be promptly paid in full by payers to physicians at a level commensurate with the
30 education, training, and expertise of the physician and at a rate comparable to that of the most highly trained
31 professionals. The physician shall bill the payers for time spent by the physician and his or her staff in
32 performing noncare services including, but is not limited to, time spent filling out forms, reviewing the
33 patient’s medical record, gathering patient-related data, making telephone calls (including time spent
34 negotiating “phone trees” and hold time), documenting in the patient’s medical record, communicating with
35 the patient, altering treatment plans (such as changing medications to comply with formularies), printing,
36 copying, and faxing. Upon receiving such a bill, the payers shall pay the physician promptly, with significant
37 interest penalties assessed for delay in payment. Because noncare services benefit the payers, compensation
38 owed to physicians for these services should not be billable to patients. **Tabled to 2021.**

39
40 **STATUS: TABLED TO 2021**

41
42 **Resolution 408 2020 – Contracted Health Plans Must Apply the Same Level of Benefits Concerning**
43 **Patient Responsibility.** That: (1) TMA create policy that health plans in a binding contract with a physician
44 must apply the same level of benefits concerning patient responsibility (copay, coinsurance) regardless of the
45 contracted physician or provider rendering the service; and (2) TMA take this issue to the state legislature for
46 potential statutory action; and (3) the Texas Delegation to the American Medical Association carry a similar
47 resolution to the AMA House of Delegates for policy development and legislative action. **Tabled to 2021.**

48
49 **STATUS: TABLED TO 2021**

50
51 **Resolution 409 2020 – School Physicals Should Be Conducted by Physicians or Their Supervised**
52 **Designee.** That TMA advocate for legislative changes to the Texas Education Code as described in TMA

1 Policy 55.056 requiring that athletic preparticipation physical examinations for school-age children be
 2 conducted only by licensed allopathic or osteopathic physicians, or appropriately supervised physician
 3 assistants or advanced practice nurses licensed in Texas. **Tabled to 2021.**

4
 5 **STATUS: TABLED TO 2021**

6
 7 **Resolution 410 2020 – Utilization Review, Medical Necessity Determination, Prior Authorization**
 8 **Decisions.** That: (1) TMA urge physicians to bring their concerns regarding decisions made by physicians
 9 working for insurance companies to the attention of the Texas Medical Board and Texas Department of
 10 Insurance, as these decisions affect patient outcome, and that TMA create a clearinghouse of all complaints
 11 against insurance companies and insurance doctors and aggregate this data; and (2) the Texas Delegation to
 12 the American Medical Association take this resolution to the AMA House of Delegates, urge the AMA
 13 House of Delegates to adopt similar policy, and urge the AMA Council on Ethical and Judicial Affairs to
 14 devise ethical opinions similar to the TMA Board of Councilors' opinions on medical necessity
 15 determination and utilization review. **Tabled to 2021.**

16
 17 **STATUS: TABLED TO 2021**

18
 19 **Resolution 411 2020 – Prior Authorizations.** That TMA work to limit the use of prior authorizations to
 20 only treatments not supported by the medical literature. **Referred for action with report back.**

21
 22 **REFERRED TO: TMA Board of Trustees**

23
 24 **STATUS:**

25
 26 **Resolution 412 2020 – Step-Edit Therapy Contributes to Denial of Care and Has Not Demonstrated**
 27 **Improved Patient Outcomes or Overall Cost Savings.** That: (1) TMA urge our legislators to review and
 28 make transparent the “fail-first” policy of step-edit therapy and study how it affects patient outcomes; and (2)
 29 TMA ask the American Medical Association to review the ethical implication of step-edit therapy and make
 30 further recommendations on its use. **Tabled to 2021.**

31
 32 **STATUS: TABLED TO 2021**

33
 34 **Resolution 413 2020 – Caps on Insulin Copayments with Insurance.** That TMA support limiting the
 35 copayments insured patients pay
 36 38 per month for prescribed insulin. **Tabled to 2021.**

37
 38 **STATUS: TABLED TO 2021**

39
 40 **Resolution 414 2020 – Postpartum Maternal Healthcare Coverage Under Children’s Insurance.** That
 41 TMA will work with relevant stakeholders to support coverage of and payment for postpartum maternal
 42 health care for at least 12 months postpartum under the newborn child’s health insurance plan, including
 43 Children’s Medicaid and Children’s Health Insurance Program plans for women who are otherwise
 44 uninsured or ineligible for Medicaid. **Tabled to 2021.**

45
 46 **STATUS: TABLED TO 2021**

47
 48 **Resolution 415 2020 – Promotion of LGBTQ+ friendly and Gender-Neutral Options on Medical**
 49 **Documentation and Intake Forms.** That: (1) TMA amend the wording of TMA Policy 265.028 to support
 50 inclusion of a patient’s biological sex; current gender identity; sexual orientation; preferred gender
 51 pronoun(s); preferred name; and clinically relevant, sex-specific anatomy in medical documentation and
 52 related forms, including in electronic health records, in a culturally sensitive and voluntary manner; (2)

1 TMA amend the wording for TMA Policy 265.028 to advocate for the incorporation of recommended best
 2 practices of LGBTQ+ friendly and gender-neutral medical documentation into electronic health records and
 3 other health information technology products at no additional cost to physicians; and (3) TMA, with input
 4 from the TMA LGBTQ+ Health Workgroup and appropriate medical and community-based organizations,
 5 promote among our membership these recommendations pertaining to medical documentation and related
 6 forms, including in electronic health records. **Tabled to 2021.**

7
 8 **STATUS: TABLED TO 2021**

9
 10 **Resolution 416 2020 – Interstate Medical Malpractice Tort Protection for Physicians Treating Patients**
 11 **in Neighboring States.** That: (1) TMA recognize that the appropriate forum for medical liability suits
 12 against physicians is the state in which care is rendered; and (2) The Texas Delegation to the AMA take this
 13 resolution with the added language below to AMA: That our AMA recognize that access to care for patients
 14 seen by out-of-state physicians may be diminished when there is uncertainty about the appropriate legal
 15 forum for medical liability claims. **Referred for action with report back.**

16
 17 **REFERRED TO:** TMA Board of Trustees

18
 19 **STATUS:**

20
 21 **Resolution 417 2020 – Insurance Promotion of Preventive Care Services via Incentive-Based**
 22 **Programs.** That: (1) TMA advocate for health insurance companies to adopt cash based incentive programs
 23 like the Medicare Incentives for Prevention of Chronic Disease program to promote usage of preventive care
 24 services; and (2) TMA support further research on health care initiatives that can increase usage of
 25 preventive care services by individuals. **Tabled to 2021.**

26
 27 **STATUS: TABLED TO 2021**

28
 29 **Resolution 418 2020 – Paid Parental Leave.** That: (1) TMA promote awareness and education for
 30 physicians, legislators, and the public on the importance of adequate parental leave, especially paid leave, in
 31 ensuring good maternal and infant health outcomes and promoting the health and well-being of the family;
 32 (2) TMA support federal, state, local, and private parental leave policies that provide adequate time to give
 33 birth, recover, and breastfeed, and allow for parental bonding following the birth or adoption of a child; (3)
 34 TMA support policies that provide at least 12 weeks of paid parental leave following the birth or adoption of
 35 a child; (4) TMA support that paid parental leave policies incorporate funding mechanisms that do not put an
 36 undue burden on solo or small business owners; and (5) TMA evaluate how internal policies for employees
 37 should be updated to provide paid parental leave following the birth or adoption of a child. **Tabled to 2021.**

38
 39 **STATUS: TABLED TO 2021**

40
 41 **Resolution 419 2020 – Placing Medicaid Expansion on a Statewide Voting Ballot.** That: (1) TMA
 42 advocate for the inclusion of Medicaid expansion initiatives on a statewide ballot to allow eligible Texas
 43 voters to decide; and (2) TMA encourage a reopened dialogue on the topic of Medicaid expansion as an
 44 avenue to reduce the high rate of uninsured individuals in Texas. **Referred for action with report back.**

45
 46 **REFERRED TO:** TMA Board of Trustees

47
 48 **STATUS:**

49
 50 **Resolution 420 2020 – Training Requirements Imposed by Insurance Companies Preventing Patients’**
 51 **Access to Quality Medical Care.** That: (1) TMA urge insurance companies to cease and desist from
 52 requiring physicians to spend time – in addition to their extensive professional training – in training in each

1 companies' requirements for patient care; (2) TMA urge the Texas Medical Board to condemn such practice
2 by insurance companies as beyond the companies' purview of physician training responsibilities;
3 (3) TMA urge the Texas insurance commissioner to investigate the appropriateness of insurance companies
4 imposing on physicians the onerous and unnecessary burden of web-based or otherwise administered
5 training; and (4) TMA urge the Texas Legislature to take adequate measures to prevent insurance companies
6 from interfering with the education of physicians by engaging in the wasteful exercise of requiring
7 physicians to train in the companies' preferences, objectives, and/or goals. **Tabled to 2021.**

8
9 **STATUS: TABLED TO 2021**

10
11 **Resolution 421 2020 – Physician Societies to Create a Self-Funded, Balanced and Nonpartisan Center**
12 **for the Study of Healthcare Reform.** That: (1) TMA, in collaboration with other medical societies, create
13 and support a permanent, physician-led, independently funded “center” for the balanced, nonpartisan study
14 of health care reform. This entity will maintain and advertise for an online platform to provide a balanced
15 critique upon the strengths and limitations of general and specific policy proposals, health care reports, and
16 national health care systems for the benefit of the general public; and (2) the Texas Delegation to the
17 American Medical Association carry a similar resolution to the AMA House of Delegates, calling upon
18 AMA to support the aforementioned permanent, physician-led, independently funded center for balanced,
19 nonpartisan study of health care reform. **Tabled to 2021.**

20
21 **STATUS: TABLED TO 2021**

22
23 **Resolution 422 2020 – Develop Guidelines for Proper Oversight and Collaboration of Mid-Level**
24 **Providers by Physicians.** That: (1) TMA educate physicians and disseminate to them information on basic
25 tenets of proper physician oversight and supervision of midlevel practitioners and encourage physicians to
26 bring to the attention of the Texas Medical Board physicians who are not providing supervision as required
27 per the delegation of duties; and (2) the Texas Delegation to the American Medical Association take this
28 resolution to the AMA House of Delegates, urging it to develop national guidelines for proper oversight and
29 collaboration of midlevel practitioners by a physician. **Tabled to 2021.**

30
31 **STATUS: TABLED TO 2021**

32
33 **Resolution 423 2020 – A Push for Mobile-First Design Principles within Medical IOT (Internet of**
34 **Things) Interfaces.** That: (1) TMA recognize and encourage mobile-first designs within our health care
35 systems IOT (internet of things) vendors; (2) TMA encourage a mobile-first design goal among hospital
36 administrations within their own local scope of health care systems; and (3) TMA be aware of rising trends
37 in patient informational technology and adjust future legislation accordingly with respect to previously
38 written TMA policy and future technological trends. **Tabled to 2021.**

39
40 **STATUS: TABLED TO 2021**

41
42 **Resolution 424 2020 – Adoption of Principles of Physician Value-Based Decision-Making in Medical**
43 **Practice and Professionalism.** That: (1) TMA adopt the American Medical Association policy Value9
44 Based Decision-Making in the Health Care System H-450.938; and (2) TMA adopt policy encouraging
45 physicians to practice value-based decisionmaking, to the best of their ability, as a core tenet of physician
46 professionalism. **Tabled to 2021.**

47
48 **STATUS: TABLED TO 2021**

49
50 **Resolution 425 2020 – Plastic Surgery Board-Certification.** That: (1) TMA support efforts to inform
51 patients of the difference in training requirements between American Board of Plastic Surgery (ABPS)
52 board-certified plastic surgeons and individuals board certified through self-designated medical boards; and

1 (2) TMA reaffirm its commitment to advocate for appropriate scope of practice by discouraging non-ABPS-
2 certified individuals from advertising themselves as board-certified plastic surgeons and performing plastic
3 surgery procedures. **Tabled to 2021.**

4
5 **STATUS: TABLED TO 2021**

6
7 **Resolution 426 2020 – Results and Regulation of Freestanding Birthing Centers and at Home Birthing**
8 **Services.** That: (1) TMA work with state agencies to study the results, regulation, and quality review
9 mechanisms of freestanding birthing centers and at-home birthing services; and (2) TMA determine if
10 additional regulations and public education are needed. **Tabled to 2021.**

11
12 **STATUS: TABLED TO 2021**

13
14 **Resolution 427 2020 – Adjustments to Hospice Dementia Enrollment Criteria .** That: (1) TMA
15 collaborate with the American Medical Association in advocating for the Centers for Medicare & Medicaid
16 Services (CMS) to adjust the secondary hospice enrollment criteria for dementia. Specifically, CMS should
17 incorporate dementia patients who are Functional Assessment Staging Test Stage 6e, who, or their families
18 on their behalf, have chosen not to receive medications or interventions for acute illnesses; and (2) TMA
19 collaborate with AMA in advocating for CMS to expand the coverage and availability of other, novel
20 provisions of care for dementia patients, such as expanding the Medicare Care Choices model that allows
21 palliative services to be provided in the home setting, as a bridge to hospice care. **Tabled to 2021.**

22
23 **STATUS: TABLED TO 2021**