



Physicians Caring for Texans

Summary

House of Delegates Aug. 29 and Sept. 12, 2020 Virtually and at the TMA Building Austin, Texas

At an unprecedented live virtual meeting Saturday, Sept. 12, 2020, the Texas Medical Association House of Delegates took action on a variety of initiatives important to the health of all Texans, including adopting policy to address health care disparities specifically related to cancer; laying the foundation for the creation of an LGBTQ Health Section; and setting principles for community-based accountable care organizations (ACOs).

More than 500 people – including 400 voting delegates – participated in Saturday’s meeting, which was conducted live online from the TMA headquarters in Austin.

After the COVID-19 pandemic was declared a national emergency, the TMA Board of Trustees voted in March to invoke a bylaws provision allowing it to function as a disaster board and to assume certain responsibilities of the house. The disaster board postponed the 2020 House of Delegates meeting, originally scheduled for May. Due to this cancellation, the disaster board in May acted on behalf of the house to conduct elections for uncontested positions, after postponing contested races.

The house officially convened Aug. 29 in a prerecorded opening session, where the disaster board handed back authority of the house to the TMA speakers and delegates. Ceremonial aspects of the meeting, including the national anthem, pledge of allegiance, and invocation, occurred in the opening session, and the TMA speakers explained the order of business and altered election and voting process for contested races.

TMA leaders then conducted a live, limited final session Sept. 12, focusing on “essential” house business. Many agenda items were tabled until the 2021 annual meeting, scheduled for May 2021 in Austin.

Using technology that allowed for remote voting, delegates overwhelmingly approved recommendations from a combined reference committee focusing on four subject areas: science and public health, financial and organizational affairs, socioeconomic, and medical education and health care quality. The committee, over several weeks, was responsible for collecting written physician testimony, and studying and evaluating more than 100 proposed reports and resolutions on a range of health care topics affecting Texas patients and physicians.

Among the measures delegates adopted were directives for TMA to:

- Tackle racial, ethnic, socioeconomic, and geographic health disparities regarding cancer, and take initial steps to address health care disparities overall;
- Develop policy on electric scooters similar to TMA policy on bicycle helmets, and support measures to reduce speeds and therefore the impact of collisions;

- Create a TMA LGBTQ Health Section (an amendment that allows for the section’s representation in the TMA House of Delegates will need to be approved at the 2021 annual meeting);
- Support principles for community-based ACOs that include engaging local physician leaders in the design of the ACO model; establishing competitive, reasonable, and fair payment rates for physicians; and building and maintaining robust networks;
- Advocate for legislation and regulations to lessen the negative impacts on patients of prior authorization requirements by state-regulated health plans;
- Redouble efforts to reduce the rate of uninsured in Texas during the 2021 legislative session; support elimination of Medicare physician payment cuts because of sequestration; and support increasing funding for Prospective Payment System rural hospitals under Medicare;
- Push for electronic health record (EHR) vendors to be required to deliver a patient’s complete medical record in a format that can be integrated into a new EHR, at no cost to the physician;
- Oppose national proposals to divert Medicare funding for graduate medical education from physicians to training programs for midlevel practitioners;
- Call for a minimum of \$1 million in state funding in the 2022-23 state budget to launch a rural training track program; and
- Support federal legislation that would allow physicians to be eligible for interest-free deferment on student loans while they are in residency training.

In addition, retired Paris gastroenterologist and internist Josie R. Williams, MD – a TMA past president – was awarded TMA’s 2020 Distinguished Service Award.

Issues considered by the house, grouped by subject area, are as follows:

Reference Committee on Financial and Organizational Affairs

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

This policy provides guidance for the Board of Trustees, Board of Councilors, and all other Texas Medical Association board, council and committee members (“TMA physician leaders”) when participating in online communications. Online communications should be broadly understood for purposes of this policy to include personal blogs, wikis, Twitter, microblogs, message boards, chat rooms, electronic newsletters, online forums, social networking sites, medical practice websites, texts, and any other forms of online communications.

Be Conscious of Public Image

- **TMA physician leaders should be aware of the effect their actions may have on their image, as well as the image of TMA and Texas physicians in general. Remember, the information posted or published on online communications may be public information and remains there indefinitely.**
- **TMA physician leaders who create or maintain their own online communications, including their medical practice websites, that reference their leadership role with TMA should include clear disclaimers that the views expressed by the author on his or her social media site or medical practice website are those of the author’s.**
- **Sometimes social media content generates press and media attention or legal questions involving TMA. TMA physician leaders should refer these inquiries to the**

TMA Division of Communications.

Uphold Confidentiality

TMA physician leaders should not publish, post, or release any TMA information that is considered confidential or not public, such as sensitive company information. Divulging information about TMA's internal operations and legal matters is prohibited. For additional information, please consult TMA's confidentiality and disclosure policies before publishing information related to TMA online. If there are questions on what is considered confidential, please check with the TMA vice president and general counsel.

Be Respectful of Others

- **TMA physician leaders should be aware that their conduct in online communications may be observed by other Texas physicians, TMA employees, and third parties. TMA physician leaders should use their best judgment and refrain from posting material that is inappropriate or harmful to TMA, TMA's employees, and TMA's vendors or suppliers.**
- **Although not an exclusive list, disrespectful conduct includes posting commentary, content, or images on social media that are defamatory, pornographic, proprietary, harassing, lewd, or libelous, or that create a hostile work environment.**
- **Any TMA physician leader who personally experiences or witnesses abuse of online communications under this policy should report the situation to TMA's executive vice president immediately. Pursuant to TMA's policy, TMA prohibits any form of retaliation for reporting abuse of online communications under this policy.**

ISC Report 1 2020. Recommendation that policy 107.016 be retained as amended. **Adopted.**

BOC Report 2 2020. Recommendation that the TMA House of Delegates elect Carlos Hamilton Jr., MD; John D. Oswalt, MD; J. James Rohack, MD; and Nick Nipank Shroff, MD to emeritus membership in TMA. **Adopted.**

BOC Report 3 2020. Recommendation that the TMA House of Delegates elect Roberto J. Bayardo, MD; Spencer R. Berthelsen, MD; Herbert L. Dupont, MD; and Teodoro A. Saieh, MD to honorary membership in TMA. **Adopted.**

CM-PHW Report 2 2020. Recommendation that policy 245.018 be retained. **Adopted.**

WIM Report 1 2020. Recommendations 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.**

C-SPH Report 1 2020. Recommendations 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.**

CM-PPA Report 2 2020. Recommendation that polices 165.007 and 175.015 be retained. **Adopted.**

C-CB Report 2 2020. Recommendations that TMA: (1) amend Chapter 1, Membership, Section 1.40, Membership in Contiguous Society, and renumber the listing accordingly; (2) amend Chapter 5, Board of Councilors, Section 5.20, Duties, Subsection 5.218, Determine Inactive Societies, and renumber the listing accordingly; (3) amend Chapter 12, County Societies, Sections 12.11, Activity Status of Society, and 12.40, Structure, and renumber the listing accordingly; (4) amend Chapter 1, Membership, Section 1.10, Admission, and renumber the listing accordingly; (5) amend Chapter 5, Board of Councilors, Section 5.40, Duties, and renumber the listing accordingly; and (6) amend Chapter 12, County Societies, Section 12.42, Officers, and renumber the listing accordingly. **Adopted.**

C-CB Report 3 2020. Recommendation that TMA amend the TMA Bylaws Chapter 3, House of Delegates, Section 3.20, Composition, Subsection 3.25, Sections, to establish an LGBTQ Health Section, and renumber the listing accordingly. **Adopted.**

C-CB Report 4 2020. Recommendation that TMA amend the TMA Bylaws Chapter 3, House of Delegates, Section 3.20, Composition, Subsection 3.25, Sections, to establish guidelines governing the establishment and maintenance of sections within the House of Delegates, and renumber the subsection accordingly. **Adopted.**

C-CB Report 5 2020. Recommendation that TMA amend Chapter 10, Committees, Section 10.60, Standing Committees of Boards, Subsection 10.612, Committee on Membership, to expand the Committee on Membership's section representation, and renumber the subsection accordingly. **Adopted.**

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

BOT Report 10 2020. Recommendation 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.**

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

BOC Report 4 2020. Recommendation that TMA not adopt Resolution 109-A-19, Licensure Status on TMA Membership Applications. **Tabled to 2021.**

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

Resolution 101 2020. Resolution that: (1) TMA take steps to create a section dedicated to help meet the unique needs of physicians in private practice who reside in this state; and (2) the Texas Delegation to the American Medical Association take a similar resolution to the AMA House of Delegates for consideration. **Tabled to 2021.**

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

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

Resolution 104 2020. Resolution that: (1) TMA, in its publications, policies, and conferences, shall cease using the term “provider” to describe physicians, substituting “physician,” “resident,” “fellow” or other term that recognizes the education, training, and experience of its members; (2) TMA encourage physicians, its local components, and the media to use the term “physician” instead of “provider” when describing physicians; and (3) TMA refer the process of creating a formal position paper for the use of the term “provider” to the most suited committee or council. **Referred to for action with report back.**

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

Resolution 106 2020. Resolution that: (1) TMA amend policy 9.6.2 Gifts to Physicians from Industry; and (2) TMA inform physician members of appropriate social media marketing practices related to this amendment through the relevant member channels. **Tabled to 2021.**

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

Resolution 108 2020. Resolution that: (1) TMA, in collaboration with other medical societies, create and support a permanent, physician-led, independently funded public outreach entity to use multiple media platforms (conventional, online, and social media) to engage the public, share information, promote an educated dialogue, advocate for evidenced-based, incremental, and sustainable health care policy and defend the integrity of the medical profession; and (2) the Texas Delegation to the American Medical Association carry a similar resolution to the AMA House of Delegates which calls upon the AMA to support the aforementioned permanent, physician-led, independently funded public outreach entity. **Tabled to 2021.**

Reference Committee on Medical Education and Health Care Quality

C-ME Report 1 2020. Recommendation that policy 185.023 be amended to support TMA advocacy for a minimum of \$1 million in state funding in the 2022-23 state budget to allow the state’s Rural Resident Physician Grant Program to become operational. **Adopted.**

C-ME Report 2 2020. Recommendations that: (1) policies 185.005, 200.036, 205.019, and 295.012 be retained; and (2) policy 200.028 be retained as amended. **Adopted.**

C-ME Report 3 2020. Recommendations that: (1) TMA adopt new policy opposing diversion of Medicare funding for graduate medical education to training programs for midlevel practitioners; and (2) the Texas Delegation to the American Medical Association take a resolution to the AMA House of Delegates to adopt policy that opposes the diversion of Medicare funding for graduate medical education from physicians to training programs for advanced practice registered nurses and physician assistants. **Adopted as amended:**

Opposition to Diversion of Medicare Funding for Graduate Medical Education to Training Programs for Midlevel Practitioners

The Texas Medical Association (1) strongly opposes reallocating Medicare funding for physician training programs to training programs for advanced practice registered nurses and physician assistants; (2) strongly opposes caps on the funding of graduate medical education programs through Medicare, as mandated by the federal Balanced Budget Amendment of 1997; and (3) vigorously advocates for the Texas congressional delegation to take action to lift the Medicare funding caps for the training of physicians in Texas.

CM-PDHCA Report 1 2020. Recommendation that TMA adopt new policy supporting for interest-free deferment of education loans for residents in training. **Adopted.**

CM-PDHCA Report 2 2020. Recommendations that: (1) polices 205.001 and 205.003 be retained; and (2) policies 205.031 and 205.035 be deleted. **Adopted.**

Joint Report 1 2020. Recommendation that Resolution 108-A-19, Initial Assessment and Treatment Recommendation by Specialists, be referred for further study to the Council on Health Care Quality and the Interspecialty Society Committee with a report back at TexMed 2021. **Adopted.**

C-ME Report 4 2020. Recommendation that policy 200.047, Clinical Training Resources for Texas Medical Students, be amended. **Adopted.**

C-ME Report 5 2020. Recommendation that policy 320.007, Town Gown Medical School Funding, be amended. **Adopted.**

C-ME Report 7 2020. Recommendation that TMA adopt new policy in lieu of Resolution 211-A-19. **Adopted as amended:**

Promoting Education of Sexual Orientation and Gender Identity Health Issues in Academic Health Centers. To reduce health disparities and enhance access to care for diverse patient populations, TMA supports the integration of education on sexual orientation and gender identity health issues in Texas medical education, graduate medical education, and continuing medical education curricula. This includes support for: discrete evidence-based educational components; and the inclusion of appropriate references throughout the basic science, clinical care, and cultural competency curricula for medical education.

C-ME Report 6 2020. Recommendation that TMA adopt new policy in lieu of Resolution 202-A-18. **Tabled to 2021.**

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

Resolution 202 2020. Resolution that TMA encourage Texas medical schools to implement admissions policies that allow admission of DACA students, for as long as the DACA program is intact. **Tabled to 2021.**

Resolution 203 2020. Resolution that TMA advocate for and support the use of implicit bias training for perinatal physicians in order to improve maternal health outcomes. **Tabled to 2021.**

Resolution 204 2020. Resolution that: (1) TMA recognize and support the need for more geriatricians by providing medical students educational information concerning geriatrics and its opportunities to encourage them to become involved in geriatrics; and (2) TMA support the efforts of medical schools in fostering interest in geriatrics through interest groups and shadowing opportunities. **Tabled to 2021.**

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

Resolution 206 2020. Resolution that: (1) TMA support policy change as it relates to the Texas Medical Board licensure process, such that only current or active mental health conditions need be reported; and (2) TMA support policy and judicial decisions in line with the American Medical Association, such that physicians are not required to disclose previous treatment for mental health conditions but are evaluated solely on performance and current impairment. **Tabled to 2021.**

Reference Committee on Science and Public Health

C-SPH Report 2 2020. Recommendations that: (1) polices 55.032, 100.009, and 285.005 be retained; (2) policies 25.010, 95.021, 100.006, 165.006, and 215.020 be retained as amended; and (3) policies 25.002, 25.006, 215.018, and 260.026 be deleted. **Adopted.**

C-SPH Report 4 2020. Recommendations that in lieu of adopting Resolution 304-A-19 that: (1) TMA encourages statewide efforts to increase the general public's food allergen awareness in all food service establishments, including dissemination of information on the list of major food allergens, the risk of an allergic reaction, methods to prevent cross-contamination in food preparation, and the signs and symptoms associated with anaphylaxis with instructions to call 911; and (2) TMA supports efforts to strengthen food service employee training provided by the Texas Department of State Health Services on food allergy awareness, and to include information on the list of major food allergens, methods to prevent cross-contamination in food preparation, and the signs and symptoms associated with anaphylaxis with instructions to call 911. **Adopted.**

CM-C Report 1 2020. Recommendations that: (1) TMA adopt new policy addressing cancer health disparities; and (2) TMA convene a cross-component workgroup to study and develop policy on disparities in health care. **Adopted.**

CM-C Report 2 2020. Recommendations that: (1) policy 50.009 be retained; (2) policies 50.002, 50.003, 280.034, and 315.000 be retained as amended; and (3) policies 50.001 and 50.005 be deleted. **Adopted.**

CM-CAH Report 2 2020. Recommendations that: (1) policies 55.005, 55.016, 55.018, 55.019, 55.035, 135.017, and 260.084 be retained as amended; and (2) policies 55.002 and 260.064 be deleted. **Adopted.**

CM-ID Report 1 2020. Recommendation that policies 260.060 and 245.019 be retained as amended. **Adopted.**

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

C-SPH Report 3 2020. Recommendations that: (1) TMA support and promote the Texas Medical Advisory Board process by increasing physician awareness and TMA member participation on the Medical Advisory Board to ensure adequate representation, and support potentially needed expansion of this important public service to Texas; (2) TMA promote physicians' awareness of their ability to report their patients to law enforcement or the Department of Public Safety with concerns regarding their patient's ability to safely drive or possess firearms; and (3) TMA promote a review of the funding of the Medical Advisory Board by the Texas Legislature to assess the potential for expanding the scope of this key public service. **Tabled to 2021.**

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

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

Resolution 301 2020. Resolution that: (1) TMA educate its members on the various aspects of e-cigarette use through ongoing CME and articles in Texas Medicine Today; (2) TMA advocate for legislation that bans the sale of flavored, mint, and menthol tobacco products including both e-cigarette products and

combustible products; (3) TMA advocate against social media companies using influencers to advertise electronic nicotine delivery systems; and (4) TMA advocate against the sale of e-cigarettes and their component products and accoutrements at retail clinics. **Tabled to 2021.**

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

Resolution 303 2020. Resolution that TMA study and make active recommendations for a safe harbor in Texas allowing certified entities that have nonfetal tissue and non-whole-organ human tissue waste from a consenting adult patient to use the tissue strictly for research purposes and clinical diagnostics. **Tabled to 2021.**

Resolution 304 2020. Resolution that: (1) TMA advocate for community physician access to provide medical care in both U.S. Customs and Border Protection and U.S. Immigration and Customs Enforcement immigrant detention facilities; and (2) TMA advocate for the right of community physicians to contact health care providers working in the immigrant detention facilities, in accordance with HIPAA, to ensure continuity of care for patients transferred to other health care facilities or released from custody. **Tabled to 2021.**

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

Resolution 306 2020. Resolution that: (1) TMA support the production and distribution of educational materials regarding the importance of postmortem brain tissue donation for the purposes of medical research and education; (2) TMA encourage the inclusion of additional information and consent options for brain tissue donation for research purposes on appropriate donor documents; (3) TMA encourage all persons to consider consenting to brain and other tissue donation for research purposes; and (4) TMA encourage efforts to develop and improve logistical frameworks for the procurement and transit of postmortem tissue for research and educational purposes. **Tabled to 2021.**

Resolution 307 2020. Resolution that TMA support the need for local, county, and state governmental entities to decommission existing and not construct new wastewater treatment plants in or near flood plains and waterways. **Tabled to 2021.**

Resolution 308 2020. Resolution that TMA support the need for local, county, and state governmental entities to commit the necessary resources and responsibility to effectively eliminate recurrent flooding in Texas. **Tabled to 2021.**

Resolution 309 2020. Resolution that: (1) TMA educate its members, Texas and federal policymakers, and the public on the scientific evidence about the causes and the impact of climate change on the health of Texans, the seriousness of these threats, and nonpartisan evidence-based remedies; (2) TMA advocate for nonpartisan evidence-based remedies for climate change and include in its communications on budgetary priorities the future needs of state preparedness for the effects of climate change on human

health, such as increased ferocity of natural disasters and more frequent infectious disease outbreaks by vector-borne diseases and dangerous new viruses; and (3) the substance of the education and advocacy shall be managed through the established mechanisms of the TMA Council on Science and Public Health and the Council on Legislation. **Tabled to 2021.**

Resolution 310 2020. Resolution that TMA create policy using the following language: The Texas Medical Association supports and will advocate for removing the requirement that a Texas Medicaid beneficiary infected with hepatitis C virus have liver fibrosis before being eligible to receive direct-acting antiviral therapy. **Tabled to 2021.**

Resolution 311 2020. Resolution that: (1) TMA advocate for culturally informed mental health outreach and services to increase utilization by minority youths in schools, including advocating for an increase in the number of minority mental health professionals; (2) TMA advocate for school districts to incorporate best practices to reduce biases including those against minority students facing mental health and behavioral disorders; and (3) TMA advocate for increased data collection of mental health intervention outcomes among minority adolescents. **Tabled to 2021.**

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

Resolution 313 2020. Resolution that: (1) TMA advocate for increased funding and capacity for in-patient psychiatric beds throughout Texas with a priority emphasis in areas that lack local access to mental health facilities; (2) TMA policy 215.019 Public Mental Health Care Funding be amended; and (3) TMA policy 55.033 Children's Mental and Behavioral Health be amended. **Tabled to 2021.**

Resolution 314 2020. Resolution TMA that work with appropriate authorities at the Texas Department of State Health Services in reevaluating the requirement for platelets on site at all facilities providing maternal care with a designation of level of care II through IV and remove this onerous requirement. **Tabled to 2021.**

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

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

Resolution 317 2020. Resolution that: (1) TMA develop model legislation extending employee lactation accommodation rights to employees of private companies and companies of fewer than 50 staff members; (2) TMA amend policy 140.008; (3) TMA develop model legislation extending employee lactation accommodation rights to employees of private companies and companies of fewer than 50 staff members.

Tabled to 2021.

Resolution 318 2020. Resolution that: (1) TMA encourage its members to engage with their local 27 communities and local school boards to develop comprehensive sexual education programs for 28 adolescents that do not teach abstinence as the only effective practice to reduce the risk of unintended 29 pregnancy or sexually transmitted infections; and (2) TMA amend policy 55.016, Sexuality Education.

Tabled to 2021.

Resolution 319 2020. Resolution that: (1) TMA adopt new policy to support an opt-out organ, eye, and tissue donation system in Texas; and (2) TMA amend Policy 280.010 Physician Role in Promoting Organ and Tissue Donation and Transplantation.

Tabled to 2021.

Resolution 320 2020. Resolution that: (1) TMA encourage implementation of postpartum depression screenings as routine protocol for perinatal and postnatal women in health care settings; and (2) TMA promote education regarding postpartum depression screenings to primary care physicians who are in contact with perinatal and postpartum women.

Tabled to 2021.

Resolution 321 2020. Resolution that: (1) TMA adopt and recommend energy conservation guidelines for Texas medical practices; (2) TMA partner with the My Green Doctor initiative and promote its guidelines to physicians and health care providers in Texas; and (3) TMA promote education for green practices for physicians and health care providers in Texas.

Tabled to 2021.

Resolution 322 2020. Resolution that: (1) TMA support the use of low titer group O whole blood as the optimal blood product in hemorrhagic shock for use in the prehospital setting; and (2) TMA support the use of low titer group O whole blood as the optimal blood product in hemorrhagic shock for use in the hospital setting.

Tabled to 2021.

Resolution 323 2020. Resolution that TMA concur with the scientific consensus that the Earth is undergoing adverse global climate change with anthropologic contributions, and acknowledge that climate change will increasingly affect public health, with disproportionate impacts on vulnerable populations such as the children, elderly, and people of low socioeconomic status.

Tabled to 2021.

Resolution 324 2020. Resolution that TMA advocate for mandatory waiting periods following the purchase of firearms to reduce firearm-related injuries and deaths.

Tabled to 2021.

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

Tabled to 2021.

Resolution 326 2020. Resolution that TMA support collaboration of qualified stakeholders to develop standard practice guidelines for diagnosis and treatment of childhood iron deficiency anemia that empower primary care physicians to exhaust treatment and care options within their scope before issuing subspecialty referrals.

Tabled to 2021.

Resolution 327 2020. Resolution that: (1) TMA supports increased funding for long-acting reversible contraceptives and other prescriptive contraceptives for women who do not qualify for services under the Healthy Texas Women Program and Texas Family Planning Program and who do not have reliable access to Title X funded clinics; (2) TMA supports and advocates for the reduction of the age at which a minor can access prescriptive contraceptives, including long acting reversible contraceptives, without parental consent from either a) 18 to 17, to match the Texas age of consent, or b) from 18 to 15, to accommodate the entire age group of adolescents who are at increased risk of teenage pregnancy within the state of Texas; and (3) TMA advocates for the expansion of the Texas “mature minor” doctrine described in TMA Policy 55.004 Adolescent Sexual Activity to include access to contraceptive options, such as prescriptive birth control methods (i.e. oral contraceptives, shots, and intrauterine devices), and sexual health services (i.e. pap smears and treatment for urinary tract infections) without parental consent. **Tabled to 2021.**

Resolution 328 2020. Resolution that: (1) TMA support lowering the legal age at which a minor can access contraceptives without a guardian or parental consent to at least the age of 17; and (2) TMA continue to support initiatives, programs, and funding that eliminate barriers to adolescents accessing reproductive health care. **Tabled to 2021.**

Resolution 329 2020. Resolution that: (1) TMA support legislation increasing vaccine availability in immigrant holding facilities; and (2) TMA acknowledge the importance vaccinations for the health of immigrants in holding facilities on the border, which can also directly affect the health of Texas citizens. **Referred for action with report back.**

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

Resolution 331 2020. Resolution that TMA amend policy 55.021 Bicycle Helmets to encourage physicians to be informed about the safety of helmet use for elementary school children cyclists, promote awareness, and share with local school health and safety advisory committees evidence-based, best practices regarding helmet safety education for schoolchildren. **Referred for action with report back.**

Reference Committee on Socioeconomics

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

C-HSO Report 2 2020. Recommendations that: (1) policies 85.012, 20.005, and 260.001 be retained; and (2) policy 115.010 be retained as amended. **Adopted.**

C-SE Report 2 2020. Recommendations that: (1) Policies 30.007, 145.007, 145.011, 145.013, 145.014, 155.006, 170.007, 180.001, 180.026, 180.027, 190.018, 195.005, 195.030, 195.031, 220.001, 235.032, 240.019, 240.020, 265.010, and 265.01 be retained; and (2) policies 65.009, 110.007, 145.012, 190.019, and 235.030 be retained as amended. **Adopted.**

CM-RH Report 1 2020. Recommendations that: (1) TMA reaffirm support for existing TMA policy 190.032 Medicaid Coverage and Reform and redouble its efforts to reduce Texas’ rate of uninsured

during the 2021 legislative session; (2) TMA highly prioritize replenishing funding for the State Physician Education Loan Repayment Program, as 2018-19 budget cuts to this program prevent an estimated 94 physicians from receiving loan repayment funding each year and prevent many underserved communities from benefiting from increased access to physician services; (3) TMA make a high priority adding \$1 million to the state budget for 2022-23 to start the Rural Resident Physician Grant Program, HB 1065; (4) TMA support step-down hospital formation by expanding the bed capacity and service requirements used to qualify a hospital for Medicaid and Medicare payments; (5) TMA support elimination of the Medicare physician payment reductions because of sequestration; (6) TMA support elimination of the Medicare critical access hospital 96-hour condition of payment regulation; (7) TMA support expansion of Medicare critical access hospital (CAH) designation requirements, increase funding for CAHs, and/or study why CAH designation doesn't always save rural hospitals; and (8) TMA support increasing funding for Prospective Payment System rural hospitals under Medicare. **Adopted.**

CM-HIT Report 1 2020. Recommendation that the Texas Delegation to the American Medical Association take a resolution to AMA formally requesting AMA assistance with model contract language and regulatory relief through electronic health record (EHR) vendor certification that ensures EHR vendors are contractually required to deliver the patient's complete medical record in a discrete, industry-standardized, nonproprietary format that can be imported into the new EHR at no cost to the physicians. **Adopted.**

CM-HIT Report 2 2020. Recommendation that policy 155.009 be retained as amended. **Adopted.**

BOT Report 13 2020. Recommendation that TMA advocate for significant legislative and/or regulatory reforms to lessen (1) the negative impact of state-regulated health plan prior authorization requirements on patients and (2) the burden of state-regulated health plan prior authorization requirements on physician practices. **Adopted.**

C-SE Report 1 2020. Recommendations that: (1) TMA adopt new policy opposing revisions to the federal definition of public charge that prevent legal immigrants or their children from using local, state or national health, nutrition, and housing services, including Medicaid or the Children's Health Insurance Program; (2) TMA continue to advocate that the new federal rules be rescinded to protect the health of all Texans; and (3) TMA develop resources to help physicians accurately and concisely convey to their patients what the federal rules relating to public charge do and do not say. **Tabled to 2021.**

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

Resolution 401 2020. Recommendation that: (1) TMA for legislation requiring commercial insurance carriers to provide accurate information regarding the patient's cost-sharing liability and the insurance plan's liability when a medical office or facility provides the diagnosis codes and Current Procedural Terminology codes via phone or the internet; (2) TMA advocate for legislation requiring commercial insurance carriers to provide updated information at the time of insurance eligibility verification regarding factors that may result in the claim being denied (e.g. the insurance carrier is waiting for the primary

policyholder to verify that he or she does not have other health insurance coverage); (3) TMA advocate for legislation requiring commercial insurance carriers to respond to telephone inquiries regarding the patient's cost-sharing liability by providing accurate information both verbally and via a fax confirmation; (4) TMA advocate for legislation penalizing commercial insurance carriers (via fines and the publication of statistics showing the number of complaints regarding noncompliance by each insurance carrier) for instances where the above information is inaccurate or not provided in a timely manner; and (5) the Texas Delegation to the American Medical Association carry a similar resolution to the AMA House of Delegates. **Tabled to 2021.**

Resolution 402 2020. Resolution that TMA work with state officials to determine the number of Level I and Level II trauma centers necessary to support communities of various sizes throughout Texas and to provide necessary funding to make Level I and Level II trauma centers viable with adequate funding for all other service lines. **Tabled to 2021.**

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

Resolution 404 2020. Resolution that: (1) TMA adopt as policy that individual physicians should be paid the contracted rate while awaiting approval of their credentials by a health plan; and (2) TMA advocate for legislation that individual physicians be paid by health plans for their services while they are awaiting formal approval of their credentials. **Tabled to 2021.**

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

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

Resolution 407 2020. Resolution that TMA adopt policy that payers – insurance companies and managed care companies, including companies managing governmental insurance plans – must compensate physicians for the time physicians and their staff spend on services outside of direct patient care (noncare services) such as authorization and preauthorization for coverage and payment for prescriptions, laboratory tests, radiology tests, procedures, surgeries, hospitalizations, and physician visits, as well gathering, compiling, and submitting 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 and at a rate comparable to that of the most highly trained professionals. The physician shall bill the payers for time spent by the physician and his or her staff in performing noncare services including, 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, 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. Because noncare services benefit the payers, compensation owed to physicians for these services should not be billable to patients. **Tabled to 2021.**

Resolution 408 2020. Resolution that: (1) TMA create policy that health plans in a binding contract with a physician must apply the same level of benefits concerning patient responsibility (copay, coinsurance) regardless of the contracted physician or provider rendering the service; and (2) TMA take this issue to the state legislature for potential statutory action; and (3) the Texas Delegation to the American Medical Association carry a similar resolution to the AMA House of Delegates for policy development and legislative action. **Tabled to 2021.**

Resolution 409 2020. Resolution that TMA advocate for legislative changes to the Texas Education Code as described in TMA Policy 55.056 requiring that athletic preparticipation physical examinations for school-age children be conducted only by licensed allopathic or osteopathic physicians, or appropriately supervised physician assistants or advanced practice nurses licensed in Texas. **Tabled to 2021.**

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

Resolution 411 2020. Resolution that TMA work to limit the use of prior authorizations to only treatments not supported by the medical literature. **Referred for action with report back.**

Resolution 412 2020. Resolution that: (1) TMA urge our legislators to review and make transparent the "fail-first" policy of step-edit therapy and study how it affects patient outcomes; and (2) TMA ask the American Medical Association to review the ethical implication of step-edit therapy and make further recommendations on its use. **Tabled to 2021.**

Resolution 413 2020. Resolution that TMA support limiting the copayments insured patients pay 38 per month for prescribed insulin. **Tabled to 2021.**

Resolution 414 2020. Resolution that TMA will work with relevant stakeholders to support coverage of and payment for postpartum maternal health care for at least 12 months postpartum under the newborn child's health insurance plan, including Children's Medicaid and Children's Health Insurance Program plans for women who are otherwise uninsured or ineligible for Medicaid. **Tabled to 2021.**

Resolution 415 2020. Resolution that: (1) TMA amend the wording of TMA Policy 265.028 to support inclusion of a patient's biological sex; current gender identity; sexual orientation; preferred gender pronoun(s); preferred name; and clinically relevant, sex-specific anatomy in medical documentation and related forms, including in electronic health records, in a culturally sensitive and voluntary manner; (2) TMA amend the wording for TMA Policy 265.028 to advocate for the incorporation of recommended best practices of LGBTQ+ friendly and gender-neutral medical documentation into electronic health records and other health information technology products at no additional cost to physicians; and (3) TMA, with input from the TMA LGBTQ+ Health Workgroup and appropriate medical and community-

based organizations, promote among our membership these recommendations pertaining to medical documentation and related forms, including in electronic health records. **Tabled to 2021.**

Resolution 416 2020. Resolution that: (1) TMA recognize that the appropriate forum for medical liability suits against physicians is the state in which care is rendered; and (2) The Texas Delegation to the AMA take this resolution with the added language below to AMA: That our AMA recognize that access to care for patients seen by out-of-state physicians may be diminished when there is uncertainty about the appropriate legal forum for medical liability claims. **Referred for action with report back.**

Resolution 417 2020. Resolution that: (1) TMA advocate for health insurance companies to adopt cash based incentive programs like the Medicare Incentives for Prevention of Chronic Disease program to promote usage of preventive care services; and (2) TMA support further research on health care initiatives that can increase usage of preventive care services by individuals. **Tabled to 2021.**

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

Resolution 419 2020. Resolution that: (1) TMA advocate for the inclusion of Medicaid expansion initiatives on a statewide ballot to allow eligible Texas voters to decide; and (2) TMA encourage a reopened dialogue on the topic of Medicaid expansion as an avenue to reduce the high rate of uninsured individuals in Texas. **Referred for action with report back.**

Resolution 420 2020. Resolution that: (1) TMA urge insurance companies to cease and desist from requiring physicians to spend time – in addition to their extensive professional training – in training in each companies' requirements for patient care; (2) TMA urge the Texas Medical Board to condemn such practice by insurance companies as beyond the companies' purview of physician training responsibilities; (3) TMA urge the Texas insurance commissioner to investigate the appropriateness of insurance companies imposing on physicians the onerous and unnecessary burden of web-based or otherwise administered training; and (4) TMA urge the Texas Legislature to take adequate measures to prevent insurance companies from interfering with the education of physicians by engaging in the wasteful exercise of requiring physicians to train in the companies' preferences, objectives, and/or goals. **Tabled to 2021.**

Resolution 421 2020. Resolution that: (1) TMA, in collaboration with other medical societies, create and support a permanent, physician-led, independently funded "center" for the balanced, nonpartisan study of health care reform. This entity will maintain and advertise for an online platform to provide a balanced critique upon the strengths and limitations of general and specific policy proposals, health care reports, and national health care systems for the benefit of the general public; and (2) the Texas Delegation to the American Medical Association carry a similar resolution to the AMA House of Delegates, calling upon AMA to support the aforementioned permanent, physician-led, independently funded center for balanced, nonpartisan study of health care reform. **Tabled to 2021.**

Resolution 422 2020. Resolution that: (1) TMA educate physicians and disseminate to them information on basic tenets of proper physician oversight and supervision of midlevel practitioners and encourage physicians to bring to the attention of the Texas Medical Board physicians who are not providing supervision as required per the delegation of duties; and (2) the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates, urging it to develop national guidelines for proper oversight and collaboration of midlevel practitioners by a physician. **Tabled to 2021.**

Resolution 423 2020. Resolution that: (1) TMA recognize and encourage mobile-first designs within our health care systems IOT (internet of things) vendors; (2) TMA encourage a mobile-first design goal among hospital administrations within their own local scope of health care systems; and (3) TMA be aware of rising trends in patient informational technology and adjust future legislation accordingly with respect to previously written TMA policy and future technological trends. **Tabled to 2021.**

Resolution 424 2020. Resolution that: (1) TMA adopt the American Medical Association policy Value9 Based Decision-Making in the Health Care System H-450.938; and (2) TMA adopt policy encouraging physicians to practice value-based decisionmaking, to the best of their ability, as a core tenet of physician professionalism. **Tabled to 2021.**

Resolution 425 2020. Resolution that: (1) TMA support efforts to inform patients of the difference in training requirements between American Board of Plastic Surgery (ABPS) board-certified plastic surgeons and individuals board certified through self-designated medical boards; and (2) TMA reaffirm its commitment to advocate for appropriate scope of practice by discouraging non-ABPS-certified individuals from advertising themselves as board-certified plastic surgeons and performing plastic surgery procedures. **Tabled to 2021.**

Resolution 426 2020. Resolution that: (1) TMA work with state agencies to study the results, regulation, and quality review mechanisms of freestanding birthing centers and at-home birthing services; and (2) TMA determine if additional regulations and public education are needed. **Tabled to 2021.**

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