## Summary (Highlighted text indicates changes from the interim report)

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The Reference Committee on Medical Education and Health Care Quality, having met on Saturday, May 8, with six members present, submits the following report:

(1) Council on Health Care Quality Report 2 – Sunset Policy Review

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Council on Health Care Quality Report 2 be adopted.

This report recommends that (1) policy 30.019 Federal Care Compare Website be retained as amended, and (2) policy 105.011 Disease Management be deleted.

Your reference committee received testimony in support of this report and supports its adoption.


RECOMMENDATION:
Mr. Speaker, your reference committee recommends that the recommendation in Council on Health Care Quality Report 3 be adopted.

This report recommends Resolution 108-A-19, Initial Assessment and Treatment Recommendation by Specialists not be adopted.

Supporting testimony was received by your reference committee for this report, and your reference committee recommends adoption.

(3) Council on Medical Education Report 1 – Sunset Policy Review

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Council on Medical Education Report 1 be adopted.

This report recommends that (1) policies 205.005 Funding Levels for Research and Medical Education and 185.015 Addressing Workforce Issues be retained; and (2) policy 290.001 Academic Libraries be retained as amended.

Your reference committee received testimony in support of this report and recommends adoption.


RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that the recommendation in Council on Medical Education Report 2 be adopted in lieu of Resolution 202 2021.

This report recommends the following be adopted as new Texas Medical Association policy in lieu of Resolution 202-A-18:

Support Bias Training for All Texas Medical School Students, Resident Physicians, Staff, and Faculty of Academic Health Centers, and Promotion of Greater Diversity in Medicine.

The Texas Medical Association supports:

1. Bias training for all Texas medical school students and resident physicians, as well as staff and faculty at academic health centers.

2. Providing evidence-based educational programs at medical schools that help residents, fellows, and attending physicians mentor medical students in medical specialties for which medical schools recognize significant underrepresentation by gender and/or race/ethnicity within the physician workforce.
Your reference committee received no testimony on this report. Your reference committee agrees with the recommendation by the Council on Medical Education in its testimony on Resolution 202 2021 that calls for adoption of this report in lieu of that resolution.

**RECOMMENDATION B:**

Mr. Speaker, your reference committee recommends that Resolution 202 be not adopted.

This resolution resolves that TMA advocate for and support the use of implicit bias training for perinatal physicians in order to improve maternal health outcomes.

Your reference committee received testimony both for and against adoption, but the majority spoke in favor of expanding the focus of bias training and against limiting it only to physicians in perinatal medicine. Bexar County Medical Society supported adoption with changes to expand the focus to include all physicians involved in maternal care. The Committee on Reproductive, Women’s, and Perinatal Health supported adoption with an amendment to expand TMA’s support for bias training for physicians in all specialties and other health care professionals.

The Council on Medical Education expressed its view that the goals of the resolution have already been met through the adoption of similar policy in 2019 that directed TMA to offer bias training for all TMA members. In lieu of the resolution, the council recommended adoption of C-ME Report 2 Referral of Res. 202-A-18 Addressing Gender Bias in Undergraduate Medical Education and Implicit Bias Training. Harris County Medical Society spoke against adoption because of the exclusive focus on perinatal physicians. Comparable testimony was provided by a physician writing as an individual who stressed this training should occur at the medical school level to benefit physicians in all medical specialties.

The Medical Student Section concurred in testimony that bias training is now available to all physicians through TMA but felt TMA should do more to advocate for its use. The section is amenable to broadening the scope of the bias training, as recommended in other testimony. Your reference committee agreed with the recommendation from the Council on Medical Education to support the adoption of C-ME Report 2 for its broader application, in lieu of the adoption of this resolution.

(5) Council on Medical Education Report 3 – Developing Best Practices for Educating Medical Students and Residents During a Pandemic or Other Extended Catastrophic Event

**RECOMMENDATION:**

Mr. Speaker, your reference committee recommends that the recommendation in Council on Medical Education Report 3 be adopted.

This report recommends the following be adopted as Texas Medical Association policy:

Preserving Medical Education, and Residency and Fellowship Training During a Pandemic or Other Extended Catastrophic Event

The Texas Medical Association supports a post-pandemic assessment of the policies that affect ALL involved in the teaching of medical students, residents, and fellows to evaluate policies in
place for preserving education and training during a pandemic or other extended catastrophic event. The evaluation should consider what has been learned, identify best practices and needed improvements, and identify resources required for future improvements. TMA encourages the Texas Higher Education Coordinating Board to consider leading this post-pandemic assessment.

TMA encourages consideration of the following during the assessment:

1. Whether medical students should be treated in the same manner as visitors to teaching facilities – or treated differently, with recognition given to the role of learners in health care delivery at teaching facilities;
2. The need for a commitment to securing adequate supplies of personal protective equipment (PPE) and viral tests for all learners, within reason, recognizing frontline workers should receive the highest priority, and the need for appropriate training in the use of PPE;
3. Developing policies to preserve the ability of medical students to experience hands-on learning, including in-person clerkship experiences, with consideration given to alternative learning sites if needed to avoid high exposure to contagions;
4. Appropriate roles for medical students to contribute to a crisis response, with proper precautions and at a level appropriate for their education, experience, and training; and
5. More flexible policies, as needed, for unavoidable absences by students, residents, and fellows.

TMA should work with the American Medical Association to encourage federal authorities such as the U.S. Centers for Disease Control and Prevention and the U.S. Department of Homeland Security to reconsider how medical students are defined in official policies on “essential workers,” e.g., in publications such as the Cybersecurity and Infrastructure Security Agency’s Guidance on Essential Critical Infrastructure Workers.

TMA also supports an evaluation of the emergency policies enacted for residency training programs during the pandemic, including the impact on the length of training and qualifications for board certification for program completers.

Your reference committee received no testimony on this report and supports its adoption.

Council on Medical Education Report 5 – Opposition to Nonphysician Practitioners Serving as Attending Physicians of Residency and Fellowship Programs

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Council on Medical Education Report 5 be adopted.

This report recommends the following be adopted as Texas Medical Association policy:

Opposition to Nonphysician Practitioners Serving as Attending Physicians of Residency and Fellowship Programs

The Texas Medical Association encourages graduate medical education programs in Texas to designate physicians as supervisors in the clinical training environment for residents and fellows. TMA also continues to encourage interprofessional clinical training for residents and fellows.
Your reference committee received no testimony on this report and supports its adoption.

(7) Council on Medical Education Report 6 – Support for Acceptance of DACA Recipients to Texas Medical Schools; and

(13) Resolution 201 – Admission of Deferred Action for Childhood Arrivals (DACA) Students in Texas Medical Schools (Tabled Res 202 2020)

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that the recommendation in Council on Medical Education Report 6 be adopted in lieu of Resolution 201 2021.

This report recommends the following be adopted as Texas Medical Association policy:

Acceptance of Applications to Texas Medical Schools From Deferred Action for Childhood Arrivals (DACA) Recipients

The Texas Medical Association recognizes admissions policies are best determined by medical school admissions committees. TMA encourages Texas medical schools to evaluate their individual policies on the acceptance of applications from Deferred Action for Childhood Arrivals (DACA) recipients and supports schools that make the decision to accept them.

DACA recipients are eligible to apply to colleges and universities for undergraduate and graduate degrees, and TMA supports the same consideration for application to medical schools. It is recognized that (1) DACA recipients are eligible for in-state tuition at higher education institutions and therefore would not be part of the state’s 10% cap on the acceptance of non-Texas residents to Texas public medical schools, and (2) DACA physicians are eligible to apply for Physician-in-Training permits, residency training, Texas medical licenses, employment in the state, and medical specialty board certification.

TMA supports communications by Texas medical schools to inform faculty, residency program directors, administrators, and other staff of the unique status of DACA recipients to promote better understanding.

Your reference committee received no testimony on this report and agrees with the recommendation by the Council on Medical Education in its testimony on Resolution 201 2021 that calls for adoption of this report in lieu of that resolution.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 201 be not adopted.

The resolution resolves 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.

Your reference committee did not receive supporting testimony. The Council on Medical Education supported the resolution’s goals but spoke against adoption. In lieu of the resolution, the council recommended adoption of C-ME Report 6 Support for Acceptance of DACA
Recipients to Texas Medical Schools, which contains an in-depth analysis of the potential role of DACA recipients in medicine. Harris County Medical Society spoke in favor of referral.

Your reference committee concurred with the recommendation from the Council on Medical Education to support the adoption of C-ME Report 6 in lieu of this resolution.

(8) Council on Medical Education Report 7 – Update to TMA Policies on Advanced Practice Registered Nurses; and

(18) Resolution 206 – Develop Guidelines for Proper Oversight of and Collaboration With Midlevel Practitioners by Physicians (Tabled Res 422 2020)

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that the recommendation in Council on Medical Education Report 7 be adopted in lieu of Resolution 206 2021.

This report recommends adopting the following as Texas Medical Association policy:

Physician-Led Patient Care Teams
TMA will continue to advocate that physicians are uniquely qualified by their extensive and broad education, training, and credentialing to lead the patient care team. TMA opposes the independent practice of advanced practice registered nurses and physician assistants and strongly supports continuation of state requirements for physician supervision and delegation of authority for these health professions.

Physician Supervision and Delegation Responsibilities
TMA supports efforts to ensure physicians are well informed of their responsibility to supervise advanced practice registered nurses and physician assistants to whom they delegate practice and prescriptive authority, including through the required content and updating of practice agreements. Both the Texas Medical Board and TMA should periodically provide reminders to physicians of these responsibilities.

Promoting Accurate Understanding of the APRN Profession, and Length and Content of APRN Training
TMA believes patients should be well informed of the distinct differences between the educational and clinical preparation of physicians and advanced practice registered nurses (APRNs). This will enable patients to make better informed decisions about their health care.

TMA determined it also critically important for state policymakers to be informed of these differences. In particular, they should be knowledgeable of the small amount of training APRNs receive in formulating a diagnosis. It should be made known that physicians are required to complete 30 times the amount of clinical training as APRNs, 15,000 hours vs. 500 hours. Further, it is critically important to understand the fundamental differences in the practice of medicine and the practice of nursing.

TMA supports clear and accurate representation of the role, education, and training of APRNs, including doctor of nursing practice (DNP) registered nurses, in the delivery of patient care, including the use of name tags and other labels. Further, APRNs have the obligation to represent
themselves and their role in a clear and accurate manner in all communications with patients and other health care practitioners.

**Promoting Quality Training for APRNs**

TMA strongly supports assurances of high quality training for advanced practice registered nurses (APRNs). This includes consistent accreditation standards for all APRN education and training programs, and professional certification programs. TMA supports evidence-based studies of the degree of preparedness of APRNs for entry into practice. These studies should evaluate the amount of on-the-job training by physicians required to prepare APRNs to function in their role on the health care team. TMA supports clear accreditation standards that place the responsibility for securing preceptorship opportunities on the APRN training programs not the APRN student.

Physicians who elect to serve as preceptors to APRN students are strongly encouraged to see that the APRN educational programs provide the necessary guidance to enable them to serve in the role of a preceptor. Further, APRN educational programs that use physicians as preceptors for APRN clinical training should be required to adequately inform preceptors of their training role and the program’s expectations for the training experience.

TMA supports evidence-based studies of the outcomes from APRN education programs that are provided 100% online.

**Different Standards for Veterans Clinics**

TMA opposes a different level of care for Texans who are veterans and receive their care at U.S. Department of Veterans Affairs facilities. TMA believes veterans should be treated equitably, not differentiated through federal policies that allow independent practice for nonphysician health care practitioners despite opposing state laws.

Your reference committee received fervent testimony from the Committee on Physician Distribution and Health Care Access in strong support of this report that explains the limitations of APRN training compared with that of physicians and debunks myths spread by proponents of independent APRN practice. Your reference committee agrees with the recommendation by the Council on Medical Education in its testimony on Resolution 206 2021 and supports adoption of this report in lieu of that resolution.

**RECOMMENDATION B:**

Mr. Speaker, your reference committee recommends that Resolution 206 be not adopted.

This resolution resolves (1) that 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) that the Texas Delegation to the AMA 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.

Your reference committee received testimony both for and against. A physician speaking as an individual expressed strong support, and Harris County Medical Society recommended referral of this resolution. The Council on Medical Education was in agreement with the spirit of the resolution but asked for support of C-ME Report 7 Update to TMA Policies on Advanced Practice Registered Nurses (APRNs) in lieu of adoption of this resolution. This report contains a recommendation comparable with that of the first resolve. The council also noted that the
proposal to AMA in the second resolve would need to take into account varying laws on
independent practice for APRNs in other states.

Your reference committee agreed with the recommendation of the Council on Medical Education
to support the adoption of C-ME Report 7 in lieu of this resolution, recognizing that the report
contains essentially the same policy proposal.

(9) Committee on Physician Distribution and Health Care Access Report 1 – Requiring All Texas
Licensed Physicians to Pass Texas Medical Jurisprudence Exam

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Committee on
Physician Distribution and Health Care Access Report 1 be adopted.

This report recommends adopting the following as Texas Medical Association policy:

Passage of Texas Medical Jurisprudence Exam by All Texas Licensed Physicians

TMA supports the requirement that all physicians licensed to practice medicine in Texas must
successfully pass the Texas Medical Jurisprudence Exam in order to be aware of state laws and
administrative rules of the Texas Medical Board related to the practice of medicine, for the
protection of the public and the practicing physician.

TMA reaffirms its opposition to lower licensing standards for physicians and other health care
professionals practicing in physician shortage and medically underserved areas of the state.

Your reference committee received no testimony on this report and supports its adoption.

(10) Committee on Physician Distribution and Health Care Access Report 2 – Sunset Policy Review

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Committee on
Physician Distribution and Health Care Access Report 2 be adopted.

This report recommends that (1) policy 205.004 Educational Financial Assistance be retained,
and (2) policy 185.019 Rural Physician Workforce Policy be amended.

Your reference committee received no testimony on this report and supports its adoption.

Workforce Update

RECOMMENDATION:
Mr. Speaker, your reference committee recommends that the recommendation in Committee on Physician Distribution and Health Care Access Report 3 be adopted.

This report recommends the following be adopted as Texas Medical Association policy:

1. Recognizing that the COVID-19 pandemic resulted in unprecedented demands for physician staffing at Texas hospitals, TMA supports a post-pandemic research study by the Texas Statewide Health Coordinating Council at the Texas Department of State Health Services, in conjunction with the state’s schools of public health on the success of methods used to meet staffing needs. It is recommended that the study include identification of the most effective methods employed by individual hospital systems in the state and that the study be used to inform state emergency preparedness agencies in amending state emergency preparedness plans to better enable the state to respond to surges in hospital physician staffing needs during future extended catastrophic events.

2. TMA recommends an assessment by the Texas Medical Board of the emergency medical licensing provisions and their effectiveness in meeting the state’s emergency hospital physician staffing needs during the COVID-19 pandemic. The goal would be to determine if changes are needed in preparation for future extended catastrophic events.

Your reference committee received no testimony on this report and supports its adoption.

(12) Committee on Physician Distribution and Health Care Access Report 4 – Renewed Effort to Increase Diversity Among the Texas Physician Workforce

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Committee on Physician Distribution and Health Care Access Report 4 be adopted.

This report recommends the following be adopted as Texas Medical Association policy:

Renewed Efforts to Increase Racial/Ethnic Diversity Among the Texas Physician Workforce

The Texas Medical Association recognizes the Texas physician workforce is not sufficiently diverse to reflect the racial/ethnic diversity of the Texas population.

   TMA urges Texas medical schools, as well as residency and fellowship programs, to continue their efforts to increase racial and ethnic diversity among medical students, resident physicians, and fellows training in Texas. This includes continued support for pipeline programs that help foster an interest in careers in medicine among underrepresented minority students such as the high schools for the health professions that are often located in high minority areas of the state. TMA encourages support services that facilitate success for underrepresented minority students through college, medical school, and residency programs. Further, TMA recognizes the benefits of role models among academy leadership and faculty for mentorship of minority students and residents.
Health care institutions and health plans are encouraged to strive for diversity in the physician workforce.

2. Role of Physicians.  
Every physician, in every type of practice or practice setting, can have a valuable role in mentoring the next generation of physicians. Students of underrepresented minorities often have a greater need for mentoring and support to counter challenges in pursuing the pathway to become a physician. TMA encourages Texas physicians to engage in their communities to guide, support, and mentor high school and undergraduate students with a calling to medicine. Students can be exposed to the physician’s practice, pursue shadowing opportunities, and progress to active roles in the office or as scribes. Each physician can make an impact in building the future workforce that is prepared to meet the needs of Texas’ diverse patient population.

TMA supports adequate funding for the state’s Joint Admission Medical Program (JAMP), which reserves medical student positions for qualified students who are economically disadvantaged, recognizing that this includes a high proportion of underrepresented minority students. TMA strongly opposes the proposed budget cut of $510,000 for the JAMP program in the proposed 2022-23 state budget and advocates for consideration of the need to increase resources to accommodate students from the new Texas medical schools.

Your reference committee received no testimony on this report and supports its adoption.

(13) Resolution 201 – Admission of Deferred Action for Childhood Arrivals (DACA) Students in Texas Medical Schools (Tabled Res 202 2020)  
RECOMMENDATION: See agenda item 7.

(14) Resolution 202 – Supporting Implicit Bias Training for Perinatal Physicians (Tabled Res 203 2020)  
RECOMMENDATION: See agenda item 4.

(15) Resolution 203 – Service Animal Assisted Therapy in Health Care (Tabled Res 205 2020)  
RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 203 be amended by substitution as follows:

That our TMA (1) encourage research into the use of animal-assisted therapy as a part of a therapeutic treatment plan; (2) support public education efforts on legitimately trained service animals, as defined by the Americans with Disabilities Act (ADA); (3) support a national certification program and registry for legitimately trained service animals, as defined by the
ADA; and (4) encourage health care facilities to set evidence-based policy guidelines for animal visitation.

(1) That the Texas Medical Association encourage physicians to use the Americans With Disabilities Act material concerning service animals as part of their patients’ therapeutic plans in inpatient and outpatient settings, and be it further

(2) That TMA support the provision of community resources for individuals with service animals that explain how service animals can be part of a therapeutic treatment plan.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 203 be adopted as amended.

Your reference committee received testimony both for and against. Harris County Medical Society spoke against adoption. Support was expressed by a medical student speaking as an individual, noting the potential positive impact of service animals as part of a therapeutic plan and patient education.

Your reference committee agreed with the goals of the resolution but recognized the need for TMA to take a position in support of research on the use of animal-assisted therapy as a part of a therapeutic treatment plan; national certification and registry programs, as well as public education on legitimately trained service animals; and evidence-based policy guidelines for animal visitation at health care facilities. Your reference committee determined the corresponding policy by the American Medical Association is congruent with the spirit of the resolution and covers the relevant issues. Further, it was noted that the AMA policy has been thoroughly evaluated at the national level. For these reasons, your reference committee recommends adopting AMA policy as a substitute for the original proposals.

Resolution 204 – Defining What Constitutes Proper Use of the Terms “Residency” and “Fellowship” When Referring to Specialty Training

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 204 be adopted.

This resolution resolves that TMA develop a position statement that highlights the historical value and current nature of the terminology “residency” and “fellowship” to describe physician postgraduate training and addresses the ramifications of nonphysician clinician groups using similar nomenclature.

Your reference committee received conflicting testimony, and most was favorable. The authors of the resolution provided testimony in support, noting that nonphysician training is not standardized in the same way as physician training. Two physicians, speaking as individuals, were in support. One expressed concerns similar that of the authors about how these terms are devalued when used to also refer to nonphysician training.
The Resident and Fellow Section took a position in support; however, its comments referred to something different from the resolve, calling for all health care professionals to identify their professional field when treating patients.

The Council on Medical Education provided testimony that opposes the resolution but supports the same type of professional identification as noted by the Resident and Fellow Section. In lieu of the resolution, the council supports existing TMA policy 245.013 and state law that requires health care professionals to wear name tags that clearly identify their profession to prevent possible confusion in distinguishing resident physicians from others in training. The council also noted these terms have been used by other health professions for decades, and it is impractical to expect TMA could prohibit their further use by professions outside of medicine.

Your reference committee recognized the preponderance of testimony was in support of the resolution but also concurred with the Council on Medical Education about the impracticality of prohibiting the use of these terms outside of medicine. Your reference committee supports the development of a TMA position statement based on the principle that the terms “residency” and “fellowship” have historical significance to medicine and should be limited in their use to refer to the training of physicians.

Resolution 205 – Skin of Color Representation in Medical Education and Research

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 205, page 2, line 26, be amended as follows:

(1) That the Texas Medical Association encourage dermatological conditions to be presented on varied skin tones in both preclinical curricula and clinical didactic sessions; and be it further

(2) That the Texas Medical Association supports recruiting more patients with skin of color for dermatologic medical research to better represent the diversity of the patient population.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 205 be adopted as amended.

Your reference committee received testimony both for and against, with most in favor. The Medical Student Section recommended adoption, and Harris County Medical Society recommended against adoption. The Council on Medical Education supported adoption with a change in the first resolve to substitute the word “encourage” for the word “advocate.” The council noted that advocacy by TMA typically involves legislative or congressional lobbying and did not feel either was required to accomplish the goals.

Your reference committee supports adoption and concurred with the changes proposed by the Council on Medical Education.
(18) Resolution 206 – Develop Guidelines for Proper Oversight of and Collaboration With Midlevel Practitioners by Physicians (Tabled Res 422 2020)

RECOMMENDATION: See agenda item 8.

(19) Resolution 207 Suicide Prevention Education in Medical School (Tabled Res 305 2020)

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 207 be not adopted.

This resolution resolves (1) that 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 AOA Commission on Osteopathic College Accreditation standards, and (2) that our 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.

Your reference committee received testimony from the authors in support of the resolution, particularly in response to the mental stresses of the COVID-19 pandemic. Emphasis was placed on the need for this training to occur early in the medical school curriculum prior to the core clerkships. All other testimony, however, was in opposition. The Council on Medical Education expressed support for the goals but emphasized that suicide prevention training is already a part of the required core clerkship in psychiatry. Further, the council did not support TMA interfering in medical school decisions on the timing of this training in the curriculum and was concerned about requiring TMA to “validate” training programs at the medical schools. The Subcommittee on Behavioral Health concurred with the council, and Harris County Medical Society recommended against adoption.

Your reference committee agreed with the testimony against adoption of this resolution, recognizing the confirmation from Texas medical schools that this is already a required component of the curriculum.

(20) Resolution 208 – Facilitating Brain and Other Postmortem Tissue Donation for Research and Educational Purposes (Tabled Res 306 2020)

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 208 be adopted.

This resolution resolves (1) that the Texas Medical Association 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) that our TMA encourage the inclusion of additional information and consent options for brain tissue donation for research purposes on appropriate donor documents, (3) that our TMA encourage all persons to consider consenting to brain and other tissue donation for research purposes, and that our TMA encourage
efforts to develop and improve logistical frameworks for the procurement and transit of
postmortem tissue for research and educational purposes.

Your reference committee received testimony in support of the resolution, including comments
from the authors on the benefits of postmortem research. Dallas County Medical Society offered
similar comments that emphasized how this research can further the understanding of
neuropathology, genetics, biochemistry, cell biology, and modeling of neurodegenerative
disorders. A physician speaking as an individual supported the resolution but urged that the
proposal be broadened to include other postmortem tissues in addition to the brain.
Your reference committee concurred with the testimony in support of the donation of other
postmortem tissue in addition to the brain and felt this was addressed in the resolution. Your
reference committee supports adoption.

(21) Resolution 209 – Promoting Careers in Geriatrics Among Medical Students (Tabled Res 204
2020)

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 209 be not adopted.

This resolution resolves (1) that TMA recognize and support the need for more geriatricians in
Texas by providing medical students with educational information and opportunities concerning
geriatrics that encourage them to specialize in geriatrics, and (2) that TMA support the efforts of
medical schools in fostering interest in geriatrics through interest groups, shadowing
opportunities, and other effective activities.

Your reference committee received testimony in support of the resolution from the authors;
however, all other testimony was in opposition to adoption. The Council on Medical Education
recognized geriatrics is included in multiple TMA policies that focus on the need to recruit and
retain physicians in many shortage specialties. Harris County Medical Society testified against
adoption. A physician testifying as an individual emphasized the need for TMA to support the
recruitment of all medical specialties, not singling out geriatrics, and to look to state medical
specialty societies to recruit for individual specialties.

There was agreement among your reference committee to testimony that TMA’s current policy
supports the recruitment of physicians in shortage specialties, including geriatrics. Further, your
reference committee agreed with the testimony that state medical specialty societies have a major
role in recruiting for their individual specialties.

(22) Resolution 210 – Amending the Mental Health Question on the Physician Licensure Application
to Reflect Current Impairment (Tabled Res 206 2020)

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 210 be not adopted.
This resolution resolves (1) that the TMA support policy as it relates to the Texas Medical Board licensure process, such that only current or active mental health conditions need be reported, (2) that the TMA support policy and judicial decisions in line with the AMA, such that physicians are not required to disclose previous treatment for mental health conditions, but are evaluated solely on performance and current impairment.

Your reference committee received testimony for and against, with the majority against. The Council on Medical Education provided evidence from the current Texas Medical Board licensing application to demonstrate that the goals of the resolution have been met. The information now requested focuses on current impairment and does not require the disclosure of previous treatment for mental health conditions. Dallas County Medical Society concurred with the council’s testimony, and Harris County Medical Society spoke in opposition to adoption. A medical student speaking as an individual agreed the first resolve was not needed but spoke in favor of retaining the second resolve to apply to other authorities, such as credentialing bodies.

There was agreement among your reference committee members that the goals of the resolution have been met, and adoption was not supported.

Resolution 211 – Medical School Compliance with the Americans with Disabilities Act

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 211 be amended by deleting the second resolve and amending the other three resolves on page 2, lines 21-23 and 28-30, 36, and 38-39, as follows:

(1) That our Texas Medical Association support the activities of our encourage medical schools in providing reasonable accommodations for students with disabilities in accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act and communicate the availability of such accommodations on their websites and make these accommodations available on their websites; and

(2) That TMA supports medical schools’ efforts to recruit, enroll, and retain qualified students with disabilities, and be it further

(2)(3) That TMA support encourage medical schools to employ a the role of disability services providers (DSP), a staff member who is knowledgeable about in identifying accommodations for students at their Texas medical schools university, and can provide support to students with disabilities; and

(3)(4) That TMA amend policy 200.031 Medical School Admissions as follows:

Medical School Admissions: TMA reaffirms its current policy supporting medical schools’ efforts to recruit, enroll, and retain qualified underrepresented minorities and students with disabilities, and strongly supports a diverse, qualified medical student body for Texas medical schools. In addition, TMA strongly supports the State of Texas partnership with Texas medical schools in efforts to increase the representation of underrepresented minorities including but not limited to Hispanic, African American and students with disabilities medical students attending Texas medical schools toward

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 211 be adopted as amended.

Your reference committee received testimony for and against, with the majority in support. The Medical Student Section testified in support and referenced research findings showing a majority of U.S. medical schools do not provide the appropriate reasonable accommodations recommended by the American Disability Association. The Council on Medical Education spoke in support with changes to the first and third resolves to recognize the strengths of existing laws and policies already in place. The council spoke against requiring medical schools to list “possible” accommodations on their websites. Reasonable accommodations must be tailored to each student, and posting a list of all possibilities may not be appropriate or necessary. The council recommended the second and fourth resolves not be adopted, and Harris County Medical Society recommended against adoption of the resolution.

Your reference committee supports the addition of “students with disabilities” to existing TMA policy, recognizing the importance of achieving greater diversity in medical school enrollments. More information was needed, however, to know the proportion of disabled individuals among the Texas population before there is support for adding this goal to TMA policy. Your reference committee supports adoption with changes.

Resolution 212 – Support Addressing, Screening, and Providing Healthy Coping Mechanisms for Burnout

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 212 be referred for study.

This resolution resolves (1) that our TMA recognizes burnout be defined as emotional exhaustion, depersonalization, and reduced sense of personal accomplishment, as a pressing issue among healthcare workers and medical students; (2) that TMA supports teaching medical practitioners to recognize burnout and preventing its further development by encouraging healthy coping mechanisms and the utilization of supportive services such as physician health programs and wellness programs; and (3) that TMA amend policy 215.020 Improved Funding for Mental Illness and Substance Use Disorder(s) by the addition of the following:

TMA advocates for: (1) improved prevention, identification, and treatment of mental illness, burnout, and substance use disorder(s); (2) increased funding for mental illness and substance use disorders in areas of the state to be proportional to the service requirements of the area; and (3) no psychiatric hospital beds to be closed based solely on budgetary concerns in Texas (Res. 402-A-10, amended C-SPH Rep. 2 2020).

Your reference committee received testimony for and against. The Medical Student Section testified in support of adoption, noting the prevalence of burnout among physicians and emphasizing TMA does not include burnout in current policies. The detrimental impact of
burnout on mental health was stressed and the corresponding need for TMA to have a role in fixing burnout. This should include addressing policies and funding rather than focusing on systemic causes. Testimony was provided by the Harris County Medical Society in opposition to this resolution.

Your reference committee considered TMA’s substantial offering of programming focused on addressing and preventing burnout among physicians but also recognized there is no reference to burnout in TMA policy. Your reference committee also determined the addition to existing policy proposed in the third resolve was incongruent because this policy is primarily about funding, not the mental health of physicians. Further, the systemic causes of physician burnout are not included in the resolves. For these reasons, your reference committee recommends referral for study.

Council on Medical Education Report 8 – Recognizing Charles E. Cowles Jr., MD

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Council on Medical Education Report 8 be adopted.

Council on Medical Education Report 8 received online testimony, which it considers functionally extracted from “Informational Reports” and referred for action.

Testimony received from the Committee on Membership recognized Charles E. Cowles Jr., MD, former chair of the Committee on Membership, for his support of TMA’s Leadership College. The committee stated his legacy will forever remain with the Committee on Membership and the entire Texas Medical Association. A representative from the Texas Society of Anesthesiologists expressed support for the resolution in honor of Dr. Cowles.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that the TMA House of Delegates adopt Resolution 001 2021 as follows:

Whereas, Charles E. Cowles Jr., MD, was a member of the Texas Medical Association for 20 years; and

Whereas, Dr. Cowles’ dedication to TMA included chairing the Council on Medical Education and Committee on Membership, serving on the TMA Interspecialty Society and Committee on Emergency Medical Services, and graduating from the TMA Leadership College; and

Whereas, at Harris County Medical Society, Dr. Cowles served as secretary-treasurer, was vice chair of the Delegation to TMA, and was a past member and chair of the Board of Ethics; and

Whereas, Dr. Cowles passed away December 2020 from a tragic automobile accident while on vacation with his wife and three young sons; and

Whereas, Dr. Cowles left his mark on organized medicine, and his legacy remains with all who were privileged to know him; therefore be it
RESOLVED, That the Texas Medical Association House of Delegates recognize and show its sincere gratitude for the life and service of Charles E. Cowles Jr., MD, on this day, Friday, May 14, 2021.

Respectfully submitted,

Linda Siy, MD, chair
Alejandro Joglar (MSS)
Apeksha N. Agarwal, MD (RFS)
Stephanie Copeland, MD
Robert Cowan, MD
Alison Haddock, MD

Reference Committee Staff: Marcia Collins, associate vice president, Medical Education
Kathryn Clarke, director, Health Care Quality