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<td>Resolution 356 – Support Statewide Planning and Communication for a Vaccine Plan During a Pandemic</td>
<td>Adopt</td>
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The Reference Committee on Science and Public Health, having met on Saturday, May 8, 2021, with all members present, submits the following report:


RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that that the recommendations in Council on Science and Public Health Report 1, page 2, lines 1-3 and line 7, be amended as follows:

260.004 Scalding Hot Water: Recognizing that water at a temperature of 150 degrees can cause third degree burns in two seconds, water at 140 degrees can cause third degree burns in less than five seconds, and that 215 percent of all burns in children are caused by scalding incidents primarily in the home, and that scalds may result in significant morbidity, loss of autonomy, and health care costs for the elderly, the Texas Medical Association recommends that all residential water heaters, including those in older residences, be updated and maintained at a thermostat setting of no more than 120 degrees Fahrenheit, according to International Plumbing Code 2015 (IPC 2015) adopted and amended by the Texas Industrialized Housing and Buildings Program.

TMA will continue to incorporate into its existing public and professional education programs information about burns and burn prevention (Res. 27F, 5 p 168, I-90; reaffirmed CM-CAH Rep. 2-A-01; amended CSPH Rep. 3-A-11)

280.003 Science and Health Education in Public Schools

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Council on Science and Public Health Report 1 be adopted as amended.

This report recommends (1) retaining policies 155.001 Laboratory Director Requirements, 260.086 Retire Coal-Fired Power Plants and Replace With Cleaner Energy Sources, and 260.088 United States-Mexico Border Health Commission; (2) amending polices 260.004 Scalding Hot Water and 280.003 Science Education in Public Schools; and (3) deletion of policies 55.027 Public School Education, 95.016 Computer Pharmacy Records Used for Marketing Purposes,

Your reference committee supports this report but is recommending changes to policy 260.004 and a title change to 280.003. Specifically, your reference committee recommends against citing specific plumbing codes that are potentially subject to change on a more frequent basis than the TMA policy sunset review process can accommodate. With policy 280.003, we recommend that the title be modified to add the word “health” for consistency within the wording of the policy. At the virtual hearing, your reference committee heard testimony in support of the report.


RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Council on Science and Public Health Report 2 be adopted.

This report recommends (1) that the Texas Medical Association 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) that 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) that 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.

At the virtual hearing, your reference committee heard testimony in support of the report. Your reference committee supports this report.


RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Council on Science and Public Health Report 3 be adopted.

This report recommends (1) that the Texas Medical Association monitor and confer with the Texas Department of State Health Services (DSHS) 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) that 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) that TMA develop communications for physicians on the expansion of
access to unexpired auto-injectors in various public settings.

At the virtual hearing, your reference committee heard testimony in support of the report. Your
reference committee supports this report.

Committee on Cancer Report 1 – Sunset Policy Review

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Committee on
Cancer Report 1 be adopted.

This report recommends amending policy 50.006 Colon Cancer Screening.

Your reference committee supports this report.

Committee on Infectious Disease Report 1 – Sunset Policy Review

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Committee on
Infectious Disease Report 1 be adopted.

This report recommends amending the following policies: 135.018 Pertussis and Cocooning,
95.033 Drug Shortages and Physician Communications, 135.02 Fairness in Timely Delivery of
Vaccines, and 135.019 Promotion of Antimicrobial Stewardship.

Your reference committee supports this report.

Committee on Reproductive, Women’s, and Perinatal Health Report 1 – Sunset Policy Review

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Committee on
Reproductive, Women’s, and Perinatal Health Report 1 be adopted.

This report recommends amending policies 140.010 Newborn Genetic Screening and 140.002
Prenatal and Perinatal Care.

Your reference committee supports this report.

Committee on Child and Adolescent Health Report 1 – Sunset Policy Review
RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that the recommendations in Committee on Child and Adolescent Health Report 1, lines 34 and 37, be amended as follows:

Policy 55.033 Children’s Mental and Behavioral Health

1) Physician Education. All physicians who treat and care for children and adolescents should have adequate information that enables them to recognize common mental disorders. Primary care physicians should receive the necessary training, support, and educational resources to prevent, properly screen for, diagnose, and treat or refer for treatment of mental and behavioral health disorders. Be provided educational tools regarding the screening, diagnosis, and current available treatment modalities for mental health disorders including but not limited to such as attention deficit disorder, autism, substance use disorder, mild depression, and mild anxiety. TMA can provide resources for physicians on national screening and treatment guidelines, and billing and coding information.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Committee on Child and Adolescent Health Report 1 be adopted as amended.

This report recommends (1) retention of policies 55.001 Child Safety in Pickups and 60.001 Employee Sick Leave, (2) amending policies 55.033 Children’s Mental and Behavioral Health and 260.030 Seat Belts/Motor Vehicle Restraints, and (3) deletion of policy 285.002 Weight Requirements.

Your reference committee supports this report but recommends that policy 55.033 be further amended with clarifying language to be specific to physicians who treat children and adolescents and adds language about referring for treatment as well.

(8) Committee on Emergency Services and Trauma Report 1 – Cardiac Arrest as a Reportable Condition

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that the recommendations in Committee on Emergency Services and Trauma Report 1, page 2, lines 9, 10, 14, and 18, be amended as follows:

(1) That the Texas Medical Association support amending the Texas Health and Safety Code to mandate continued efforts to increase data collection on all out-of-hospital cardiac arrests in Texas in which emergency medical services personnel (EMS) attempt resuscitation, including management and evaluation by EMS personnel and outcome data from hospitals;

(2) That TMA support encourage management of Texas out-of-hospital cardiac arrest data by the Texas Cardiac Arrest Registry to Enhance Survival with funding from the state for the organization’s management services, data collection, and sharing; and
(3) That TMA supports encourage the appropriate application of data protection and security laws regarding out-of-hospital cardiac arrest patient data collected by the state or a contracted entity.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Committee on Emergency Services and Trauma Report 1 be adopted as amended.

Your reference committee supports this report with the substitution of the word “encourage” for “support” to make clear there is no direct financial consequence to TMA.

Committee on Emergency Services and Trauma Report 2 – Recommendation on Emergency Department Diversion and Saturation Policy

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Committee on Emergency Services and Trauma Report 2 be adopted.

This report recommends (1) that the Texas Medical Association support exploring the Southeast Texas Regional Advisory Council’s (RAC’s) use of emergency department saturation status in place of an emergency department diversion policy to describe when hospitals within the region are experiencing high patient volume. Each RAC should test saturation policy and gather data and feedback before TMA recommends statewide adoption. The policy should be adjusted or expanded by each RAC pending periodic reviews of data regarding policy efficacy and patient outcomes within its unique region; (2) any hospital that adopts a saturation policy in lieu of diversion must consult emergency physicians and other emergency department personnel to ensure the policy is descriptive rather than directive, and that it enables emergency medical services (EMS) medical directors and their staff to make informed decisions for the benefit of patient health and survival outcomes; and (3) that TMA request that the Texas Department of State Health Services and the Governor’s EMS and Trauma Advisory Council evaluate data collected by RACs over the course of this policy change and make recommendations accordingly.

Your reference committee supports this report.


RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that the recommendations in Committee on Infectious Diseases and Council on Science and Public Health Joint Report 1, page 5, lines 19 and 22, be amended as follows:

(1) That the Texas Medical Association 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) That 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) That TMA support encourage better public and physician education on bed bug identification, treatment, and threats to public health;

(4) That TMA support encourage 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) That TMA encourage municipal efforts to implement measures based on the published integrated pest management approaches and on other evidence-based examples for bed bug treatment practices.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Committee on Infectious Diseases and Council on Science and Public Health Joint Report 1 be adopted as amended.

Your reference committee supports this report but modified the language in recommendations 3 and 4 to clarify, with the use of the word “support,” that TMA encourages and is not financing these recommendations.

 Resolution 301 – Access to Direct-Acting Antiviral Therapy for Texas Medicaid Beneficiaries Infected With Hepatitis C (Tabled Res 310 2020)

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 301 be adopted.

This resolution resolves that the Texas Medical Association adopt the following language as policy:

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.

Your reference committee received testimony that strongly supports this resolution. Newer data suggest that those with fibrosis will benefit from treatment, and early treatment creates long-term savings and reduces transmission to others.

 Resolution 302 – Advocating for the Improvement of Access to Mental Health Services Among Minority Teens (Tabled Res 311 2021)
RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 302 be referred for study.

This resolution resolves (1) that TMA advocate for culturally informed mental health outreach and services to increase utilization by minority youth in schools, including increasing the number of minority mental health professionals; (2) that 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) that TMA advocate for increased data collection of mental health intervention outcomes among minority adolescents.

Your reference committee received several testimonies stating that the intent of the resolution is noble, but the wording of the resolves is too broad and further refinement is needed for the goals of the resolution to be successfully attained. During the virtual hearing, your reference committee heard testimony in favor of removing the term “minority” from the third resolve to remove any unintended consequences from targeting minority adolescents. Your reference committee also heard testimony in favor of substituting the word “minority” with the phrase “historically marginalized.” However, your reference committee was not clear as to what “historically marginalized” really means. Moreover, your reference committee does not want to change the spirit of the original resolution. Referral for study would allow for further clarification and consideration.

(13) Resolution 303 – Designating Texas Hospitals as Sensitive Locations (Tabled Res 315 2020)

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 303 be referred for study.

This resolution resolves (1) that the Texas Medical Association oppose U.S. Immigration and Customs Enforcement operations in hospitals, (2) that TMA advocate for state legislation designating hospitals as sensitive locations where U.S. Immigration and Customs Enforcement cannot operate, and (3) that TMA encourage hospitals to publicize their status as sensitive locations.

Your reference committee received testimony in support of this resolution, but requests referral of this resolution to allow more time for study. Specifically, your reference committee recognizes the urgency of this timely issue but has strong reservations about TMA’s ability to oppose U.S. Immigration and Customs Enforcement operations in hospitals.

(14) Resolution 304 – Updating Texas Medical Association Teenage Sexual Health Guidelines (Tabled Res 318 2020)

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 304 be referred for study.
This resolution resolves (1) that the Texas Medical Association encourage its members to engage with their local communities and school boards to develop comprehensive sexual education programs for adolescents that teach more than abstinence as an effective practice to reduce the risk of unintended pregnancy or sexually transmitted infections, and (2) that TMA amend policy 55.016.

Your reference committee received testimony reaffirming current TMA policy 55.016 in lieu of this resolution. Additionally, your reference committee stated the additional resolves in the resolution were beyond the scope and resources of TMA. Your reference committee also recognizes that visible and vocal leadership would take the focus of TMA lobbyists off their current tasks to support this endeavor. At the virtual hearing, your reference committee heard testimony both in support and against this resolution, and thus determined that referral would better clarify and help understand the issues at hand.


RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 305 be referred for study.

This resolution resolves (1) that TMA adopt new policy to support an opt-out organ, eye, and tissue donation system in Texas, and (2) that TMA amend policy 280.010 Physician Role in Promoting Organ and Tissue Donation and Transplantation to include this language.

Your reference committee received online testimony in strong support of an opt-out donor registry strategy to improve availability of organ, eye, and tissue in transplants. However, your reference committee is aware of a previous opt-out system in Texas. Several years ago, State Sen. Rodney Ellis passed legislation that eliminated the opt-out system because African Americans were being preferentially targeted, especially for ocular donations. Due to the very sensitive, highly personal decision to be an organ donor, there needs to be more education about the importance of organ donation, a better understanding of what “opt out” means, and how to make sure organ donations are available for all Texans. At the virtual hearing, your reference committee heard further testimony in support of a referral for study for a more thorough evaluation of an opt-out program in Texas.

Resolution 306 – Maternal Health and Postpartum Depression Screening (Tabled Res 320 2020)

RECOMMENDATION:

Mr. Speaker, your reference committee recommends Resolution 306 be adopted.

This resolution resolves (1) that the Texas Medical Association encourage implementation of postpartum depression screenings as routine protocol for perinatal and postnatal women in health care settings, and (2) that TMA promote education about postpartum depression screenings to primary care physicians who treat perinatal and postpartum women.
Your reference committee received testimony in support of this resolution and recommends that it be adopted.


RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 307, lines 35-36, and page 2, lines 1-2, be amended as follows by adopting similar AMA policy and deleting the second resolve:

(1) That the Texas Medical Association adopt and recommend energy conservation guidelines for Texas medical practices and adopt AMA policy H-135.923 as follows:

TMA (1) supports initiatives to promote environmental sustainability and other efforts to halt global climate change, (2) will incorporate principles of environmental sustainability within its business operations, and (3) supports physicians in adopting programs for environmental sustainability in their practices and will help physicians to share these concepts with their patients and with their communities; and

(2) That TMA partner with the My Green Doctor initiative and promote its guidelines to physicians and health care providers in Texas; and

(3) That TMA promote education for green practices to physicians and health care providers in Texas.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 307 be adopted as amended.

Your reference committee received testimony in support of energy conservation guidelines and recommends adoption of AMA policy H-135.923, which supports physicians in adopting environmental sustainability programs. At the virtual hearing, your reference committee heard testimony against the resolution, stating that the resolution is out of the purview of physicians and TMA. However, after careful consideration, your reference committee still recommends adopting the resolution as amended.

(18) Resolution 308 – Mandatory Waiting Period for Firearm Purchases (Tabled Res 324 2020)

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that TMA policy 260.015 Firearms be amended as follows in lieu of adopting Resolution 308:

Firearms: The Texas Medical Association recognizes gun violence as a public health issue requiring the promotion of evidence-based strategies in Texas. Medical professional
organizations should speak out about the prevention of firearm-related injuries and deaths, and
TMA calls on physicians to support: (a) The primary prevention of firearm morbidity and
mortality through educating Texans about firearm safety and the potential hazards of firearm
ownership, recognizing that physicians have an unencumbered right to inquire of and inform
patients and their families about the risks of firearms and in particular the risk to children; (b)
Promotion of the Texas Hunter Education and certification program developed by the Texas
Department of Parks and Wildlife; (c) Providing anticipatory guidance in the clinical setting on
the dangers of firearm ownership in an informational, nonjudgmental manner, encouraging
firearm owners to adhere to best practices for reducing the risk of accidental or intentional
injuries or deaths by ensuring firearms are not accessible to children; adolescents; or people with
mental, behavioral, or substance use disorders; (d) Strict enforcement of federal and state gun
control laws and mandated penalties for crimes committed with a firearm, including illegal
possession; (e) The use of trigger locks (such as can be provided by www.projectchildsafe.org)
and locked gun cabinets to help prevent unintentional discharge; and (f) Unfettered study of
issues involving firearms and public health and safety, and Texas’ participation in national
surveillance studies on violence, including intimate partner violence and the impact of mandatory
waiting periods for firearm purchases in the United States, ensuring to ensure the state has timely,
accurate data on firearm-related mortality and morbidity to guide Texas’ public health prevention
activities

RECOMMENDATION B:

Your reference committee recommends Resolution 308 be not adopted in lieu of the changes
above.

This resolution resolves that the Texas Medical Association advocate for mandatory waiting
periods following the purchase of firearms to reduce firearm-related injuries and deaths.

Your reference committee received supportive testimony for mandatory waiting periods and
heard testimony in support of referral for study. However, your reference committee recommends
additional research on the effectiveness of mandatory waiting periods as a strategy to decrease
homicides and suicides. Additionally, your reference committee would like to see more research
on intimate partner violence with firearms and has included both suggestions in our proposed
amendments to existing TMA firearm policy 260.015.

(19) Resolution 309 – Promoting and Improving Health Literacy (Tabled Res 325 2020)

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 309, lines 23 and 26, be
amended as follows:

(1) That the Texas Medical Association recognize inadequate patient personal health literacy is a
barrier to effective medical diagnosis and treatment;

(2) That TMA recommend the adoption of an organizational health literacy policy at all health
care institutions that should aim to improve communication by physicians and other health care
professionals, and improve educational approaches to patient visits; and
(3) That TMA encourage the allocation of public and private funds for research about health literacy, as well as the development of low-cost community and health system resources focused on improving health literacy.

RECOMMENDATION B:

Your reference committee recommends that Resolution 309 be adopted as amended.

Your reference committee received testimony supportive of addressing health literacy to improve health outcomes and overall public health. Wanting to make sure the definition of health literacy is clear, your reference committee turned to the definition from the Centers for Disease Control and Prevention (CDC). CDC has updated the definition to include both personal health literacy and organizational health literacy. Personal health literacy is “the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.” CDC defines organizational health literacy as “the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.”

Resolution 310 – Improving Access to Immediate Postpartum Long-Acting Reversible Contraception for Adolescents (Tabled Res 327 2020)

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 310, page 2, lines 35, 41-44, and 47-49, be amended as follows:

(1) That our Texas Medical Association support increased funding for postpartum long-acting reversible contraceptives and other prescriptive contraceptives for women who do not qualify for services under Healthy Texas Women and the Texas Family Planning Program and who do not have reliable access to Title X-funded clinics;

(2) That our TMA support and advocate for the reduction of the age in Texas at which a minor can access prescriptive contraceptives, including postpartum long-acting reversible contraceptives, without parental consent from either (a) 18 to 17, to match the Texas age of consent, or (b) 18 to 15, to accommodate the entire age group of adolescents who are at increased risk of teenage pregnancy within the state; and

(3) That our TMA advocate for the expansion of the Texas “mature minor” doctrine described in TMA policy 55.004 Adolescent Sexual Activity to include access to postpartum long-acting reversible contraceptives options, including prescriptive birth control methods (e.g., oral contraceptives, shots, and intrauterine devices), and sexual health services (e.g., pap smears and treatment for urinary tract infections) without parental consent.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 310 be adopted as amended.
Your reference committee received mostly supportive testimony on this resolution, in particular the importance of improving access to postpartum long-acting reversible contraceptives. However, the Child and Adolescent Health Committee recommended not adoption as written because the resolution is unclear as to gaps in care in the current system. Recognizing the importance of the goals found in Resolution 310, your reference committee offers amended language to achieve the intent of this resolution more closely.

Resolution 311 – Lowering the Legal Age for Minors to Access Contraceptive Services (Tabled Res 328 2020)

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 311 be adopted.

This resolution resolves (1) that the Texas Medical Association support lowering the legal age at which a minor can access contraceptives without a guardian or parental consent to at least age 17, and (2) that TMA continue to support initiatives, programs, and funding that eliminate barriers to adolescents accessing reproductive health care.

Your reference committee received supportive testimony for this resolution as a strategy to reduce teen and unintended pregnancy.

Resolution 312 – Advocating Against Electronic Nicotine Delivery Systems (ENDS) (Tabled Res 301 2020)

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 312, page 2, line 8, be amended as follows:

(4) That TMA advocate against the sale of e-cigarettes and their component products and accoutrements at retail clinics, stores and pharmacies that also provide primary care and other clinical services.

RECOMMENDATION B:

Mr. Speaker your reference committee recommends that Resolution 312 be adopted as amended.

This resolution resolves (1) that the Texas Medical Association educate its members on the various aspects of e-cigarette use through ongoing CME and articles in Texas Medicine Today; (2) that TMA advocate for legislation that bans the sale of flavored, mint, and menthol tobacco products including both e-cigarette products and combustible products; (3) that TMA advocate against social media companies using influencers to advertise electronic nicotine delivery systems; and (4) that TMA advocate against the sale of e-cigarettes and their component products and accoutrements at retail clinics.
Your reference committee received overwhelming testimony recognizing the harmful health effects and patient safety concerns through the unregulated use and selling of electronic nicotine delivery systems. The Committee on Cancer testified that the term “retail clinic” may not be understood and recommends clarifying language to refer to those locations as retail stores and pharmacies that also provide primary care and other clinical services. Accordingly, your reference committee welcomes this clarifying language to the fourth resolve.

Resolution 313 – Elimination of Human Abuse and Persecution (Tabled Res 302 2020)

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 313 be not adopted.

This resolution resolves (1) that the Texas Medical Association urge the Texas Legislature to make laws to protect physicians from personal liability when passing confidential information regarding alleged abuse or persecution of a patient to various governmental agencies, (2) that TMA encourage physicians to make inquiry into patients’ well-being a matter of routine medical practice, and (3) that TMA urge physicians to document instances of alleged abuse or persecution in the patient’s medical records.

Your reference committee received mixed testimony on this resolution. The Medical Student Section is to be commended for recognizing the problems and health effects of human abuse and persecution, but TMA policy already exists, and current law protects physicians who report abuse in good faith. Additionally, online testimony mentioned that the title of the resolution does not reflect the substance in the resolution. At the virtual hearing, your reference committee heard testimony in support of referral for study and for adoption. Your reference committee discussed being unaware of stress as a specific indicator of abuse and persecution, pointing out that there is not enough in the resolution to support the proposed methodology called for in the resolution. Your reference committee discussed that the resolution could be supported if the resolution authors provided evidence to support such methodology. For these reasons, your reference committee recommends not adoption.

Resolution 314 – Promoting Safe and Effective Disposal of Polystyrene Foam Medication Case(s) With or Without Ice Packs

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 314, lines 16-18, and lines 24-25 be amended by deleting the first and third resolve as follows:

(1) That the Texas Medical Association encourage county medical societies to work with local physicians to disseminate information in their office to their patients and staff about the improper disposal of polystyrene foam case(s) with or without ice packs;

(21) That TMA encourage pharmaceutical firms to take full responsibility for the return of polystyrene foam case(s) with or without ice packs and paying for the proper and safe disposal or reuse of these materials; and
(32) That the Texas Delegation to the American Medical Association take a similar resolution to the AMA House of Delegates for consideration.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 314 be adopted as amended.

Your reference committee received supportive testimony for this resolution, including heard testimony in support of referral and adoption as amended. Your reference committee also heard testimony from a member of the TMA delegation to the AMA pointing out AMA’s extensive work on recycling and waste disposal and as such this resolution would likely not be considered a priority for the AMA this year. Additionally, your reference committee recognizes that polystyrene foam is difficult to recycle and potentially would create physician burden when the onus should be on the pharmaceutical company supplying the packaging; and thus, your reference committee recommended adoption as amended.

(25) Resolution 315 – Possible Upcoming Shortage of Fentanyl and Other Opioid Injections

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 315, lines 25-26, be amended by deleting the first and fourth resolve as follows:

(1) That the Texas Medical Association restudy the potential shortage of fentanyl and other injectable opioids, and promote alternative supplies made domestically;

(2) (1) That TMA work with stakeholders and policymakers to ensure that the legitimate availability and affordability of fentanyl and other injectable opioids do not fall below the current and future medical need for procedures performed in Texas as well as for disaster preparedness;

(3) (2) That TMA advocate physicians using the minimum amount of opioids needed for procedures to make patients comfortable; and

(4) That the Texas Delegation to the American Medical Association take a similar resolution to the AMA House of Delegates for consideration.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 315 be adopted as amended.

Your reference committee received limited but supportive testimony for this resolution but felt the shortage of fentanyl and other injectable opioids is a national issue that should best be studied by AMA. At the virtual hearing, your reference committee also heard testimony from a member of the TMA delegation to the AMA pointing out the substantial work of the AMA around opioid use and shortages, which are already consistent with the intent of this resolution. Because AMA already has robust policy and a Task Force on Opioids, your reference committee decided to also delete the fourth resolve.
(26) Resolution 316 – Use of Human Tissue for Beneficial Applications (Tabled Res 303 2020)

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 316 be adopted.

This resolution resolves that the Texas Medical Association study and make active recommendations for a safe harbor in Texas allowing certified entities that have non fetal tissue and non-whole-organ human tissue waste from a consenting adult patient to use the tissue strictly for research purposes and clinical diagnostics.

Your reference committee received no negative testimony and heard testimony in support of the reference committee recommendation to adopt the resolution.

(27) Resolution 317 – Decommissioning Existing and Not Constructing New Wastewater Treatment Plants in or Near Flood Plains and Waterways (Tabled Res 307 2020)

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 317, line 8, be amended as follows:

That the Texas Medical Association support the need for local, county, and state governmental entities for environmental safety in existing to decommission existing and not construct new wastewater treatment plants in or near flood plains and waterways.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends Resolution 317 be adopted as amended.

Your reference committee agrees with the revised language recommended by the Council on Science and Public Health, and acknowledges the challenges associated with the feasibility of decommissioning all existing facilities.

(28) Resolution 318 – Recurrent Flooding in Texas Must Be Resolved (Tabled Res 308 2020)

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 318, lines 8-9, be amended as follows:

That the Texas Medical Association support the need for local, county, and state governmental entities to commit to and be responsible for the necessary resources to effectively eliminate minimize and mitigate recurrent flooding in Texas highly populated areas of Texas.
RECOMMENDATION B:

Mr. Speaker, your reference committee recommends Resolution 318 be adopted as amended.

Your reference committee received mixed testimony on this resolution. Those supporting the resolution cited public health effects of flooding including injury, carbon monoxide poisoning, and psychological distress. Several testifiers mentioned the need to target efforts to vulnerable populations such as young women, the socioeconomically disadvantaged, and children, which is not mentioned in the resolution. In contrast, a couple of testifiers said that without modified language, the original intent of the resolution may be beyond the expertise and providence of the TMA. At the virtual hearing, your reference committee heard testimony to take out the inserted language: “highly populated areas of” in order to include non-highly populated areas of the state also subject to flooding. However, your reference committee recognized that the rest of our membership may have seen this resolution who were potentially in favor of the resolution with the report language, and thus your reference committee decided to maintain the original amendment language of “highly populated areas of Texas.”

Resolution 319 – Support for the Texas-CARES Program (Tabled Res 312 2020)

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 319, lines 32-33, be amended by deleting the fourth resolve as follows:

(1) That the Texas Medical Association investigate options, identify strategies, and support ongoing efforts to sustain the Texas Cardiac Arrest Registry to Enhance Survival (Texas-CARES) Program to collect data on out-of-hospital cardiac arrest (OHCA) incidence, 9-1-1 response, emergency medical services (EMS) treatment, and patient outcomes;

(2) That 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 to maximize survival after OHCA;

(3) That TMA work to ensure the state of Texas shall own the data collected by the Texas-CARES registry; and

(4) That TMA support adding sudden cardiac arrest as a reportable condition in Texas; and

(5)(4) That the Texas Delegation to the American Medical Association carry a similar resolution to the AMA House of Delegates for consideration.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends Resolution 319 be adopted as amended.

Your reference committee received supportive testimony for this resolution. One testifier recommended in opposition to the fourth resolve to make sudden cardiac arrest a reportable condition. We agree with that commenter and have included that in our recommendation to the house.
(30) Resolution 320 – Impact of Social Networking Services on the Health of Adolescents

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 320 be adopted.

This resolution resolves (1) That the Texas Medical Association affirm that use of social networking services has the potential to negatively impact the physical and mental health of individuals, especially adolescents and those with preexisting psychosocial conditions, and therefore these services should have established, evidence-based, reliable safeguards to protect vulnerable populations from harm, and (2) That the Texas Delegation to the American Medical Association introduce a resolution to the AMA House of Delegates to advocate for the study of the biological, psychological, and social effects of social networking services use, and to advocate for legislative or regulatory action, including the expansion of Children’s Online Privacy Protection Act of 1998 protections, to mitigate the potential harm from the use of social networking services to adolescents and other vulnerable populations.

Your reference committee received and heard very supportive testimony for this timely resolution, including support for submitting the issue to the AMA.

(31) Resolution 321 – Restore and Add Funding to Public Health

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 321, line 10, be amended as follows:

That the Texas Medical Association, which represents more than 55,000 Texas physicians and medical students, work with academic centers, medical schools, and schools of public health to encourage the Texas Legislature to restore and add funding to public health to assist with the current pandemic crisis and prepare for the next.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends Resolution 321 be adopted as amended.

Your reference committee received testimony in strong support for this resolution but wanted to correct the resolve regarding TMA’s membership composition. Public health has been chronically and critically underfunded for well over a decade, and a strong public health system is imperative to be better prepared for infectious disease outbreaks and defending the health of the public.

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 322 be not adopted.

This resolution resolves (1) that the Texas Medical Association 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) that TMA advocate for the right of community physicians to contact physicians and 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.

Your reference committee received testimony against adoption of this resolution regarding immigrant health issues in Texas. TMA is not able to change practice or policy involved in this resolution effectively. TMA has existing policy 260.005 that is supportive of similar efforts to improve migrant health.

(33) Resolution 323 – Education and Action to Arrest the Effects of Climate Change on Health (Tabled Res 309 2020)

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 323 be adopted.

This resolution resolves (1) that the Texas Medical Association 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) that 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) That the substance of the education and advocacy be managed through the established mechanisms of the TMA Council on Science and Public Health and the Council on Legislation.

Your reference committee received overwhelming testimony in support of this resolution.

(34) Resolution 324 – Required Platelet Products at a Facility in Maternal Levels of Care Designation (Tabled Res 314 2020)

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 324, lines 30-31, be amended as follows:

That the Texas Medical Association 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.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends Resolution 324 be adopted as amended.

Your reference committee received supportive testimony to reevaluate the state’s requirement to stock platelets. This resolution speaks to the state mandate, which has the potential to threaten the community platelet supply for other growing demands such as cancer, extracorporeal membrane oxygenation, heart surgeries, trauma, and transplant care. Your reference committee understands how important it is for the health of the mother and baby to always have sufficient platelet product available. The Texas Department of State Health Services (DSHS) has the responsibility to review the facilities for designation level, which will be finalized by September 2021. The Perinatal Advisory Committee is the recommending body for DSHS to develop these levels of care for designation, including evaluating the feasibility of various requirements and balancing that with access to effective excellent care for our Texas mothers and babies. Therefore, the reference committee recommends eliminating the language that refers to the platelet requirement as an “onerous requirement.”

(35) Resolution 325 – Employee Rights to Lactation Accommodation (Tabled Res 317 2020)

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 325, lines 28-30, be amended by deleting the first resolve as follows:

(1) That the Texas Medical Association develop model legislation extending employee lactation accommodation rights to employees of private companies and companies with less than 50 employees; and

(2) That TMA amend Policy 140.008 as follows:

TMA supports the adoption of legislation and employer programs that allow breastfeeding mothers to express breast milk safely and privately at work or take time to feed their infants and encourages public facilities to provide designated areas for breastfeeding and breast milk expression.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 325 be adopted as amended.

Your reference committee received testimony from the Committee on Reproductive, Women’s, Perinatal Health recommending the above amendments. Your reference committee recognizes how important lactation accommodations are to support breastfeeding. Eliminating the first resolve in the resolution would expand TMA policy to support workplaces of any size.
(36) Resolution 326 – Pediatric Iron Deficiency Anemia Treatment and Diagnosis Guidelines (Tabled Res 326 2020)

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 326 be not adopted.

This resolution resolves that the Texas Medical Association 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.

Your reference committee received mostly supportive testimony for this resolution. However, your reference committee agrees with the online testimony from the Child and Adolescent Health Committee that the scope of developing practice guidelines is outside the purview of TMA. Further, testifiers expressed concerns about potentially discouraging primary care physicians from referring when needed.

(37) Resolution 327 – Expanding Access to Regularly-Scheduled Dialysis for All Individuals With ESRD (Tabled Res 330 2020)

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 327, page 2, lines 9-11 and 13, be amended by deleting the first resolve and amending language in the second resolve as follows:

(1) That the Texas Medical Association support existing municipal, county, and state programs that allow undocumented immigrants with end-stage renal disease (ESRD) to receive regularly scheduled dialysis;

(2) That TMA support recognize the need for 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 which dialysis is appropriately indicated; and

(3) That TMA collaborate with relevant stakeholders in identifying and implementing potential solutions to achieving regularly scheduled dialysis as a standard of care for all individuals with ESRD in Texas.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 327 be adopted as amended.

Your reference committee received limited but supportive testimony for this resolution. Of concern is the cost of the original resolution. Your reference committee is recommending alternative language to clarify that TMA will not have a financial responsibility should Resolution 327 be adopted.
Resolution 328 – Outreach and Education in Mixed-Status and Undocumented Communities
Regarding Information Gathering and COVID-19 Vaccine Distribution

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 328, page 3, lines 11 and 15, be amended as follows:

(2) That our TMA continue to create and implement accessible outreach and education programs pertaining to the COVID-19 vaccine that can be distributed via community-based, faith-based, and grassroots organizations in mixed-status and undocumented communities.

(3) That our TMA encourage collaboration with community-based, faith-based, and grassroots organizations to create outreach and education programs for undocumented and mixed-status immigrant communities.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 328 be adopted as amended.

Your reference committee received mixed and limited testimony. The Council on Science and Public Health supports the resolution because it recommends opposing the collection of data regarding legal residency or proof of citizenship as a condition of providing vaccines. In contrast, the Committee on Infectious Disease questioned the available bandwidth and resource limitations associated with the second resolve and recommended greater inclusivity by dropping language regarding immigration status. Your reference committee recommends amending the language in Resolution 328 to encourage TMA to continue the important work of promoting the COVID-19 vaccine.

Resolution 329 – In Support of Comprehensive Sexuality Education Reform

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 329 be referred for study.

This resolution resolves amending Policy 55.016 Sexuality Education as follows:

The Texas Medical Association supports age- and developmentally appropriate, comprehensive sexuality education from kindergarten through college that (a) uses an effective, evidence-based, medically accurate comprehensive curricula; (b) addresses abstinence-plus practices, avoidance of sexual risk-taking behaviors, various forms of contraception, availability of reproductive health choices, and includes responsible decision making, social influences, and peer pressures; and (c) includes factual information and skill-building related to sexual reproduction anatomy, biology, and other health-related knowledge that would aid in preventing pregnancy and transmission of sexually transmitted diseases.

TMA will act as a resource and offer recommendations to state and local governmental agencies and other interested organizations based on scientific, medically accurate information on adolescent sexuality, dispelling medical misinformation and encouraging the inclusion of the
LGBTQ+ community in sexuality education programs that address the sexual behaviors of all people.

Your reference committee received testimony from both the Child and Adolescent Health Committee and Medical Student Section recognizing the goal of this resolution and that of 304 should be combined to form one comprehensive stance on sexual education in the public school system. At the virtual hearing, your reference committee heard testimony in support of adoption of the resolution. After discussion, your reference committee recommends referral for study to develop comprehensive policy on sexual education.

(40) Resolution 330 – In Support of Reevaluating the Use of Race in Estimated Glomerular Filtration Rate

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 330 be adopted.

This resolution resolves (1) that our Texas Medical Association recognize that race is an inaccurate proxy metric to use in estimating glomerular filtration rate (GFR) because race is a social rather than biological construct, and (2) that our TMA support and encourage efforts to study and redefine the currently used race correction factor, so that GFR can be estimated with factors other than self-identified race.

Your reference committee received supportive testimony that this practice must be reevaluated and studied to better understand the biologic differences in physical function without applying societal definitions.

(41) Resolution 331 – Support for Increasing Digital Access

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 331, page 2, lines 19-21 and 23-24, be amended as follows:

(1) That the Texas Medical Association advocate for increased availability of, access to, and affordability of high-speed home broadband internet, particularly to in order to improve telehealth access and reduce health care disparities, particularly address needs in both among the elderly and in underprivileged communities for the purposes of improving telehealth access and reducing health disparities; and

(2) That TMA advocate to improve digital literacy, in order to improve telehealth access and reduce health care disparities, particularly to address needs in among both the elderly and in underprivileged communities, for the purposes of improving telehealth access and reducing health disparities.

RECOMMENDATION B:
Mr. Speaker, your reference committee recommends that Resolution 331 be adopted as amended.

Your reference committee received very supportive testimony for the resolves in this resolution. The Council on Science and Public Health has recommended friendly amendments, and your reference committee concurs with them. Your reference committee recommends that this resolution include a citation from the American Library Association regarding the definition of digital literacy as follows: “the ability to use information and communication technologies to find, evaluate, create, and communicate information, requiring both cognitive and technical skills.”

Resolution 332 – Opposition to Criminalization of Gender-Affirming Care for Transgender Youth

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 332, page 2, lines 4 -18, be amended as follows:

(1) That our Texas Medical Association opposes efforts to criminalize evidence-based, gender-affirming care for transgender youth; and

(2) That our TMA amend Policy 55.058 as Sexual Orientation Change Efforts and Gender-Affirmation Therapies Care for Minors and amend it as follows: (1) The Texas Medical Association supports treatment and therapies rooted in acceptance and support regarding an individual’s sexual orientation and gender identification and therefore opposes practices aimed at changing an individual’s sexual orientation, including conversion therapy; (2) TMA supports physician efforts to provide medically appropriate therapies affirming relating to gender identity and opposes the criminalization of these practices; (23) TMA supports the prohibition of any person licensed to provide mental health counseling from engaging in sexual orientation change efforts with patients younger than 18 years of age. TMA supports the practice of evidence-based therapies and will aggressively oppose the use of potentially harmful, unproven therapies for children. In addition, the association supports any regulatory changes to prohibit coverage for conversion therapy under the state’s Medicaid program as well as any health insurers in the state; (34) TMA encourages physicians to stay informed on the potential harms associated with sexual orientation change efforts and the criminalization of gender-affirming therapies. (CM-CAH & TF Rep. 4-A-17)

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 332 be adopted as amended.

Your reference committee both received and heard supportive testimony for the intent of this resolution that physicians should not be criminalized for providing appropriate health care. Your reference committee also heard testimony in support of not adopting this resolution as well as a recommendation to change “gender affirming therapies” to “therapies relating to gender identity.” Your reference committee supported the recommendation to change the language and supports the recommendations as outlined by the testimony of the LGBTQ Health Section.
(43) Resolution 333 – Opposition to Sobriety Requirement for Hepatitis C Treatment

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 333 be adopted.

This resolution resolves (1) that our Texas Medical Association oppose the Texas Medicaid 90-day sobriety requirement for hepatitis C virus (HCV) treatment, (2) that TMA support efforts to remove the sobriety requirement as a barrier to HCV treatment, and (3) that TMA encourage the awareness and avoidance of barriers relating to access to HCV treatment.

Your reference committee received extensive testimony supporting removal of barriers to curing hepatitis C.

(44) Resolution 334 – Racism as a Public Health Issue

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 334 be referred for study.

This resolution resolves (1) that our Texas Medical Association acknowledge that systemic and structural racism within the health care system has caused and continues to cause health inequity that harms marginalized communities; (2) that TMA recognize racism, in its systemic, cultural, interpersonal, and other forms, poses a threat to public health, the advancement of health equity, and the delivery of appropriate medical care; and (3) that TMA support resource development for health care institutions, physician practices, and academic medical centers to recognize, address, and mitigate the effects of racism on patients, physicians, providers, and populations.

Your reference committee received supportive testimony for the intent of this resolution. At the virtual hearing, one testifier expressed concerns that the resolution may alienate some membership and that this is a politically charged issue. However, your reference committee also heard further overwhelming testimony in support of racism as a public health issue, including testimony in support of adoption of the resolution. Several testifiers including the TMA Board of Trustees and the TMA Council on Science and Public Health recommended referring this resolution along with resolutions 345 and 354 to TMA’s newly created Task Force on Equity, Diversity, Inclusion, and Racism for further study, policy development, and membership engagement. Overall, your reference committee acknowledges the importance for adoption, but due to the complexity of the issue, determined that referral for study may be the best course of action.

(45) Resolution 335 – Public Health and Health Care Protections While Incarcerated

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 335 be referred for study.
This resolution resolves that our Texas Medical Association recognize incarcerated health is public health by protecting the health and safety of incarcerated and detained individuals through the following actions including, but not limited to:

1. Advocating for equivalence of care for those incarcerated and detained;
2. During infectious disease outbreaks, (a) advocating for the urgent provisioning of personal protective equipment and needed hygiene supplies, and (b) encouraging the adoption of safety measures such as social distancing, reduced crowding, and decarceration to mitigate disease spread in facilities;
3. Promoting access to nonemergent health services during disease outbreaks;
4. Opposing using incarcerated people to respond to public health emergencies;
5. Recognizing incarcerated and detained individuals as a high-risk group for prioritization of vaccine access;
6. Encouraging the enactment of safeguards that protect the ability of incarcerated people to access care without fear of retaliation;
7. Supporting strengthening the Eighth Amendment rights of incarcerated people to access adequate medical care;
8. Supporting legislation requiring U.S. Occupational Safety and Health Administration protections in incarcerated workplaces;
9. Encouraging the Texas state Medicaid agency to accept and process Medicaid applications from eligible juveniles and adults who are incarcerated to improve access to care, particularly during a pandemic;
10. Advocate for adequate payment to physicians and health care providers, including primary care, mental health, and addiction treatment professionals, to encourage improved access to comprehensive physical and behavioral health care services to juveniles and adults throughout the incarceration process from intake to reentry into the community;
11. Supporting partnerships and information-sharing among correctional systems, community health systems, and state insurance programs to provide access to a continuum of health care services for juveniles and adults in the correctional system; and
12. Supporting (a) linkage of those incarcerated to community clinics upon release to accelerate access to comprehensive health care, including mental health and substance abuse disorder services, and improve health outcomes among this vulnerable patient population, as well as adequate funding; and (b) the collaboration of correctional health workers and community physicians and health care providers for those transitioning from a correctional institution to the community.

Your reference committee received supportive testimony and agreed with its goal to protect the health of those who are incarcerated. However, the 12 recommendations are not focused and contain inflammatory language. Your reference committee agrees with the online testimony from the Council on Science and Public Health and Subcommittee on Behavioral Health that the resolution should be referred for further study.

Resolution 336 – Results and Regulation of Freestanding Birthing Centers and at Home Birthing Services (Tabled Res 426 2020)

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 336 be adopted.
This resolution resolves (1) that the Texas Medical Association work with state agencies to study the results, regulation, and quality review mechanisms of freestanding birthing centers and at-home birthing services, and (2) that TMA determine if additional regulations and public education are needed.

Your reference committee received supportive testimony for this resolution and appreciates how important this issue is to our membership.

Resolution 337 – Advocating for Evidence-Based Care for Incarcerated Pregnant Women in Texas Correctional Facilities

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 337 be adopted.

This resolution resolves (1) that our Texas Medical Association recognize the lack of uniform prenatal care provided to incarcerated pregnant women in Texas correctional facilities, (2) that TMA encourage the Texas Commission on Jail Standards and Texas Department of Criminal Justice to comply with evidence-based guidelines from national physician organizations regarding the care and management of incarcerated pregnant women in Texas correctional facilities, and (3) that TMA encourage the Texas Commission on Jail Standards and Texas Department of Criminal Justice to report all pregnant inmates’ pregnancies and outcomes.

Your reference committee received testimony for TMA to encourage policies that ensure prisons comply with evidence-based perinatal care guidelines and collect data on their inmates’ pregnancies and maternal outcomes.

Resolution 338 – Support for Immunization Information System Interjurisdictional Data Exchange

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 325 be adopted.

This resolution resolves that our Texas Medical Association support sharing Texas immunization registry (ImmTrac2) data interjurisdictionally with other state and regional immunization information systems to help ensure accurate and complete patient immunization records while maintaining patient privacy.

Your reference committee received supportive testimony of this resolution.

Resolution 339 – Support for Texas Department of State Health Services Efforts to Address Racial and Ethnic Disparities in Health

RECOMMENDATION A:
Mr. Speaker, your reference committee recommends that Resolution 339 be amended by adding a second resolve as follows:

(1) That our Texas Medical Association support the Texas Department of State Health Services prioritizing continued efforts to address racial and ethnic disparities in health; and

(2) That TMA advocate to reinstate a statewide office to reduce racial and ethnic health disparities within the Texas Health and Human Services Commission with appropriate levels of funding.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 339 be adopted as amended.

Your reference committee received supportive testimony for the intent of this resolution and agrees with the additional proposed resolution by the Council on Science and Public Health. While your reference committee heard testimony at the virtual hearing in support of changing language using “health” to “health care,” your reference committee did not adopt the change because they felt it could possibly change the intent of the resolution and that “health care” falls under the umbrella of “health.”

Resolution 340 – Supporting the Health of Undocumented Immigrants During the COVID-19 Pandemic and Future Pandemics

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 340, page 2, lines 39-46 and 50, and page 3, lines 1-2, be amended by deleting the fourth resolve and amending the language of the first and second resolves as follows:

(1) That the Texas Medical Association advocate for reducing communication barriers regarding COVID-19 and any future pandemic-associated information such as testing, treatment, and vaccination availability, particularly with limited-English-proficient individuals assistance for the reduction of language barriers by medical centers, community centers, free clinics, and physicians in the communication of COVID-19 and any future pandemic-associated information, testing, treatment, and vaccinations;

(2) That TMA support physician participation in any current and future pandemic-related government assistance programs such as the Health Resources and Services Administration (HRSA) COVID-19 Uninsured Program; and

(3) That TMA support the distribution of life-saving vaccinations to all individuals in the community, including undocumented immigrants, during a pandemic in order to swiftly achieve herd immunity; and

(4) That TMA support the allocation of additional funding for health care coverage of undocumented immigrants during any national pandemic.
RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 340 be adopted as amended.

Your reference committee received limited testimony, but the proposed amendments to the resolution were recommended by the Council on Science and Public Health. The reason for deleting the fourth resolve is that it simply posed too many unanswered questions, including what is the definition of the term “health care coverage,” what about long-term health effects from a pandemic, and whether coverage would be available only during a pandemic? While one testimony at the virtual hearing was heard in support of referral or against adoption, your reference committee deliberated and still agreed on the recommendations as outlined by the Council on Science and Public Health.

(51) Resolution 341 – Acknowledging Abortion Is a Time-Sensitive Medical Procedure

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 341 be adopted.

This resolution resolves amending TMA Policy 10.002 as follows:

Abortion, 10.002
The Texas Medical Association recognizes abortion as a legal and time-sensitive medical procedure, and the performance of abortion must be based upon early and accurate diagnosis of pregnancy; informed and nonjudgmental counseling; prompt referral to skillful and understanding personnel working in a good facility; reasonable cost; and professional follow up.

This resolution also resolves that TMA advocate against restrictions that limit access to any time-sensitive or medically necessary procedures for Texans.

Your reference committee received compelling testimony from the Committee on Reproductive, Perinatal, and Women’s Health and the Medical Student Section regarding this resolution. Your reference committee appreciates the sensitivity to the unique circumstances affecting abortion care under Gov. Greg Abbott’s administration during the COVID-19 pandemic. As a result, your reference committee recommends adoption of the resolution.

(52) Resolution 342 – Advocating for Increased Transparency at “Crisis Pregnancy Centers”

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 342 be adopted.

This resolution resolves that TMA advocate for increased transparency at crisis pregnancy centers.
Your reference committee received thoughtful testimony regarding the importance of reducing barriers for women to access high-quality, unbiased family planning services. At the virtual hearing, your reference committee heard testimony against adoption due to lack of clarity on what “transparency” means. However, your reference committee heard subsequent testimony from the resolution authors clarifying the term “transparency” to mean “clear and candid.” As such, your reference committee supports this resolution and agrees that standards for accurate medical information and ethical practices should be uniformly applied to crisis pregnancy centers.

Resolution 343 – Study to Improve Healthcare Access and Care for Persons with Disabilities

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 343 be not adopted.

This resolution resolves (1) that our Texas Medical Association study and recommend actions to address the following issues related to patients with disabilities: (a) identification of problems that lead to poor health outcomes in people with disabilities; (b) how to improve health outcomes for patients with disabilities; (c) ways to increase health care screenings among patients with disabilities; (d) how to improve training in medical schools and residency programs related to caring for patients with disabilities; and (e) how TMA can best educate to its members about caring for patients with disabilities, including reviewing laws, regulations, and activities that impact the disability community; and (2) that the results of this study be reported back to the TMA House of Delegates at TexMed 2022.

Your reference committee received limited testimony on this resolution. The Council on Science and Public Health opposes the resolution due to the broad scope and the likelihood that other disability groups may have more resources to address the health care needs of people with disabilities. At the virtual hearing, your reference committee heard testimony to refer for study; however, your reference committee agreed with the Council on Science and Public Health’s concerns regarding the vast scope called for with this resolution. Future considerations regarding this issue might include a more focused approach on an aspect of care regarding disabilities or on specific disabilities. Your reference committee recognizes that this is an important topic that deserves further study, but the requested study must be more focused.

Resolution 344 – Supporting Mature Minors Ability to Receive Vaccinations Without Parental Consent

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 344 be not adopted.

This resolution resolves (1) that the Texas Medical Association support a physician’s right, if deemed appropriate by the state, to provide vaccinations to mature minors who provide consent; (2) that TMA will encourage physicians to have age-appropriate materials for vaccine information and documentation methods for minors considering obtaining a vaccination; and (3) that TMA encourage our legislature to support model legislation expanding access to vaccines by broadening the rights of mature minors who comprehend the need for, nature of, and any risks.
inherent to a vaccination to be able to give informed consent to receive a vaccination recommended by the U.S. Advisory Committee on Immunization Practices.

Your reference committee received limited testimony for this resolution and does not support this resolution because the language is unclear. Your reference committee also heard testimony in support of non-adoption at the virtual hearing.

(55) Resolution 345 – TMA Statement on the Health Impact of Racism

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 345 be referred for study.

This resolution resolves (1) that the Texas Medical Association develop an Official Statement on Racism; (2) that comprehensive policy be developed to support the statement and ensure that anti-racism and health equity strategies are prioritized for inclusion in organizational, educational, and advocacy activities; and (3) that TMA support identifying racism as a public health emergency.

Your reference committee received supportive testimony for the intent of this resolution. Your reference committee also heard testimony in support of adoption of the resolution rather than referral. Several testifiers including the TMA Board of Trustees and the TMA Council on Science and Public Health recommended referring this resolution along with resolutions 334 and 354 to TMA’s newly created Task Force on Equity, Diversity, Inclusion, and Racism for further study, policy development, and membership engagement.

(56) Resolution 346 – Educating Physicians on the Rights of Immigrant Patients (Tabled Res 107 2020)

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 346, lines 34-37, and page 2, lines 1-3, be amended by amending language in the first resolved and deleting the second resolved as follows:

(1) That our Texas Medical Association advocate for the adoption of policies by health care facilities that protect the rights of immigrants when seeking medical care, and oppose policies that would deter or restrict access to health care for immigrants and or their dependents such as those that designate private areas of the clinic and discourage the routine collection of patient immigration status information, and

2) That our TMA launch an educational campaign advising 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.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends Resolution 346 be adopted as amended.
Your reference committee received limited but supportive testimony for a revised first resolve in the resolution but opposed the second resolve asking TMA to launch an educational campaign advising patients about their rights.

Resolution 347 – Increasing Education Regarding the Effects of Bias and Discrimination on Patients Experiencing Homelessness

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 347, page 2, line 32, be amended as follows:

(1) That our Texas Medical Association recognize individuals facing homelessness suffer significant barriers in accessing health care that result in health care disparities;

(2) That our TMA encourage the use of multicomponent stigma-reduction interventions, including but not limited to increased education and advocacy to reduce the harmful effects of discrimination and promote health equity for patients experiencing homelessness;

(3) That our TMA support the use of standardized social determinants of health screenings to address the issue of housing status such that patients experiencing homelessness can receive care tailored to their specific situations; and

(4) That our TMA encourage further research on how barriers to care negatively impact outcomes of patients experiencing homelessness.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends Resolution 347 be adopted as amended.

This resolution resolves that the Texas Medical Association 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.

Your reference committee received supportive testimony and agreed that conducting annual
physical examination of students in schools is the practice of medicine.

(59) Resolution 349 – Reducing Intimate Partner Homicide

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 349 be amended by addition
of a third resolve as follows:

(1) That the Texas Medical Association support Texas law being consistent with federal law in
declaring possession of a firearm unlawful for an individual convicted of intimate partner
violence; and

(2) That TMA support efforts to establish guidelines for removal of firearms from those at high
risk for committing intimate partner violence, such as people with domestic violence
misdemeanors and those convicted of stalking; and

(3) That TMA advocate for data collection on gun violence including the greater likelihood of
lethality when guns are involved.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 349 be adopted as amended.

Your reference committee received supportive testimony for this resolution and acknowledges
that TMA has no policy regarding protecting victims of intimate partner violence.

(60) Resolution 350 – Restricting School Immunization Exemptions to Exemptions for Medical
Reasons

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 350 be amended as follows:

That our Texas Medical Association advocate for the removal through legislation of nonmedical
exemptions from required school vaccinations, vaccinations approved and recommended by the
Advisory Committee on Immunization Practices (ACIP).

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends Resolution 350 be adopted as amended.
Your reference committee received supportive testimony for this resolution. The Committee on Infectious Disease supports the resolution but believes it may be covered by TMA policy 260.072 and questions whether adoption would obligate TMA to oppose religious exemptions legislatively. Your reference committee heard one testimony at the virtual hearing expressing concerns regarding preventing other nonmedical exemptions being valid as well as one testimony in support of the reference committee to adopt as amended. Your reference committee felt that both written and oral testimony were more in support of moving forward with adopting the resolution as amended.

(61) Resolution 351 – Support of a Statewide Contact Tracing App

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 351 be referred for study.

This resolution resolves (1) That our Texas Medical Association support the development of a statewide contact tracing app made by the Texas Department of State Health Service (DSHS) in accordance with Centers for Disease Control and Prevention preliminary criteria for digital contact tracing in addition to conventional tracing methods; (2) That our TMA support efforts to promote and make widely known the use of contact tracing app made by DSHS; and (3) That our TMA support the efforts to educate the general public that a contact tracing app made by DSHS ensures patient safety and privacy to encourage public buy-in.

Your reference committee received supportive testimony, but the Committee on Infectious Disease recommended against the use of a contact application developed by DSHS and supports the outsourcing of the application development. After hearing testimony regarding privacy issue concerns of contact tracing apps, your reference committee felt that referring this resolution for study would allow for better delineation of the privacy concerns. A contact tracing app may contribute greatly to an effective infectious disease outbreak response; however, the company procured to develop such an app must do so in a way that ensures privacy is not compromised.

(62) Resolution 352 – Mental Health Education in Schools

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 352 be amended by deletion of the word “mandated.”

This resolution resolves that the Texas Medical Association urge state legislators to make mental health education and awareness part of mandated school curriculum in Texas from elementary through high school.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 352 be adopted as amended.
Your reference committee initially received testimony recognizing the important intent of this resolution, but because placing a school mandate is not something TMA can do, your Child and Adolescent Health Committee and the Subcommittee on Behavioral were prepared to work with the authors of the resolution to make its goals more achievable. However, after receiving testimony from the Lone Star Caucus recommending amendment to the resolution by deleting the word “mandated” and then adoption, your reference committee agrees and recommends adopting as amended.

(63) Resolution 353 – Recognizing the Effect of Climate Change on Public Health (Tabled Res 323 2020)

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Resolution 353, page 2, line 10, be amended as follows:

That the Texas Medical Association concur with the scientific consensus that 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 children, the elderly, and people of low socioeconomic status.

RECOMMENDATION B:

Your reference committee recommends Resolution 353 be adopted as amended.

Your reference committee received supportive testimony for this resolution. At the virtual hearing, your reference committee heard testimony both against and for adoption. Overall, the preponderance of testimony supported adoption, and with the Council on Science and Public Health clearly stating that this issue is within their scope, your reference committee supports adoption of the resolution as amended.

(64) Resolution 354 – Addressing Race in Medicine

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 354 be referred for study.

This resolution resolves (1) that our Texas Medical Association support the development of curriculum in Texas medical schools that addresses the history of race in medicine and its present-day effects for minority groups including but not limited to Black, Latinx, Indigenous (American Indians and Alaska Natives, native Hawaiians/Pacific Islanders), and Asian populations; (2) that TMA encourage all members to participate in a continuing medical education program that addresses the history of race in medicine and its present-day effects for minority groups including but not limited to Black, Latinx, Indigenous (American Indians and Alaska Natives, native Hawaiians/Pacific Islanders), and Asian populations; and (3) that TMA create a Committee for Minority Health and Issues to address health disparities among minorities in Texas.
Your reference committee received supportive testimony for the intent of this resolution. Several testifiers including the TMA Board of Trustees and the TMA Council on Science and Public Health recommended referring this resolution along with resolutions 334 and 345 to TMA’s newly created Task Force on Equity, Diversity, Inclusion, and Racism for further study, policy development, and membership engagement.

Resolution 355 – Support of Medical Student Health and Wellness

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that resolves 1 and 2 be divided from resolves 3 and 4 in Resolution 355.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Resolution 355, resolves 1 and 2, be adopted.

This resolution resolves (1) that Texas Medical Association encourage the development of evidence-based methods to detect, treat, and prevent mental health issues in medical students, (2) that TMA promote awareness of the prevalence of mental illness among medical students and therapeutic resources available to treat these illnesses,

RECOMMENDATION C:

Mr. Speaker, your reference committee recommends that Resolution 355, resolves 3 and 4, be referred for study.

This resolution resolves (3) that TMA encourage Texas medical schools to recognize common barriers that deter medical students from seeking counseling services, and (4) that TMA encourage the development of peer support group sessions within medical schools to promote open discussion of mental health and build support among students.

Your reference committee received mixed testimony regarding this resolution. Testifiers recognize the importance of TMA promoting awareness of mental health problems among medical students and encouraging development of peer support group sessions within medical schools. At the virtual hearing, your reference committee heard testimony in support of adoption since this is an important issue that we know is a problem. However, the resolution in its current form is overly broad and possibly overly prescriptive with medical schools. Additionally, the Council on Medical Education opposes the resolution because this is already required as part of the national medical school accreditation standards by the Liaison Committee on Medical Education and the American Osteopathic Association on Osteopathic College Accreditation. Because the national accrediting bodies are evaluating medical school compliance with these specific standards, coupled with the fact the TMA Committee on Physician Health and Wellness is already providing free health and wellness webinars for medical students, we lean toward splitting the resolution resolves, with the 1st and 2nd being adopted and the 3rd and 4th being referred for further refinement.
(66) Resolution 356 – Support Statewide Planning and Communication for a Vaccine Plan During a Pandemic

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that Resolution 356 be adopted.

This resolution resolves (1) that TMA support modifying the state’s current emergency vaccination plan to better meet Texas’s population needs, with specific attention given to Texas’s large population, Texas’s elderly population, minority population, and rural populations, and allow for improved communication to citizens in the event of an emergency vaccination rollout; (2) That TMA study ways to improve and simplify vaccine rollout in the future to combat vaccine hesitancy; and (3) That TMA support the use of user-friendly, easily accessible resources for information about new vaccines and vaccine roll-out plans in the state of Texas, to decrease vaccine hesitancy and aid in distribution.

Your reference committee received supportive testimony of this timely resolution and heard one testimony against adoption at the virtual hearing. Your reference committee recognizes that TMA is currently already doing much of what this resolution calls for but recommends adopting the resolution to clarify TMA’s intended direction regarding the state having a vaccine plan during a pandemic.

Respectfully submitted,

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