At the second live virtual convention of the Texas Medical Association House of Delegates, physicians carried out their policymaking duties to improve the health of all Texans despite being scattered across the state.

Delegates made headway on policies to address vaccine rollouts and nonmedical exemptions; emergency preparedness; postpartum depression screenings; prevention of suicide and physician burnout; health care reform; Medicaid payments; and red tape reductions and transparency in health plan practices, among others.

The first item of business resulted in a vote in favor of TMA evaluating “the feasibility of a virtual or hybrid option during the House of Delegates session for delegates to give testimony and vote on resolutions if unable to attend the meeting in person.”

The house also considered 50% more business this year as delegates took on numerous items tabled during the 2020 annual meeting, Dr. Weltge said. Because that first virtual meeting of the house took place later than usual in September 2020 under more restrictive pandemic conditions, delegates at the time only took on a limited calendar of “essential” house business.

This year, nearly 400 voting delegates – and even more attendees – participated in the meeting, which was conducted live online and from the JW Marriott in Austin with limited in-person participation.

Once again using technology that allowed for remote voting, delegates overwhelmingly approved recommendations from four reference committees that collected and considered physician testimony on nearly 200 proposed recommendations and resolutions in the weeks leading up to the annual meeting on May 14-15.

Below is a short list of some of the top actions the house voted on this weekend in the four reference committees. Read Texas Medicine Today throughout the week for details on these and other TMA policy items.

In the Reference Committee on Science and Public Health, delegates voted to:

- Encourage routine postpartum depression screenings; and
- Advocate for the removal of nonmedical vaccine exemptions.

In the Reference Committee on Medical Education and Health Care Quality, delegates voted to:

- Adopt policy supporting post-pandemic research to inform state emergency preparedness agencies when it comes to hospital surges; and
Study ways to address, screen, and provide healthy coping mechanisms for burnout.

In the Reference Committee on Socioeconomics, delegates voted to:

- Create a physician-led think tank on health care reform; and
- Advocate to increase Texas Medicaid physician payment rates to at least Medicare rates.

In the Reference Committee on Financial and Organizational Affairs, delegates voted to:

- Study noncompete agreements in physician employment contracts with a report back to the house no later than TexMed 2022; and
- Study a measure that would give physicians a way “to bring their concerns regarding decisions made by physicians working for insurance companies to the attention of the Texas Medical Board and Texas Department of Insurance.”

Also at TMA’s 2021 annual meeting, Edinburg internist E. Linda Villarreal, MD, was installed as TMA’s 156th president; Keller pediatrician Gary W. Floyd, MD, was elected as TMA president-elect; and Houston neurologist William H. Fleming III, MD – a TMA past president – was honored with TMA’s Distinguished Service Award.

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

**Reference Committee on Financial and Organizational Affairs**


**SPKR Report 2 2021 – Amending TMA Constitution Article V House of Delegates and TMA Bylaws Chapter 3 House of Delegates.** That TMA (1) amend TMA Constitution Article V. House of Delegates by adding the words “and past speakers” to item (i); and (2) amend TMA Bylaws, Chapter 3. House of Delegates by adding the words “and past speakers” to 3.12 Voting Rights and 3.45 Quorum. Adopted.

**BOC Report 1 – Emeritus Nominations.** That the House of Delegates approve the nominations of Drs. Kronberg and Thorstenson to Emeritus member status. Adopted.

**BOC Report 2 – Honorary Nominations.** That the House of Delegates approve Drs. Greenberg, Haufrect, Poonawala, and Ruiz’s nominations to honorary member status. Adopted.


**C-CB Report 1 – Amendment to Bylaws to Remove “Spring” Requirement for the Annual Session.** That TMA amend Chapter 8, Section 10 of the Texas Medical Association Bylaws to remove “spring” as a requirement for the Annual Session. Adopted.

**C-CB Report 2 – Amendments to Bylaws to Establish an Application and Appeal Process for At-Large Members, and to Clarify the Disciplinary Process for Small County Medical Societies.** That TMA amend Chapters 1, 3, 5, and 12 of the TMA Bylaws, and renumbering them accordingly, to (1) add an application, discipline, and appeal process, as well as the operating requirements for at-large members, and (2) add a disciplinary process for small county medical societies. Adopted as amended.
C-CB Report 3 – Amendments to Bylaws to Allow Two-Year Terms for County Medical Society Officers. That TMA amend Chapter 12 of the TMA Bylaws to allow two-year terms for county medical society officers. **Adopted.**

C-CB Report 4 – Amendment to Bylaws to Tie Council Meeting Requirements to the TMA Session Year. That TMA amend Chapter 9, Section 40 of the TMA Bylaws to tie council meeting requirements to the TMA session year. **Adopted.**

C-CB Report 5 – Amendments to Bylaws to Allow Sections to Determine Members’ Right to Vote and Hold Office. That TMA Chapter 1 of the TMA Bylaws to allow sections to determine members’ right to vote and hold office. **Adopted.**

C-CB Report 6 – Amendments to Bylaws to Update and Clarify Existing Language. That TMA amend TMA Bylaws to update and clarify existing language. **Adopted as amended.**

C-CB Report 7 – Amendments to Bylaws to Allow Use of Virtual Platforms, In-Person Voting. That TMA amend TMA Bylaws to allow use of virtual platforms and in-person voting. **Adopted.**

C-CB Report 8 – Amendments to Article V of the TMA Constitution. That TMA amend the TMA Constitution to include delegates from the LGBTQ Health Section and Women Physicians Section, and delegates representing at-large members in Article V, “House of Delegates” for representation in the TMA House of Delegates. **Adopted.**

C-PMS Report 1 – Sunset Policy Review. That TMA policy 105.019 Principles for Protection of Medical Record Privacy be retained as amended. **Adopted.**

PPAC Report 2 – Sunset Policy Review. That (1) policies 160.013 Medical Expert Witness Standards, 225.001 Peer Review Notices of Final Determination, 225.007 Peer Review Regulation of Private Review Organizations, and 225.019 Criteria for Physicians Conducting Peer Review be retained; (2) policy 95.035 Distribution of Donated Medications be deleted; and (3) policy 170.001 Good Samaritan and Charitable Immunity Laws be retained as amended. **Adopted.**

BOT Report 10 – Sunset Review of TMA Standing Committees. That TMA (1) continue the Interspecialty Society Committee and Committee on Membership for three years; (2) continue the Committee on Physician Health and Wellness for three years; (3) continue the Committee on Continuing Education and Committee on Physician Distribution and Health Care Access for three years; (4) continue the Committee on Health Information Technology for three years; (5) amend the TMA Bylaws to reassign the Committee on Health Information Technology from the parent Council on Practice Management Services to the parent Council on Socioeconomics and renumber the bylaws accordingly; (6) continue the Committee on Cancer; Committee on Child and Adolescent Health; Committee on Emergency Medical Services and Trauma; Committee on Infectious Diseases; and Committee on Reproductive, Women’s, and Perinatal Health for three years; and (7) continue the Committee on Medical Home and Primary Care, the Committee on Rural Health, and the Patient-Physician Advocacy Committee for three years. **Adopted.**


BOT Report 17 – Physicians in Employed Settings (Tabled BOT Report 12 2020). That (1) the Texas Medical Association pilot a forum for physicians in employed settings, combining virtual
communications with in-person programming at TexMed 2022, and (2) that TMA approve the evaluation and implementation of these priorities and services. **Adopted.**

**BOT 20 – Nominations for Board of Governors, Texas Medical Liability Trust.** That TMA approve Leah Jacobson, MD; Sarah Way, MD, JD; and Tim West, MD; nominees of the TMLT Governing Board, to be placed before TMLT policyholders for election. **Adopted.**

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

**LGBTQ HS Report 1 – LGBTQ Health Section Update.** That TMA adopt the LGBTQ Health Section’s operating procedures. **Adopted.**

**Resolution 101 – The Creation of an Independent Physician Section (Tabled Res 101 2020).** That TMA take steps to create a section dedicated to help meet the unique needs of physicians in private practice who reside in this state. **Referred for action with report back.**

**Resolution 102 – Expansion of the Texas Medical Association Ambassador Program (Tabled Res 102 2020).** That (1) the Texas Medical Association House of Delegates express its gratitude for the Ambassador Program, and (2) that TMA allocate additional resources so the Ambassador Program can add at least two new CME topics each year. **Adopted.**

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

**Resolution 105 – Virtual Option for Delegates at Future Meetings.** That (1) the TMA House of Delegates utilize virtual during House of Delegates meetings upon approval of the Board of Trustees; and (2) the TMA evaluate the feasibility of a virtual or hybrid option during the House of Delegates session for delegates to give testimony and vote on resolutions if unable to attend the meeting in person. **Adopted as amended.**

**Resolution 106 – Creation of Ad Hoc Committee to Study and Make Recommendations Concerning Noncompete Agreements in Physician Employment Contracts.** That (1) the Texas Medical Association study noncompete agreements in physician employment contracts and evaluate the impact of noncompete agreements on physicians and patients in Texas with report made to the TMA no later than TexMed 2022; and (2) that the Texas Medical Association assess whether means other than noncompete agreements might suffice to protect physician employers’ legitimate interests with report made to the TMA no later than TexMed 2022. **Adopted as amended in lieu of Resolution 114 2021.**

**Resolution 107 – Utilization Review, Medical Necessity Determination, Prior Authorization Decisions (Tabled Res 410 2020).** That (1) the Texas Medical Association urge physicians to bring their concerns regarding decisions made by physicians working for insurance companies to the attention of the
Texas Medical Board and Texas Department of Insurance, as these decisions affect patient outcome, and that TMA create a clearinghouse of all complaints against insurance companies and insurance doctors and aggregate this data; and (2) the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates, urge the AMA House of Delegates to adopt similar policy, and urge the AMA Council on Ethical and Judicial Affairs to devise ethical opinions similar to the TMA Board of Councilors’ opinions on medical necessity determination and utilization review. Referred for study with report back.

Resolution 108 – Paid Sick Leave Policies. That (1) our Texas Medical Association promote awareness and education for physicians, legislators, and the public on the benefits and barriers of creating and expanding paid sick leave policies in Texas to improve health outcomes and the well-being of our families and workforce; and (2) our TMA support studies on the barriers to expanding paid sick leave in Texas in collaboration with, but not limited to, the Texas Department of State Health Services, Texas Health and Human Services Commission, and state higher education institutions. Referred for study with report back.

Resolution 110 – Encouraging ADA Compliance on Virtual Platforms. That (1) our Texas Medical Association support the compliance of telemedicine platforms with the Americans with Disability Act, and (2) TMA encourage hospitals and clinics in Texas to adhere to guidelines that maintain ADA standards within telemedicine. Adopted as amended.

Resolution 112 – One Hundredth Anniversary of the Texas Pediatric Society. That (1) the Texas Medical Association extends its congratulations to the Texas Pediatric Society on the occasion of its 100th anniversary; (2) TMA and its members participate in the year-long opportunity to commemorate, educate, and celebrate the accomplishments of the Texas Pediatric Society; and (3) that TMA wishes the Texas Pediatric Society continued success in prioritizing the physical, emotional, and social health of the children of the state of Texas. Adopted.

Resolution 113 – Composition of Hospital Ethics Committees. That (1) the Texas Medical Association study and report back to the House of Delegates regarding the current composition of hospital ethics committees around the state, and (2) TMA collaborate with the Texas Hospital Association and other relevant stakeholders to draft recommendations for the composition of hospital ethics committees. Adopted.

Reference Committee on Medical Education and Health Care Quality

C-HCQ Report 2 – Sunset Policy Review. That (1) policy 30.019 Federal Care Compare Website be retained as amended, and (2) policy 105.011 Disease Management be deleted. Adopted.


C-ME Report 1 – Sunset Policy Review. 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. Adopted.

C-ME Report 2 – Referral of Resolution 202-A-18 Addressing Gender Bias in Undergraduate Medical Education and Implicit Bias Training. That 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. Adopted in lieu of Resolution 202 2021.

C-ME Report 3 – Developing Best Practices for Educating Medical Students and Residents During a Pandemic or Other Extended Catastrophic Event. That 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:

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;
1. 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;
2. 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;
3. 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
4. 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. Adopted.
C-ME Report 5 – Opposition to Nonphysician Practitioners Serving as Attending Physicians of Residency and Fellowship Programs. That 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. Adopted.

C-ME Report 6 – Support for Acceptance of DACA Recipients to Texas Medical Schools. That 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. Adopted in lieu of Resolution 201 2021.

C-ME Report 7 – Update to TMA Policies on Advanced Practice Registered Nurses. 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. Adopted in lieu of Resolution 206 2021.

CM-PDHCA Report 1 — Requiring All Texas Licensed Physicians to Pass Texas Medical Jurisprudence Exam. That 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. **Adopted.**

**CM-PDHCA Report 2 – Sunset Policy Review.** That (1) policy 205.004 Educational Financial Assistance be retained, and (2) policy 185.019 Rural Physician Workforce Policy be amended. **Adopted.**

**CM-PDHCA Report 3 – 2021 Texas Physician Workforce Update.** That 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. **Adopted.**

**CM-PDHCA Report 4 – Renewed Effort to Increase Diversity Among the Texas Physician Workforce.** That 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.

3. **Protection of Joint Admission Medical Program From Budget Cuts in 2022-23.**
   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. **Adopted.**

**Resolution 201 – Admission of Deferred Action for Childhood Arrivals (DACA) Students in Texas Medical Schools (Tabled Res 202 2020).** 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. **Not adopted.**

**Resolution 202 – Supporting Implicit Bias Training for Perinatal Physicians (Tabled Res 203 2020).** That TMA advocate for and support the use of implicit bias training for perinatal physicians in order to improve maternal health outcomes. **Not adopted.**

**Resolution 203 – Service Animal Assisted Therapy in Health Care (Tabled Res 205 2020).** 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. **Adopted as amended.**

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

**Resolution 205 – Skin of Color Representation in Medical Education and Research.** That (1) the Texas Medical Association encourage dermatological conditions to be presented on varied skin tones in both preclinical curricula and clinical didactic sessions; and (2) 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. **Adopted as amended.**

**Resolution 206 – Develop Guidelines for Proper Oversight of and Collaboration With Midlevel Practitioners by Physicians (Tabled Res 422 2020).** That (1) TMA educate physicians and disseminate to them information on basic tenets of proper physician oversight and supervision of midlevel
practitioners and encourage physicians to bring to the attention of the Texas Medical Board physicians who are not providing supervision as required per the delegation of duties, and (2) the Texas Delegation to the 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. **Not adopted.**

**Resolution 207 – Suicide Prevention Education in Medical School (Tabled Res 305 2020).** That our TMA encourages all physicians and medical students to seek out training on de-escalation of mental health crises, including acute suicidal ideation and self-harm. **Adopted as amended.**

**Resolution 208 – Facilitating Brain and Other Postmortem Tissue Donation for Research and Educational Purposes (Tabled Res 306 2020).** That (1) 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) our TMA encourage the inclusion of additional information and consent options for brain tissue donation for research purposes on appropriate donor documents; (3) 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. **Adopted.**

**Resolution 209 – Promoting Careers in Geriatrics Among Medical Students (Tabled Res 204 2020).** That (1) 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) TMA support the efforts of medical schools in fostering interest in geriatrics through interest groups, shadowing opportunities, and other effective activities. **Not adopted.**

**Resolution 210 – Amending the Mental Health Question on the Physician Licensure Application to Reflect Current Impairment (Tabled Res 206 2020).** That (1) 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; and (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. **Not adopted.**

**Resolution 211 – Medical School Compliance with the Americans with Disabilities Act.** That (1) our Texas Medical Association support the activities of our 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 (2) TMA support the role of disability services providers in identifying accommodations for students at Texas medical; and (3) 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 Hispanic and African American medical students attending Texas medical schools toward the goal of reaching their proportion in the Texas population (Council on Medical Education, p 73, I-96; reaffirmed BOT Rep. 11-I-99; reaffirmed CME Rep. 2-A-09; reaffirmed CME Rep. 1-A-19). **Adopted as amended.**

**Resolution 212 – Support Addressing, Screening, and Providing Healthy Coping Mechanisms for Burnout.** That (1) 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) 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) 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). Referred for study.


Resolution 001 2021 – Recognizing Charles E. Cowles Jr., MD. 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. Adopted.

Reference Committee on Science and Public Health


C-SPH Report 2 – Improving Medical Clearance Policies for Traumatic Brain Injury Patients, Resolution 303-A-19 (Tabled C-SPH Report 3 2020). That (1) 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) TMA promote physicians’ awareness of their ability to report their patients to law enforcement or the Department of Public Safety with concerns regarding their patient’s ability to safely drive or possess firearms, and (3) TMA promote a review of the funding of the Medical Advisory Board by the Texas Legislature to assess the potential for expanding the scope of this key public service. Adopted.

C-SPH Report 3 – Allow the Possession and Administration of an Epinephrine Auto-Injector in Certain Entities, Resolution 305-A-19 (Tabled C-SPH Report 5 2020). That (1) 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) 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) TMA members be made aware of entities in their communities that may seek physician support in developing standing orders and providing prescriptions for unassigned auto-injectors in various settings; and (4) TMA develop communications for physicians on the expansion of access to unexpired auto-injectors in various public settings. Adopted.


CM-CAH Report 1 – Sunset Policy Review. That TMA (1) retain policies 55.001 Child Safety in Pickups and 60.001 Employee Sick Leave, (2) amend policies 55.033 Children’s Mental and Behavioral Health and 260.030 Seat Belts/Motor Vehicle Restraints, and (3) delete policy 285.002 Weight Requirements. Adopted as amended.

CM-EMST Report 1 – Cardiac Arrest as a Reportable Condition. That the Texas Medical Association (1) support 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) 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) 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. Adopted as amended.

CM-EMST Report 2 – Recommendation on Emergency Department Diversion and Saturation Policy. That (1) 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) 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. Adopted.

Joint Report 1 – Regulatory Recommendations for Bed Bugs, Resolution 307-A-19 (Tabled Joint Report 3 2020). That TMA (1) 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) 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) encourage better public and physician education on bed bug identification, treatment, and threats to public health; (4) 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) 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. Adopted as amended.

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

**Resolution 302 – Advocating for the Improvement of Access to Mental Health Services Among Minority Teens (Tabled Res 311 2021).** That TMA (1) 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) advocate for school districts to incorporate best practices to reduce biases, including those against minority students facing mental health and behavioral disorders; and (3) advocate for increased data collection of mental health intervention outcomes among minority adolescents. **Referred for study.**

**Resolution 303 – Designating Texas Hospitals as Sensitive Locations (Tabled Res 315 2020).** That TMA (1) oppose U.S. Immigration and Customs Enforcement operations in hospitals, (2) advocate for state legislation designating hospitals as sensitive locations where U.S. Immigration and Customs Enforcement cannot operate, and (3) encourage hospitals to publicize their status as sensitive locations. **Referred for study.**

**Resolution 304 – Updating Texas Medical Association Teenage Sexual Health Guidelines (Tabled Res 318 2020).** That the Texas Medical Association (1) 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) amend policy 55.016. **Referred for study.**

**Resolution 305 – Supporting an Opt-Out Organ, Eye, and Tissue Donation System in Texas (Tabled Res 319 2020).** That TMA (1) adopt new policy to support an opt-out organ, eye, and tissue donation system in Texas, and (2) amend policy 280.010 Physician Role in Promoting Organ and Tissue Donation and Transplantation to include this language. **Referred for study.**

**Resolution 306 – Maternal Health and Postpartum Depression Screening (Tabled Res 320 2020).** That the Texas Medical Association (1) encourage implementation of postpartum depression screenings as routine protocol for perinatal and postnatal women in health care settings, and (2) promote education about postpartum depression screenings to primary care physicians who treat perinatal and postpartum women. **Adopted.**

**Resolution 307 – Saving Energy, Reducing Costs, and Increasing Efficiency in Medical Practices (Tabled Res 321 2020).** That the Texas Medical Association 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. **Adopted as amended.**

**Resolution 308 – Mandatory Waiting Period for Firearm Purchases (Tabled Res 324 2020).** That the Texas Medical Association advocate for mandatory waiting periods following the purchase of firearms to reduce firearm-related injuries and deaths. **Amend TMA policy 260.015 Firearms in lieu of Resolution 308.**

**Resolution 309 – Promoting and Improving Health Literacy (Tabled Res 325 2020).** That TMA (1) recognize inadequate personal health literacy is a barrier to effective medical diagnosis and treatment; (2)
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) 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. **Adopted as amended.**

**Resolution 310 – Improving Access to Immediate Postpartum Long-Acting Reversible Contraception for Adolescents (Tabled Res 327 2020).** That TMA (1) 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) 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 18 to 17 to match the Texas age of consent; and (3) 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 without parental consent. **Adopted as amended.**

**Resolution 311 – Lowering the Legal Age for Minors to Access Contraceptive Services (Tabled Res 328 2020).** That TMA (1) 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) continue to support initiatives, programs, and funding that eliminate barriers to adolescents accessing reproductive health care. **Adopted.**

**Resolution 312 – Advocating Against Electronic Nicotine Delivery Systems (ENDS) (Tabled Res 301 2020).** That TMA (1) educate its members on the various aspects of e-cigarette use through ongoing CME and articles in *Texas Medicine Today*; (2) advocate for legislation that bans the sale of flavored, mint, and menthol tobacco products including both e-cigarette products and combustible products; (3) advocate against social media companies using influencers to advertise electronic nicotine delivery systems; and (4) advocate against the sale of e-cigarettes and their component products and accoutrements at retail stores and pharmacies that also provide primary care and other clinical services. **Adopted as amended.**

**Resolution 313 – Elimination of Human Abuse and Persecution (Tabled Res 302 2020).** That TMA (1) 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) encourage physicians to make inquiry into patients’ well-being a matter of routine medical practice, and (3) urge physicians to document instances of alleged abuse or persecution in the patient’s medical records. **Referred for study.**

**Resolution 314 – Promoting Safe and Effective Disposal of Polystyrene Foam Medication Case(s) With or Without Ice Packs.** That TMA (1) 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. **Adopted as amended.**

**Resolution 315 – Possible Upcoming Shortage of Fentanyl and Other Opioid Injections.** That TMA (1) 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; and (2) advocate physicians using the minimum amount of opioids needed for procedures to make patients comfortable. **Adopted as amended.**

**Resolution 316 – Use of Human Tissue for Beneficial Applications (Tabled Res 303 2020).** 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. **Adopted.**
Resolution 317 – Decommissioning Existing and Not Constructing New Wastewater Treatment Plants in or Near Flood Plains and Waterways (Tabled Res 307 2020). That the Texas Medical Association support the need for local, county, and state governmental entities for environmental safety in existing wastewater treatment plants in or near flood plains and waterways. Adopted as amended.

Resolution 318 – Recurrent Flooding in Texas Must Be Resolved (Tabled Res 308 2020). 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 minimize and mitigate recurrent flooding in highly populated areas of Texas. Adopted as amended.

Resolution 319 – Support for the Texas-CARES Program (Tabled Res 312 2020). That TMA (1) 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) 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) work to ensure the state of Texas shall own the data collected by the Texas-CARES registry; and (4) that the Texas Delegation to the American Medical Association carry a similar resolution to the AMA House of Delegates for consideration. Adopted as amended.

Resolution 320 – Impact of Social Networking Services on the Health of Adolescents. (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. Adopted.

Resolution 321 – Restore and Add Funding to Public Health. 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. Adopted as amended.

Resolution 322 – Improving Physician Access to Immigrant Detention Facilities (Tabled Res 304 2020). That TMA (1) 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) 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. Referred for study.

Resolution 323 – Education and Action to Arrest the Effects of Climate Change on Health (Tabled Res 309 2020). That TMA (1) 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) 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. Adopted.

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

Resolution 325 – Employee Rights to Lactation Accommodation (Tabled Res 317 2020). 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. Adopted as amended.

Resolution 326 – Pediatric Iron Deficiency Anemia Treatment and Diagnosis Guidelines (Tabled Res 326 2020). 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.

Resolution 327 – Expanding Access to Regularly-Scheduled Dialysis for All Individuals With ESRD (Tabled Res 330 2020). That TMA (1) 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 (2) 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. Adopted as amended.

Resolution 328 – Outreach and Education in Mixed-Status and Undocumented Communities Regarding Information Gathering and COVID-19 Vaccine Distribution. That our Texas Medical Association (1) amend policy 260.080 Vaccine Delivery; (2) 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; and (3) TMA encourage collaboration with community-based, faith-based, and grassroots organizations to create outreach and education programs for undocumented and mixed-status immigrant communities. Adopted as amended.


Resolution 330 – In Support of Reevaluating the Use of Race in Estimated Glomerular Filtration Rate. That our Texas Medical Association (1) recognize that race is an incorrect metric to use in estimating glomerular filtration rate (GFR); and (2) 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. Adopted as amended.
Resolution 331 – Support for Increasing Digital Access. That TMA (1) advocate for increased availability of, access to, and affordability of high-speed home broadband internet, in order to improve telehealth access and reduce health care disparities, particularly among the elderly and in underprivileged communities; and (2) advocate to improve digital literacy in order to improve telehealth access and reduce health care disparities, particularly among the elderly and in underprivileged communities. 
Adopted as amended.

Resolution 332 – Opposition to Criminalization of Gender-Affirming Care for Transgender Youth. That TMA (1) opposes efforts to criminalize evidence-based, gender-affirming care for transgender youth; and (2) rename Policy 55.058 as Sexual Orientation Change Efforts and Gender-Affirmation Therapies for Minors and amend it. Adopted as amended.

Resolution 333 – Opposition to Sobriety Requirement for Hepatitis C Treatment. That TMA (1) oppose the Texas Medicaid 90-day sobriety requirement for hepatitis C virus (HCV) treatment, (2) support efforts to remove the sobriety requirement as a barrier to HCV treatment, and (3) encourage the awareness and avoidance of barriers relating to access to HCV treatment. Adopted.

Resolution 334 – Racism as a Public Health Issue. That TMA (1) acknowledge that systemic and structural racism within the health care system has caused and continues to cause health inequity that harms marginalized communities; (2) 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) 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. Referred for study.

Resolution 335 – Public Health and Health Care Protections While Incarcerated. 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. **Referred for study.**

Resolution 336 – Results and Regulation of Freestanding Birthing Centers and at Home Birthing Services (Tabled Res 426 2020). That TMA (1) work with state agencies to study the results, regulation, and quality review mechanisms of freestanding birthing centers and at-home birthing services, and (2) determine if additional regulations and public education are needed. **Adopted.**

Resolution 337 – Advocating for Evidence-Based Care for Incarcerated Pregnant Women in Texas Correctional Facilities. That TMA (1) recognize the lack of uniform prenatal care provided to incarcerated pregnant women in Texas correctional facilities, (2) 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) encourage the Texas Commission on Jail Standards and Texas Department of Criminal Justice to report all pregnant inmates’ pregnancies and outcomes. **Adopted.**

Resolution 338 – Support for Immunization Information System Interjurisdictional Data Exchange. 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. **Adopted.**

Resolution 339 – Support for Texas Department of State Health Services Efforts to Address Racial and Ethnic Disparities in Health. That TMA (1) support the Texas Department of State Health Services prioritizing continued efforts to address racial and ethnic disparities in health; and (2) 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. **Adopted as amended.**

Resolution 340 – Supporting the Health of Undocumented Immigrants During the COVID-19 Pandemic and Future Pandemics. That TMA (1) 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; (2) support physician participation in pandemic-related government assistance programs such as the Health Resources and Services Administration (HRSA) COVID-19 Uninsured Program; and (3) 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. **Adopted as amended.**


Resolution 342 – Advocating for Increased Transparency at “Crisis Pregnancy Centers.” That TMA advocate for increased transparency at crisis pregnancy centers. **Adopted.**

Resolution 343 – Study to Improve Healthcare Access and Care for Persons with Disabilities. (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 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. Not adopted.

Resolution 344 – Supporting Mature Minors Ability to Receive Vaccinations Without Parental Consent. That TMA (1) support a physician’s right, if deemed appropriate by the state, to provide vaccinations to mature minors who provide consent; (2) will encourage physicians to have age-appropriate materials for vaccine information and documentation methods for minors considering obtaining a vaccination; and (3) 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. Not adopted.

Resolution 345 – TMA Statement on the Health Impact of Racism. (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. Referred for study.

Resolution 346 – Educating Physicians on the Rights of Immigrant Patients (Tabled Res 107 2020). That our Texas Medical Association advocate for policies 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 the collection of patient immigration status information. Adopted as amended.

Resolution 347 – Increasing Education Regarding the Effects of Bias and Discrimination on Patients Experiencing Homelessness. That TMA (1) recognize individuals facing homelessness suffer significant barriers in accessing health care that result in health care disparities; (2) 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) support the use of 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) encourage further research on how barriers to care negatively impact outcomes of patients experiencing homelessness. Adopted as amended.

Resolution 348 – School Physicals Should Be Conducted by Physicians or Their Supervised Designee (Tabled Res 409 2020). 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.

Resolution 349 – Reducing Intimate Partner Homicide. That TMA (1) support Texas law being consistent with federal law in declaring possession of a firearm unlawful for an individual convicted of intimate partner violence; (2) 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) advocate for data collection on gun violence including the greater likelihood of lethality when guns are involved. Adopted as amended.
Resolution 350 – Restricting School Immunization Exemptions to Exemptions for Medical Reasons. That our Texas Medical Association advocate for the removal through legislation of nonmedical exemptions from vaccinations approved and recommended by the Advisory Committee on Immunization Practices (ACIP). Adopted as amended.

Resolution 351 – Support of a Statewide Contact Tracing App. That TMA (1) 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) support efforts to promote and make widely known the use of contact tracing app made by DSHS; and (3) 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. Referred for study.

Resolution 352 – Mental Health Education in Schools. That the Texas Medical Association urge state legislators to make mental health education and awareness part of school curriculum in Texas from elementary through high school. Adopted as amended.

Resolution 353 – Recognizing the Effect of Climate Change on Public Health (Tabled Res 323 2020). That the Texas Medical Association concur with the scientific consensus that Earth is undergoing adverse global climate change 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. Adopted as amended.

Resolution 354 – Addressing Race in Medicine. That TMA (1) 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) 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) create a Committee for Minority Health and Issues to address health disparities among minorities in Texas. Referred for study.

Resolution 355 – Support of Medical Student Health and Wellness. A: That TMA (1) encourage the development of evidence-based methods to detect, treat, and prevent mental health issues in medical students, (2) promote awareness of the prevalence of mental illness among medical students and therapeutic resources available to treat these illnesses. Adopted.

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

Resolution 356 – Support Statewide Planning and Communication for a Vaccine Plan During a Pandemic. That TMA (1) 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) study ways to improve and simplify vaccine rollout in the future to combat vaccine hesitancy; and (3) 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. Adopted.

Reference Committee on Socioeconomics


C-SE Report 3 – Opposition to New Federal Public Charge Definition. That TMA (1) adopt new policy opposing revisions to the federal definition of public charge that penalize legal immigrants or their children for using local, state, or national health, nutrition, and housing services, including Medicaid and the Children’s Health Insurance Program; (2) continue to advocate that the new federal rules be rescinded to protect the health of all Texans; and (3) develop resources to help physicians accurately and concisely convey to their patients what federal rules relating to public charge do and do not say. Adopted.

PPAC Report 3 – Legislative Changes Regarding Vacating Orders. That the Texas Medical Association seek legislation that would provide that: (1) should an administrative law judge find that the Texas Medical Board (TMB) failed to meet its burden of proof on charges that served as the basis for a temporary suspension or restriction of a physician’s license, the TMB shall overturn and vacate the temporary suspension or restriction as soon as practicable and dismiss the case; (2) the effect of an overturned and vacated temporary suspension or restriction, unless specifically appealed by the TMB to district court, shall be that the suspension or restriction never happened and never should have happened; and (3) any mention of charges against a physician related to the temporary suspension or restriction shall be removed from the physician’s TMB profile, all parties shall be notified that the temporary restriction or suspension is void, unless and until the TMB appeals the case to district court and that court reverses the administrative law judge’s findings of facts and conclusion of law. Adopted as amended.

BOT Report 18 – Compensation to Physicians for Activities Other Than Direct Patient Care (Tabled BOT Report 13 2020). That TMA advocate for significant legislative and/or regulatory reforms to lessen (1) the negative impact of state-regulated health plan prior authorization requirements on patients and (2) the burden of state-regulated health plan prior authorization requirements on physician practices. Adopted.

CM-RH Report 1 – Sunset Policy Review. TMA retain policy 55.003 School Career Programs in Rural Areas. **Adopted.**

**Resolution 401 – Caps on InsulinCopayments with Insurance (Tabled Res 413 2020).** (1) That TMA support a limit on the patient cost sharing amount patients pay per month for prescribed insulin, and (2) that the TMA Delegation to the AMA take a similar resolution to the AMA House of Delegates. **Adopted as amended.**

**Resolution 402 – Postpartum Maternal Healthcare Coverage Under Children’s Insurance (Tabled Res 414 2020).** (1) That the Texas Medical Association work with relevant stakeholders to support coverage of and payment for postpartum maternal health care for at least 12 months postpartum under the newborn child’s health insurance plan, including Children’s Medicaid and Children’s Health Insurance Program plans for women who are otherwise uninsured or ineligible for Medicaid; and (2) That the TMA Delegation to the AMA take a similar resolution to the AMA House of Delegates. **Adopted as amended.**

**Resolution 403 – Insurance Promotion of Preventive Care Services via Incentive-Based Program (Tabled Res 417 2020).** (1) That the Texas Medical Association advocate for health insurance companies to adopt cash-based incentive programs similar to the Medicare Incentives for Prevention of Chronic Disease program to promote usage of preventive care services and that TMA support further research on health care initiatives that increase usage of preventive care services, and (2) That the TMA Delegation to the AMA take a similar resolution to the AMA House of Delegates. **Adopted as amended.**

**Resolution 404 – Training Requirements Imposed by Insurance Companies Preventing Patients’ Access to Quality Medical Care (Tabled Res 420 2020).** That TMA (1) urge insurance companies to cease and desist from requiring physicians to spend time – in addition to their extensive professional training – in training in each companies’ requirements for patient care; (2) urge the Texas Medical Board to condemn such practice by insurance companies as beyond the companies’ purview of physician training responsibilities; (3) urge the Texas insurance commissioner to investigate the appropriateness of insurance companies imposing on physicians the onerous and unnecessary burden of web-based or otherwise administered training; and (4) urge the Texas Legislature to take adequate measures to prevent insurance companies from interfering with the education of physicians by engaging in the wasteful exercise of requiring physicians to train in the companies’ preferences, objectives, and/or goals. **Adopted.**

**Resolution 405 – Ensuring Medical Practice Viability Through Reallocation of Insurance Savings During the COVID-19 Pandemic.** (1) That the Texas Medical Association advocate for full transparency regarding Medicaid expenditures relative to allocated funds, as well as expenditures relative to gross income for all commercial payers during the pandemic; (2) that TMA urge adoption of legislation that would mandate a review of the difference between the current physician financial deficit created by the COVID-19 pandemic and subsequent profits the insurance companies have reaped due to the government shutdowns and mandates; (3) that a fair and equitable formula be implemented to divide and allocate the savings directly resulting from decreased patient encounters among patients/employers who paid their premiums, physicians who have been impacted directly by government mandates and shutdowns, and the insurance companies; and (4) that the Texas Delegation to the American Medical Association take a similar resolution to the AMA House of Delegates for consideration. **Referred for study.**

**Resolution 406 – Medicaid-Medicare Parity Needed for Patient Access Exacerbated by COVID-19.** That the Texas Medical Association advocate to increase Texas Medicaid reimbursement rates to physicians at least equal to Medicare rates, as the COVID-19 pandemic has made operating a physician practice financially impossible for many practices with a large Medicaid population. **Adopted.**
(1) That the Texas Medical Association recognize that a benefit of having local physicians and their team of local health care providers provide telemedicine services is that they have the ability to ask the patient to switch to an in-person visit if circumstances warrant this approach, (2) that TMA advocate for legislation that requires insurance carriers not to establish cost-sharing policies that encourage patients to use nonlocal physicians and providers instead of local physicians, and (3) That the Texas Delegation to the American Medical Association take a similar resolution to the AMA House of Delegates for consideration. Referred for study.

Resolution 408 – Need for and Funding of Level I and Level II Trauma Centers (Tabled Res 402 2020). That the Texas Medical Association work with state officials to determine the number of Level I and Level II trauma centers needed to support communities throughout Texas and to provide funding to make Level I and Level II trauma centers viable for all other service lines. Adopted.

Resolution 409 – Taxes on Medical Billing Services (Tabled Res 403 2020). That the Texas Medical Association oppose the imposition of service and use taxes on processes that are not actually part of delivering a medical service and TMA work with the Texas Comptroller of Public Accounts and state legislators to resolve and clarify that medical billing, including outsourced billing services, is not the adjudication or practice of insurance, and thus should not be subject to insurance-related sales taxes. Adopted.

Resolution 410 – Individual Physicians Be Paid While Awaiting Credentialing Approval (Tabled Res 404 2021). That the Texas Medical Association adopt as policy that individual physicians should be paid the contracted rate while awaiting approval of their credentials by a health plan and That TMA advocate for legislation that individual physicians be paid by health plans for their services while they are awaiting formal approval of their credentials. Adopted.

Resolution 411 – Physicians to Retain Payment During Credentialing (Tabled Res 405 2020). That the Texas Medical Association adopt as policy that physicians should not be required to refund the contracted rate should credentialing be denied by a health plan and That TMA advocate to amend, by changing “may cover” to “may not cover,” Texas Insurance Code, Title 8, Health Insurance and Other Health Coverages, Subtitle F. Physicians and Health Care Providers, Chapter 1452 Physician and Provider Credentials, Sect. 1452.106 Effect of Failure to Meet Credentialing Requirements, to state “the managed care plan issuer may not recover from the applicant physician or the physician’s medical group an amount equal to the difference between payments for in-network benefits and out-of-network benefits.” Adopted.

Resolution 412 – Maintaining the Integrity of Physicians Orders in an Electronic Environment. That the Texas Medical Association support legislation stating that altering physician orders in the inpatient setting, without the approval of the order’s original author or the covering physician is practicing medicine and is prohibited except in an emergency (i.e., a patient safety situation). Orders and order sets approved by the medical executive committee and/or the medical staff should be exempt, with those altered orders permitted. Adopted as amended.

Resolution 413 – Compensation to Physicians for Activities Other Than Direct Patient Care (Tabled Res 407 2020). That TMA adopt a Funding for Physician Noncare Services policy as follows:

The Texas Medical Association advocates for payers – insurance companies and managed care companies, including companies managing governmental insurance plans – to compensate physicians for the time physicians and their staff spend on services outside of direct patient care.
(noncare services), such as authorization and preauthorization for coverage and payment for prescriptions, laboratory tests, radiology tests, procedures, surgeries, hospitalizations, and physician visits, as well as gathering, compiling, and submitting medical records and data.

TMA also recommends such compensation be promptly paid in full by payers to physicians at a level commensurate with their education, training, and expertise, and at a rate comparable to that of the most highly trained professionals.

Physicians shall bill the payers for time spent by them and their staff to perform noncare services including, but not limited to, time spent filling out forms, reviewing the patient’s medical record, gathering patient-related data, making telephone calls (including time spent negotiating “phone trees” and hold time), documenting in the patient’s medical record, communicating with the patient, altering treatment plans (such as changing medications to comply with formularies), printing, copying, and faxing.

Upon receiving such a bill, payers shall pay the physician promptly, with significant interest penalties assessed for payment delays. Because noncare services benefit payers, compensation to physicians for these services should not be billable to patients. Adopted.

Resolution 414 – Contracted Health Plans Must Apply the Same Level of Benefits Concerning Patient Responsibility (Tabled Res 408 2020). (1) That the Texas Medical Association adopt as policy that health plans in a binding contract with a physician must apply the same level of benefits concerning patient responsibility (copay, coinsurance) regardless of the contracted physician or provider rendering the service, (2) that TMA take this issue to the state legislature for potential statutory action, and (3) that the Texas Delegation to the American Medical Association carry a similar resolution to the AMA House of Delegates for policy development and legislative action. Adopted.

Resolution 415 – Paper Medical Record Chart Preparedness for Electronic Health Record Interruptions. (1) That the Texas Medical Association encourage all users of electronic health records (EHRs) in all health care environments to have an easily accessible training manual instructing clinical staff on how to maintain medical records during planned and unplanned EHR downtimes and interruptions; and (2) That the Texas Delegation to the American Medical Association take a similar resolution to the AMA House of Delegates for consideration. Adopted as amended.

Resolution 416 – Physician Societies to Create a Self-Funded, Balanced, and Nonpartisan Center for the Study of Health Care Reform (Tabled Res 421 2020). That the Texas Medical Association, in collaboration with other medical societies, create and support a permanent, physician-led, independently funded “center” for the balanced, nonpartisan study of health care reform; and that this entity maintain and promote an online platform to provide for balanced critique about general and specific policy proposals, health care reports, and national health care systems for the benefit of the general public and That the Texas Delegation to the American Medical Association carry a similar resolution to the AMA House of Delegates, calling upon AMA to support the aforementioned permanent, physician-led, independently funded center for balanced, nonpartisan study of health care reform. Referred for action.

Resolution 417 – Verbal Physicians Orders. That the Texas Medical Association encourages facilities to allow for physician orders to be given in the most efficient manner to accommodate patient care safely and in a timely manner. Adopted as amended.

Resolution 418 – Electronic Prescribing of Controlled Substances (EPCS) Unfunded Mandate and Pharma Financial Settlements. (1) That the Texas Medical Association work with the American Medical Association to initiate a request to the federal government to use the dollars from the Purdue
Pharma settlement, and other such settlements, to help pay for the electronic prescribing of controlled substances financial unfunded mandate; (2) That the Texas Delegation to the American Medical Association take a resolution to the AMA House of Delegates to lobby the federal government to require certified electronic health record companies to provide electronic prescribing of controlled substances as standard basic service, and (3) that TMA review the electronic prescribing of controlled substances laws in other states to inquire on their implementation of this law to see if their law(s) have implicated dollars to cover this cost and better waiver language. **Adopted as amended.**

**Resolution 419 – Advocating for Increased Capacity of Local State Mental Health Facilities and Coordination of Behavioral Health Services (Tabled Res 313 2020).** (1) That the Texas Medical Association advocate for increased funding and capacity for inpatient psychiatric beds throughout Texas with a priority emphasis in areas that lack local access to mental health facilities, and (2) that TMA policy 215.019 Public Mental Health Care Funding be amended. **Adopted.**

**Resolution 420 – Step-Edit Therapy Contributes to Denial of Care and Has Not Demonstrated Improved Patient Outcomes or Overall Cost Savings (Tabled Res 412 2020).** That the Texas Medical Association (TMA) urge our legislators to review and make transparent the “fail-first” policy of step-edit therapy and study how it affects patient outcomes and that TMA ask the American Medical Association to review the ethical implication of step-edit therapy and make further recommendations on its use. **Adopted.**

**Resolution 421 – Augmented Intelligence (AI) in Health Care (Tabled Res 201 2020).** That the Texas Medical Association Council on Socioeconomics, TMA Committee on Health Information Technology, and TMA Council on Medical Education collaboratively develop augmented intelligence (AI) policy. **Adopted as amended.**

**Resolution 422 – Adjustments to Hospice Dementia Enrollment Criteria (Tabled Res 427 2020).** That the Texas Medical Association collaborate with the American Medical Association in advocating for the Centers for Medicare & Medicaid Services (CMS) to adjust the secondary hospice enrollment criteria for dementia. Specifically, CMS should incorporate dementia patients who are Functional Assessment Staging Test Stage 6e, who, or their families on their behalf, have chosen not to receive medications or interventions for acute illnesses and that TMA collaborate with AMA in advocating for CMS to expand the coverage and availability of other, novel provisions of care for dementia patients, such as expanding the Medicare Care Choices model that allows palliative services to be provided in the home setting, as a bridge to hospice care. **Adopted.**

**Resolution 423 – Insurance Coverage for Fertility Preservation Procedures for Cancer Patients Undergoing Gonadotoxic Therapy.** That the Texas Medical Association advocate for payment of fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as determined by a licensed physician. **Adopted.**

**Resolution 424 – Encourage the Establishment of an Express Lane Eligibility (ELE) Program in Texas.** That our Texas Medical Association encourage the establishment of an express lane eligibility (ELE) program in Texas that permits the use of income, household size, or other eligibility information previously collected from an Express Lane Agency (ELA), as described by the Centers for Medicare & Medicaid Services, to facilitate enrollment in Medicaid and the Children’s Health Insurance Program (CHIP). **Adopted.**

**Resolution 425 – Making COVID-19 Emergency Telehealth Policies Permanent.** That the Texas Medical Association support policy for payment parity, as initiated by the COVID-19 PHE declaration and 28 TAC §35.1 enacted by Governor Abbott, for the same covered service provided to an enrolled
patient by a contracted physician via telemedicine and That TMA support research on the use of
telemedicine services in rural settings in response to 28 TAC §35.1 to determine its effect on increasing
access to health care services across the state. **Not adopted.**

**Resolution 426 – Support for Rural Labor and Delivery Departments.** That TMA (1) support
legislation and advocate for increased funding for rural labor and delivery departments under financial
strain to allow for improved access to intrapartum care; (2) promote awareness to the general public,
policy-makers, and physicians about the challenges rural women face when seeking obstetric care that
result from decreased access to local labor and delivery departments; and (3) explore incentivizing
physicians to practice obstetrics in rural settings in addition to Texas’ existing rural primary care
recruitment programs. **Adopted as amended.**

**Resolution 427 – Limiting Out-of-Network Ground Ambulance Costs.** (1) That the Texas Medical
Association support increased data collection and price transparency of ground ambulance providers and
services, (2) that TMA support policies and initiatives to reduce surprise, out-of-network billing related to
ground ambulance services, and (3) That the TMA Delegation to the AMA take this resolution to the
AMA House of Delegates. **Adopted as amended.**

**Resolution 428 – Insurance Coverage Transparency (Tabled Resolution 401 2020).** (1) That the
Texas Medical Association advocate for legislation that requires commercial insurance carriers to provide
accurate information regarding the patient’s cost-sharing liability and the insurance plan’s liability when a
medical office or facility provides the diagnosis and CPT codes via phone or the internet; (2) that TMA
advocate for legislation that requires commercial insurance carriers, during insurance eligibility
verification, to provide information regarding factors that may result in denial of the claim, e.g., the
insurance carrier is waiting for the primary policyholder to verify whether he or she has other health
insurance coverage; (3) that TMA advocate for legislation that requires commercial insurance carriers to
respond to telephone inquiries about the patient’s cost-sharing liability by providing accurate information
verbally and via fax confirmation; (4) that TMA advocate for legislation that penalizes commercial
insurance carriers, via fines and the publication of each carrier’s number of noncompliance complaints,
when the above information is inaccurate or not provided in a timely manner; and (5) that the Texas
Delegation to the American Medical Association carry a similar resolution to the AMA House of
Delegates. **Adopted.**

**Resolution 429 – Adoption of Principles of Physician Value-Based Decisionmaking in Medical
Practice and Professionalism.** That TMA (1) adopt the American Medical Association policy Value-
Based Decision-Making in the Health Care System H-450.938; and (2) adopt policy encouraging
physicians to practice value-based decisionmaking, to the best of their ability, as a core tenet of physician
professionalism. **Referred for study.**

**Resolution 430 – Paid Parental Leave (Tabled Res 418 2020).** That TMA (1) promote awareness and
education for physicians, legislators, and the public on the importance of adequate parental leave,
especially paid leave, in ensuring good maternal and infant health outcomes and promoting the health and
well-being of the family; (2) support federal, state, local, and private parental leave policies that provide
adequate time to give birth, recover, and breastfeed, and allow for parental bonding following the birth or
adoption of a child; (3) support policies that provide at least 12 weeks of paid parental leave following the
birth or adoption of a child; (4) support that paid parental leave policies incorporate funding mechanisms
that do not put an undue burden on solo or small business owners; and (5) evaluate how internal policies
for employees should be updated to provide paid parental leave following the birth or adoption of a child.
**Referred for study.**