



Physicians Caring for Texans

## Summary

### **House of Delegates April 29-30, 2022 Hilton Americas-Houston, Houston, TX**

Gathering in person for the first time in three years, the Texas Medical Association's House of Delegates got down to business without skipping a beat – but maybe with a few extra handshakes and hugs in between – to develop policies that guide the association's efforts in advocating for physicians across Texas. Here's a recap of the business conducted this year at the Hilton-Americas in Houston, April 29-30.

At TMA's 2022 annual meeting, Keller pediatrician Gary W. Floyd, MD, was installed as TMA's 157th president; Dallas cardiologist Rick W. Snyder II, MD, was elected as TMA president-elect; and Austin colorectal surgeon David C. Fleeger, MD – a TMA past president – was honored with TMA's Distinguished Service Award.

Physicians also reelected Lubbock internist and pulmonary disease specialist Cynthia Jumper, MD, to the board and elected several new members:

- John T. Carlo, MD, is a Dallas public health and general preventive medicine specialist.
- Bradford S. Patt, MD, is a Houston otolaryngologist and facial plastic and reconstructive surgeon.
- Galveston family physician Samuel E. Mathis, MD, will represent TMA's Young Physician Section.
- Alixandria Pfeiffer, DO, a resident in obstetrics and gynecology at The University of Texas Health Science Center at San Antonio, is the board's new Resident and Fellow Section representative.
- Abhishek Dharan, a student at Texas Tech University Health Sciences Center Paul L. Foster School of Medicine, will represent the TMA Medical Student Section.

Waco otolaryngologist Bradford W. Holland, MD; Little Elm internist John G. Flores, MD; and Austin ophthalmologist Michelle A. Berger, MD, will continue in their board roles as speaker, vice speaker, and secretary, respectively.

#### **Public health priorities**

Following months of policy review resulting in a report by TMA's new Task Force on Justice, Equity, Diversity, and Inclusion (JEDI), delegates adopted new, specific TMA policy on racism, while signing off on other public health-related measures on gender-affirming care, physician burnout, gun safety, and more.

The house's adoption of the JEDI Task Force report, Addressing Racism in Medicine, was in turn adoption of new TMA policy that:

- Recognizes that racism is one of many social determinants of health and has a profound impact on the health of patients and the practice of medicine in Texas;
- Recognizes that both implicit and explicit biases exist in medicine and evidence-based strategies to address those biases are needed to improve physicians' understanding and treatment of all

- patients;
- Acknowledges that racism in all forms is unacceptable and is a crisis that creates a serious and urgent threat to public health; and
- Commits to anti-discrimination, inclusion, and health equity as essential principles for policy development, physician education, and advocacy.

Also as a result of the report, the JEDI Task Force will collaborate with TMA’s Council on Medical Education in surveying Texas medical schools to identify current curriculum that addresses the history and impact of race in medicine, and its role in perpetuating health disparities.

The panel will also work to create “a Texas-physician-tailored resource webpage that addresses marginalized and at-risk population bias, cultural sensitivity training, treatment bias, and the promotion of evidence-based practices for combating health care disparities that emerge.”

During its review that sired the report, the task force found “it was clear that TMA had no existing policy on racism,” the report stated.

Task force co-chair Kevin H. McKinney, MD, said during house testimony that the group painstakingly worked to make sure the words in the report “have the appropriate gravity, but also make sure that they have the appropriate positivity to them. Because when we’re tackling racism, we want to make sure that we are looking forward together – not trying to look back, and not trying to divide.”

In other public health-related business, the House of Delegates also voted to:

- Investigate the issues surrounding “the right of transgender youth in Texas to participate in athletic teams that correspond to these transgender individuals’ gender identity and expression, and [oppose] any effort that would prohibit, restrict or otherwise impinge on this right.” The reference committee had said while it recognized “the tremendous benefits of sport and physical activity for all youth,” it recommended referral “in light of the need for more research on this evolving topic.”
- Study TMA policy regarding gender-affirming care for minors to provide clarification on terms and definitions as noted by testifiers.
- Update TMA policy to define burnout, recognize it as a pressing issue, and encourage use of healthy coping mechanisms to address it.
- Revise TMA policy to include suicidality when facilitating and advocating for continuing medical education for physicians regarding child and adolescent mental health.
- Recommend certain principles and characteristics as part of contact tracing apps, including that the apps be voluntary, free for users, and available in a patient’s language of choice. The policy states apps should also include patient privacy protections and require patient consent that can be revoked at any time.
- Study hemp-derived tetrahydrocannabinol product safety, laboratory testing, and accurate labeling of ingredients and safety warnings.
- Identify and promote evidence-based school prevention programs that increase education on gun safety.

### **Relieving practice pressures**

As private practices continue to navigate red tape and ongoing pandemic pressures, delegates also pushed TMA to do more to address onerous prior authorization requirements and to advocate for federal disaster loan forgiveness.

TMA's House of Delegates heeded their call while tackling other important economic issues – including Medicaid coverage and payment to physicians, health insurance coverage, and telemedicine.

On the prior authorization front, delegates voted to support legislation that requires payers to compensate physicians for the time they and their staff spend completing prior authorization requests. (Texas' "gold-card" law to cut down on preauthorizations has yet to be implemented.)

Pandemic relief emerged as another priority, with delegates calling on TMA to work to ensure disaster help for small practices.

The house adopted a resolution requiring the Texas Delegation to the American Medical Association to advocate for Economic Injury Disaster Loan forgiveness for groups of five or fewer physicians, for loans of less than \$150,000, with no stipulations, at AMA's annual conference in June. TMA's Council on Socioeconomics endorsed the resolution, saying it could serve as a critical lifeline to practice privates still dealing with the financial hardships of the pandemic, such as decreased visits and increased overhead.

And again, delegates reaffirmed TMA policy addressing inadequate Medicaid physician payments, committing to develop a strategic plan to increase such payments as well as to study specifically how to do so for physicians practicing in health professional shortage areas. They also voted to improve Medicaid coverage and access for breast and cervical cancer treatment.

Building on these goals, the house voted to convene a cross-council workgroup to develop a comprehensive framework for affordable, accessible health insurance coverage options to guide TMA advocacy during the legislative session.

When it comes to telehealth coverage, the house moved to ensure any expansion doesn't discourage the use of local physicians. Under updated policy, TMA will advocate against payers that unfairly favor visits with telemedicine-only companies and for the establishment of strong patient protections within virtual care networks to ensure patient access to in-person care.

During the marathon voting session, the house also approved other economic and regulatory-related policies that:

- Advocate for the state of Texas to pay for the costs associated with electronic prescription of controlled substances as well as for physicians' time spent engaging with the Texas prescription monitoring program (PMP). Delegates also supported using a portion of state medical licensing fees to cover physicians' PMP access costs no longer covered by the state.
- Strengthen existing TMA policy to support "adequate funding for the Texas Medical Board to enable the board to have sufficient staffing and resources to successfully fulfill its mission and responsibilities."
- Support legislation requiring pharmacies to disclose to patients the lowest cost option for their prescribed medications, and support mandated price transparency in hospitals.
- Recognize the public health benefits of paid sick leave and support employers that provide such leave.
- Promote paid parental leave that is mutually beneficial to employees, employers, and business owners.
- Address the physician gender pay gap, with a focus on the unique impact of COVID-19 on pay inequity.
- Adopt principles for value-based decision-making by physicians.
- Support "site-neutral" payment policies that ensure fair payment for outpatient services, regardless of whether they're provided at a hospital-owned facility or physician office.

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

**FINANCIAL AND ORGANIZATIONAL AFFAIRS:**

**Speaker Report 1 2022 – Amending TMA Constitution Article V House of Delegates**

That TMA amend the TMA Constitution Article V by adding past TMA house speakers to membership of the House of Delegates. **Adopted.**

**Board of Trustees Report 10 – New Council on Member Experience**

That TMA (1) discharge the Council on Practice Management Services; (2) discharge the Committee on Membership; (3) establish a new Council on Member Experience; and (4) amend TMA Bylaws recognizing the Council on Member Experience and removing the Council on Practice Management Services and the Committee on Membership and renumber accordingly. **Adopted as amended.**

**Board of Trustees Report 12 – Texas Medical Liability Trust Governing Board**

That TMA approve Jamie Lynch, MD; Gary Sheppard, MD; and Joe Valenti, MD, as nominees of the Texas Medical Liability Trust (TMLT) Governing Board, to be placed before TMLT policyholders for election. **Adopted.**

**Board of Trustees Report 17 – Establishing the Standing Committee on Medicaid, CHIP, and the Uninsured**

That (1) the select committee on Medicaid, CHIP, and the Uninsured be made a standing committee called the Committee on Medicaid, CHIP, and the Uninsured, reporting to the Council on Socioeconomics; (2) that the Texas Medical Association establish the number of members of the committee as 24 to allow broad primary and subspecialty physician representation to address the diverse populations served by Medicaid, CHIP, and safety-net programs; and (3) that TMA Bylaws Chapter 10, Committees, Section 10.53 be amended to include a new subsection, 10.541, Committee on Medicaid, CHIP, and the Uninsured. **Adopted.**

**Board of Councilors Report 1 – Emeritus Nominations**

That the House of Delegates vote to approve James S. Cox, MD; Betty J. Edwards, MD; Phillip G. Sutton, MD; Albert T. Gros, MD; James Cullington, MD; and Bruce A. Levy, MD, JD, to Emeritus member status. **Adopted.**

**Board of Councilors Report 2 – Honorary Nominations**

That the House of Delegates vote to approve Juan Manuel Guerrero, MD; M. Bruce Christopherson, MD; Daniel Corredor, MD; and Harvey Rosenstock, MD, to Honorary member status. **Adopted.**

**Texas Delegation to the AMA Report 3 – Amending the Texas Medical Association Bylaw 6.10**

This report recommends amendment of Texas Medical Association Bylaw 6.10. **Adopted as amended.**

**International Medical Graduate Section Report 1 – Amendment of International Medical Graduate Section Operating Procedures**

That TMA approve amendments to the International Medical Graduate Operating Procedures. **Adopted.**

**Medical Student Section Report 1 – Amendment of Medical Student Section Operating Procedures**

That TMA approve amendments to the Medical Student Section Operating Procedures. **Adopted as amended.**

**Medical Student Section Report 2 – Amendment of Medical Student Section Operating Procedures**  
That TMA approve amendments to the Medical Student Section Operating Procedures. **Adopted as amended.**

**Resident and Fellow Section Report 1 – Amendment of Resident and Fellow Section Operating Procedures**

That TMA approve amendments to the Resident and Fellow Section Operating Procedures. **Adopted as amended.**

**Young Physician Section Report 1 – Amendment of Young Physician Section Operating Procedures**  
That TMA approve amendments to the Young Physician Section Operating Procedures. **Adopted as amended.**

**Women Physicians Section Report 1 – Amendment of Women Physicians Section Operating Procedures**

That TMA approve amendments to the Women Physicians Section Operating Procedures. **Adopted.**

**Council on Constitution and Bylaws Report 1 – Amendments to Bylaws for County Medical Society Annual Reporting Requirements**

That the Texas Medical Association remove the potential burden associated with reporting attendance for multiple meetings by amending Chapter 12 of the TMA Bylaws as recommended by the Council on Constitution and Bylaws to only require reporting attendance for the county medical society’s annual business meeting. **Adopted.**

**Council on Constitution and Bylaws Report 2 – Amendments to Bylaws to Require Association Membership to Serve in a TMA Position or as a Consultant**

That the Texas Medical Association amend Chapters 3, 7, and 9 of the TMA Bylaws to require association membership to serve in a TMA position or as consultant, as recommended by the Council on Constitution and Bylaws. **Adopted.**

**Council on Constitution and Bylaws Report 3 – Amendments to Bylaws to Allow Section Elections Before or Concurrent to their Business Meetings**

That the Texas Medical Association amend Chapter 3 of the TMA Bylaws as recommended by the Council on Constitution and Bylaws, to allow section elections to be held before or concurrent to the section business meeting. **Adopted.**

**Council on Constitution and Bylaws Report 4 – Amendments to Constitution and Bylaws to Create a Telemedicine Member Classification and Update Article III**

That the Texas Medical Association amend Article III of the TMA Constitution and Chapters 1 and 13 of the Bylaws as recommended by the Council on Constitution and Bylaws, to create a telemedicine membership category by including “Associate” members in the TMA Constitution; and tie the TMA Constitution’s membership qualifications to the TMA Bylaws. **Adopted.**

**Patient-Physician Advocacy Committee Report 2 – Sunset Policy Review**

That TMA delete policy 255.005 Monitoring Development of the Patient-Centered Surgical Coordination Concept. **Adopted.**

**LGBTQ Health Section Report 1 – Amendment of LGBTQ Health Section Operating Procedures**

That TMA approve amendments to the LGBTQ Health Section Operating Procedures. **Adopted as amended.**

**Resolution 101 – Encouraging Participation in House of Delegates by Allowing Voting in Elections without Being Present at the HOD**

That the Texas Medical Association House of Delegates will give delegates who are unable to attend the House of Delegates business meeting in person the ability to vote in elections at that meeting from a remote location in a secure manner. **Referred for study.**

**Resolution 102 – Preserving the Viability of Independent Physician Practices**

That (1) Texas Medical Association help maintain the viability of independent physician practices (solo physicians and physician-owners of small group practices) by holding a virtual and/or in-person forum for all interested TMA members prior to the end of 2022 to discuss the concerns of solo and small group physicians and find ways TMA can help. **Adopted.**

That (2) TMA create and maintain a webpage that lists TMA and AMA resources for independent practice physicians, as well as contact information for county medical societies that have an independent practice committee or workgroup; (3) more webinars and CME sessions at live TMA meetings be held on practice management topics; (4) TMA make a greater effort to recruit vendors to participate in the TMA group discount programs so that small practices can enjoy the same discounts that large institutions obtain for supplies, equipment, services, and the like; (5) TMA track the number of solo and small group practices that, for financial reasons, close or relocate to other parts of Texas over the next 10 years, and monitor how that is affecting patient access to both primary care physicians and specialists; and (6) TMA continue enhancing and fortifying, as appropriate and practical, the socioeconomic and practice management divisions of TMA to meet the challenges of practices in the future. **Referred for study.**

**Resolution 103 – Treating Implicit Association Test Results as Confidential Medical Information**

That (1) the Texas Medical Association adopt policy stating that Implicit Association Test results be treated as confidential medical information; (2) TMA adopt policy stating that no individual shall be compelled to release the results of any Implicit Association Test to any individual, vendor, business, organization, entity, or university; and (3) TMA enact policy stating that any group results of any Implicit Association Tests are not released to any individual, vendor, business, organization, entity, or university except in a manner that would maintain confidentiality. **Referred for study.**

**Resolution 104 – Improving the Appearance of the Texas Medical License**

That the Texas Medical Association urge the Texas Medical Board to improve the appearance of the Texas medical license in its Portable Document Format (PDF) form so that our license can achieve an authentic professional look. **Adopted.**

**Resolution 105 – Free Speech Policy**

That the Texas Medical Association adopt a free-speech position that supports physicians in professional practice. **Referred for decision.**

**Resolution 106 – Bullying in the Practice of Medicine**

That (1) the Texas Medical Association acknowledge the adverse effects of workplace bullying and the adverse impact it can have in the medical setting; and (2) TMA develop official policy to define bullying in the practice of medicine and address workplace behavior, particularly behavior that constitutes bullying and incivility. **Adopted as amended.**

**Resolution 107 – Supporting Diversity in Texas Medical Association Publications**

That (1) to best represent Texas's diverse patient population, the Texas Medical Association supports the representation of a diverse set of races, ethnicities, and cultures in its publications and educational materials for patients, physicians, and students; and (2) our Texas Medical Association amend policy 200.065 Skin Color Representation in Medical Education and Research. **Adopted.**

**Resolution 108 – Increasing Support for Doula Services to Address Perinatal Health Outcomes**

That (1) the Texas Medical Association advocate for the services of trained doulas, including emotional and physical support, and childbirth education provided during pregnancy, labor, and the postpartum period, to be a covered service under private insurance plans and publicly funded programs such as Medicaid to help address adverse birth outcomes; (2) our TMA support exploration of previously implemented doula payment models to identify the most cost-effective and appropriate payment models and delivery systems for Texas, such as individual care credits or direct payment; (3) our TMA encourage partnerships between recognized doula organizations, health care groups, and physicians and providers to increase the use of doulas and increase awareness of the benefits of doula services; and (4) our TMA support the continued study of the impact of doula care on perinatal health outcomes including maternal and infant morbidity and mortality, and the role of doulas within the broader interprofessional health care team. **Not adopted.**

**Resolution 109 – Texas Medical Association Open Meetings and Board of Trustees Decisions**

That all Texas Medical Association council, standing and ad hoc committee (other than a committee internal to a board), and task force meetings shall be open to all members of the organization upon request, with the exception of any executive session (i.e., a closed meeting in which sensitive or confidential matters are discussed and/or acted upon, such as matters involving personal or professional sensitive issues; disciplinary proceedings; peer review matters; and legal, financial, legislative, or political issues) and (2) That all TMA councils, standing and ad hoc committees (other than a committee internal to a board), and task forces shall post advance notice which shall be reasonably available for all members; and (3) That this resolution be referred to the Council on Constitution and Bylaws for drafting appropriate bylaw amendment language as needed to accomplish the first resolve. **Adopted as amended.**

**Resolution 110 – Protecting the Patient-Physician Relationship by Eliminating Lawsuits Filed by Uninvolved Parties**

That the Texas Medical Association actively advocate against any legislation or provision that allows lawsuits from uninvolved parties or promotes undue liability potential; and (2) that TMA actively advocate for a procedure for physicians to file countersuits in response to lawsuits from uninvolved parties; and (3) that TMA engage the Texas Legislature to preserve the sanctity of the patient-physician relationship. **Adopted as amended.**

**Resolution 112 – Freedom of Medical Information Dissemination Between and From Physicians**

That the Texas Medical Association oppose the censorship or suppression of medical information between and from physicians. **Referred for study.**

**Resolution 113 – Optimizing Individual Choice in End-of-Life Care**

That (1) our Texas Medical Association support legalization of medical aid in dying; and (2) our TMA amend current Policy 85.008 Physician Assisted Suicide. **Not adopted.**

**Resolution 114 – Duties of Physicians When Communicating in the Public Space**

That (1) the Texas Medical Association assert that membership in the Texas Medical Association and the willful spreading of disinformation about vaccines are incompatible; and (2) TMA publish a disavowal of the statement to its membership if a member physician makes false statements about vaccines as an official speaker at a Texas Medical Association event. **Referred for study.**

**Resolution 115 – Opposition to Debt Litigation Against Patients**

That (1) our TMA encourage health care organizations to negotiate medical debt with patients directly and consider several options, including assistance in applying for coverage, discounts, payment plans with flexibility, and extensions as needed, or forgiveness of debt altogether, before using third-party debt collectors, while avoiding those that harass debtors; (2) our TMA encourage health care organizations to

consider the relative financial benefit to their revenue of collecting medical debt against the detrimental cost to patients' well-being; (3) our TMA encourage health care organizations to make multiple clear attempts to reach and negotiate with patients before proceeding with litigation against patients or any other punitive actions and reserve litigation for patients who are able but unwilling to pay; and (4) the Texas Delegation to the AMA carry this or a similar resolution to the American Medical Association. **Not adopted.**

**Resolution 116 – Protecting Physicians' Ability to Provide Care in Dynamic Legal Environments**

That our Texas Medical Association advocate for legislation protecting physicians from retroactive lawsuits for services that were legal at the time they were performed. **Referred for study**

**Resolution 117 – Ethical Guidance for Pediatric HIV**

That (1) the Texas Medical Association Board of Councilors publish ethical guidance for Texas physicians related to the screening, diagnosis, disclosure, and treatment of HIV in pediatric patients, consistent with state and federal law; and (2) our TMA work with specialty societies and interest groups such as the Texas Pediatric Society and American Academy of Pediatrics to recommend informational and practical resources that will aid in clinical decision-making and discussions with pediatric patients living with HIV and their parents. **Adopted.**

**MEDICAL EDUCATION AND HEALTH CARE QUALITY:**

**Council on Medical Education Report 1 – Sunset Policy Review**

That (1) policies 175.002 Texas Medical Board Consolidation with Other States Agencies, 205.005 Funding Levels for Research and Medical Education, 205.022 Federal Title VII Graduate Medical Education Grant Program, 205.032 Loan Deferment during Residency, 205.033 Restoring Parity and Interest Subsidies to Federal Graduate Student Loans, 200.046 Educating and Training Physicians in Texas, and 200.048 Residency Slots be retained; (2) Policy 90.001 Funding of Services for Disabled Persons be retained as amended; and (3) policies 175.007 Funding of Texas Medical Board and 175.011 TMB Funding be combined and amended as a single policy, and thereafter Policy 175.011 be deleted. **Adopted.**

**Council on Medical Education Report 2 – Referral of Resolution 355 (2021) Support of Medical Student Health and Wellness**

That the Texas Medical Association encourages: (1) the development of evidence-based methods to prevent, detect, and treat mental health issues in medical students, and promotes awareness of the prevalence of mental illness among medical students and therapeutic resources available to treat these illnesses, and (2) Texas medical schools to identify and address internal and external common barriers that deter medical students from seeking counseling services. **Adopted as amended.**

**Council on Medical Education Report 3 – Defining What Constitutes Proper Use of the Terms “Residency” and Fellowship” When Referring to Specialty Training (Resolution 204 2021)**

(1) That the following be adopted as new Texas Medical Association policy: Recognize the Unique Historical Significance of the Terms “Residency” and “Fellowship” to Physician Training: The Texas Medical Association takes the position that the terms “residency” and “fellowship” have a historical and honored meaning that originated with the training of physicians. These terms represent the well-defined medical specialty training pathways for physicians as guided by national accreditation standards in a manner that reflects the rigor, depth, and scope of the medical education training model. Steps should be taken to ensure the use of these terms by other health professions does not lead to the misconception that nonphysician training programs are equivalent or interchangeable with the medical education training model. There should be clarity about the distinct differences in the training required to become a physician in comparison to other health professionals. This is the training befitting the role of a physician



as the leader of the health care team, and (2) A resolution be taken by the TMA Delegation to the American Medical Association for a national-level discussion to prevent the continued distortion of the terms “residency” and “fellowship” by professions outside of medicine. **Adopted as amended.**

**Council on Medical Education Report 4 – Use of State Medical Licensing Fees to Facilitate**

That the following be adopted as Texas Medical Association policy: Use State Medical Licensing Fees to Facilitate Physician Compliance with the State Prescription Monitoring Program (PMP) Mandates: The Texas Medical Association supports the allocation to the Texas State Board of Pharmacy of funds already being collected through medical licensing fees by the Texas Medical Board to help physicians in complying with Prescription Monitoring Program (PMP) mandates. The funds would be used to cover the basic costs for physicians to access the PMP using prescribing software. This approach would make it easier for physicians to comply with these mandates. **Adopted.**

**Committee on Continuing Education Report 1 – Update to Continuing Medical Education Policy**

That TMA (1) Amend TMA Policy 70.004 CME Commercial Support, (2) Amend TMA Policy 70.007 CME Mission Statement (3) Amend TMA Policy 70.009 Conflict of Interest, and (4) Amend TMA Policy 205.030 Commercial Support Regarding Unrestricted CME Funding. **Adopted.**

**Committee on Health Service Organizations Report 1 – Sunset Policy Review**

That TMA retain policies 20.001 Preadmission Screening and Annual Resident Review, 20.002 Medical Directors in Nursing Facilities, 115.002 High Risk and Medically Fragile Patients, 115.017 Protections of Non-employment Physicians Extended to 501 (a)s, 130.004 Organized Medical Staff, 130.022 Avoiding Bias in Medical Executive Committees, 170.010 Professional Liability Coverage for Physicians Providing Long-Term Care, 245.017 Clear Identification, and 265.001 Exclusive Contracts. **Adopted.**

**Committee on Physician Health and Wellness Report 1 – Referral of Resolution 212 2021: Support Addressing, Screening, and Providing Healthy Coping Mechanisms for Burnout**

That (1) our Texas Medical Association recognizes burnout, defined as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment, as a pressing issue among physicians, residents, fellows, and medical students; and (2) our Texas Medical Association encourages use of healthy coping mechanisms and available wellness resources to address burnout in Texas physicians, residents, fellows, and medical students, thereby preventing further development of more serious conditions. **Adopted.**

**Resolution 201 – Supporting Socioeconomic Diversity in Medical Education**

That (1) our TMA acknowledge low socioeconomic status [SES] medical students face barriers to personal and professional development; (2) our TMA support the research and publication of medical school socioeconomic data to investigate possible quality improvement measures, raise awareness of SES disparities, and identify demographic trends; (3) our TMA collaborate with the appropriate parties in creating a network of support and enrichment programs for lower socioeconomic medical students to aid their retention in medical education and help advance their professional development; and (4) our TMA amend Physician Recruitment H-185.012 as follows: The Texas Medical Association supports expanded efforts by Texas medical schools to recruit and retain students and residents from underrepresented race/ethnic groups, those of low socioeconomic status, as well as underrepresented geographic areas of the state to enhance the diversity of the state’s physician workforce, affect geographic maldistribution, and reduce potential health disparities. **Referred for study.**

**Resolution 202 – Accountability and Regulation of Global Surgery Programs in Texas**

That (1) our TMA support the use of evidence-based criteria to develop, evaluate, support, and regulate global surgery programs associated with surgical practices in Texas; and (2) our TMA encourage Texas academic and private global surgery programs to create equitable local partnerships, provide quality

surgical care with appropriate follow-up, collect and report outcomes, and build local surgical capacity. **Not adopted.**

**Resolution 203 – In-Person Translators in Emergency and Procedural Health Care Settings**

That (1) the Texas Medical Association support widespread access and equitable usage of medical interpretative services for physicians when communicating with patients whenever feasible; and (2) our TMA encourage the use of in-person translators in emergency settings and for interventional procedures. **Not adopted.**

**Resolution 204 – Increasing Recruitment and Retention of Diverse Standardized Patients and Use of Translational Services in Medical Education**

That our Texas Medical Association supports the recruitment and retention of standardized patients for medical education and training purposes accounting for the categories of race, ethnicity, disability status, gender identity, and sexual orientation that accurately reflect the diverse population of Texas. **Adopted as amended.**

**SCIENCE AND PUBLIC HEALTH:**

**Board of Trustees Report 11 – Addressing Racism in Medicine**

That (1) that the Texas Medical Association recognize that racism is one of many social determinants of health that has a profound impact on the health of our patients and the practice of medicine in Texas; (2) that TMA recognize that implicit and explicit biases exist in medicine and that evidence-based strategies to address these biases are necessary to improve our understanding and treatment of all patients; (3) that our TMA acknowledge that racism, in its systemic, cultural, interpersonal, and other forms, is unacceptable, and is a crisis that creates a serious and urgent threat to public health; (4) that TMA commit to anti-discrimination, inclusion, and health equity as essential principles for future policy development, physician education, and advocacy on behalf of our members and our patients; (5) that the Task Force on Justice, Equity, Diversity, and Inclusion collaborate with the Council on Medical Education to survey Texas medical schools to identify the current curriculum being taught to students to address the history and impact of race in medicine and its role in perpetuating health disparities, with a written summary of the findings produced as a deliverable; and (6) that the Task Force on Justice, Equity, Diversity, and Inclusion research materials to create a Texas-physician-tailored resource webpage that addresses marginalized and at-risk population bias, cultural sensitivity training, treatment bias, and the promotion of evidence-based practices for combating health care disparities that emerge. **Adopted.**

**Council on Science and Public Health Report 1 – Sunset Policy Review**

That TMA (1) retain Policy 215.003 Mental Hospitals and Clinics; (2) amend policies 45.014 Blood Safety, 45.016 Blood Donor Recruitment and Homeland Security, 145.019 Mental Health Equitable Treatment and Parity, 260.010 Handicapped Parking, 260.089 Border Violence Awareness Support, 260.090 Distracted Driving, 260.092 Responsible Opioid Prescribing for Pain Management, 280.025 Genetically Modified Crops and Foods, and 280.026 Increasing the Number of Donor Organs; and (3) delete policies 95.004 Drug Labeling of Generic Substitutions, 95.037 Controlled Substances Registration Program, and 145.018 Mental Health Carve-outs. **Adopted as amended.**

**Council on Science and Public Health Report 2 – Improving Physician Access to Immigrant Detention Facilities**

That the Texas Medical Association adopt policy as follows: Improving Physician Access to Immigrant Detention Facilities: The Texas Medical Association 1) will work with AMA to advocate for a transparent process for community physicians to request access to immigrant detention facilities and provide medical care to detainees within those facilities; and 2) supports AMA's efforts calling for the U.S. Immigrations and Customs Enforcement Office of Detention Oversight to revise its medical standards governing the

conditions of confinement at detention facilities to meet those set by the National Commission on Correctional Health Care, including ensuring appropriate continuity of care. **Adopted.**

### **Council on Science and Public Health Report 3 – Public Health and Health Care Protections While Incarcerated**

That the Texas Medical Association adopt the following as policy: To improve clinical outcomes of the incarcerated as well as reduce the overall costs of their care to Texas taxpayers, the Texas Medical Association:

1. Advocates for adequate funding to ensure prompt access to health care for inmates, including preventive services such as vaccination, and mental health and substance use disorder services and medications;
2. Advocates for our state to suspend rather than terminate Medicaid eligibility of juveniles and adults upon intake into the criminal legal system and throughout the incarceration, and to promptly reinstate coverage when the individual transitions back into the community;
3. Encourages education on health, mental health, and addiction, along with evidence-based addiction treatment including medications, for both individuals who are incarcerated and staff in correctional facilities;
4. Advocates for necessary programs and staff training to address the distinctive health care needs of women and adolescent females who are incarcerated, including gynecological care and obstetrics care for individuals who are pregnant or postpartum; and
5. Advocates for smooth transitions of care between jails/prison and community, including partnerships and information-sharing among correctional systems, community health systems, and state insurance programs to ensure a continuum of health care services for juveniles and adults in the correctional system. **Adopted.**

### **Council on Science and Public Health Report 4 – Resolution 305 Supporting an Opt-Out Organ, Eye, and Tissue Donation System in Texas (Tabled Res 319 2020)**

That Resolution 305 not be adopted and instead the Texas Medical Association remain unwavering in its support for organ donation and continue to inform professional and legislative discussions to facilitate organ donation, including introduction of the opt-out concept, by: Providing continuing education for TMA members on organ donation strategies, including opt-out consent; Working collaboratively with organ procurement organizations and interested parties in Texas to inform citizens and foster education and support for organ donation; Identifying legislative allies and educating legislators and regulators on strategies to increase donation, including the opt-out consent concept; and Continuing to follow trends and data in opt-out consent to inform future decisions for Texas. **Adopted.**

### **Committee on Child and Adolescent Health Report 1 – Sunset Policy Review**

That TMA retain the following policies: 55.056 Physician Examinations for Young Athletes, 250.003 Limiting Physician and Patient Conversations, 260.093 Clinical Approaches to Obesity Prevention and Treatment, and 280.005 Science Teacher Scholarships. **Adopted.**

### **Committee on Child and Adolescent Health Report 2 – Recommendations for Updating Texas Medical Association Teenage Sexual Health Guidelines, Resolution 304 (2021), and Supporting Comprehensive Sexuality Education Reform, Resolution 329 (2021)**

That (1) TMA amend policy 55.016 Sexuality Education; (2) TMA should encourage use of and promote evidence-based sexual education resources; and (3) TMA should continue advocacy work in collaboration with stakeholders and encourage TMA members to get involved with their local School Health Advisory Committees to support evidence-based discussion on medically correct and age-appropriate sex education and other health education topics for all school-age children. **Adopted as amended.**

### **Committee on Infectious Disease Report 1 – Sunset Policy Review**

That TMA (1) retain policies 260.065 Bioterrorism and 260.091 Sale of Raw Milk; and (2) delete policies 135.011 Immunization Registry for Texas and 135.021 Immunization Records. **Adopted.**

**Committee on Infectious Disease Report 2 – TMA Immunization Policy**

That TMA (1) Amend Texas Medical Association policy 135.012 Immunizations Rates in Texas; (2) create new policy on Disease and Setting-Specific Immunization Policies; and (3) delete the following policies: 135.002 Providing Vaccines Free-of-Charge, 135.005 National Vaccine Plan, 135.006 Immunization Schedule, 135.007 Immunization Guidelines, 135.008 Immunizations Administering, 135.009 Immunizations in Adults, 135.010 Immunization Education Efforts for Texas, 135.012 Immunization Rates in Texas, 135.014 Adolescent Vaccines, 135.015 Vaccine and Anti-Microbials Distribution During a Shortage, 135.016 Influenza and Tdap Vaccine Recommendations for Health Care Personnel, 135.017 ImmTrac, 135.018 Pertussis and Cocooning, 135.020 Fairness in Timely Delivery of Vaccines, 135.022 Adolescent Parent Immunizations, 135.023 Adult Immunizations, 135.024 Human Papillomavirus Vaccine for Suspected Victims of Child Sexual Abuse, 135.025 Improving the ImmTrac Registry by Reverting Back to an Opt-Out System, 135.026 Medicare Part B Coverage of Vaccines, and 135.027 Vaccinations in Immigrant Holding Facilities at the Border. **Adopted.**

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

This report recommends (1) retain the policies 140.012 Prevention of Iatrogenic Prematurity and 140.003 Birth Defects Registry; (2) amend policies 140.007 Regionalization of Perinatal Care, 250.002 Ethical Practice of Medicine for Physicians Participating in the Women’s Health Program, 330.012 Obstetrical Delivery in the Home or Outpatient Facility; and (3) delete Policy 330.011 Home Deliveries. **Adopted as amended.**

**Joint Report 2 – Res. 351 2021 Support of a Statewide Contact Tracing App**

That the Texas Medical Association adopt as policy contact tracing principles and app characteristics to use when recommending the development of contact tracing apps. **Adopted.**

**Joint Report 5 – Designating Texas Hospitals as Sensitive Locations, Resolution 303 (Tabled Res 315 2020)**

This report recommends the Texas Medical Association adopt policy on Designating Texas Hospitals as Protected Areas in lieu of Resolution 303 2021. **Adopted.**

**Joint Report 6 – Recommendations for Advocating for the Improvement of Access to Mental Health Services Among Minority Teens, Resolution 302 (Tabled Res 311 2021)**

That (1) TMA Policy 55.033 Children’s Mental and Behavioral Health be amended to include an emphasis on culturally competent care; (2) TMA Policy 185.027 Renewed Efforts to Increase Racial/Ethnic Diversity Among the Texas Physician Workforce be amended; and (3) the Texas Medical Association collaborate with existing state agencies and the Texas Children’s Mental Health Care Consortium to monitor mental health intervention outcomes data among primary and secondary age children of the five standard racial groups of American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and white as well as Hispanic ethnic groups. **Adopted as amended.**

**Resolution 301 – Ensuring that Health-Related Public Policies Are Scientifically Based and Physician Driven**

That (1) the Texas Medical Association support the formation of advisory boards to provide guidance to government authorities in issues affecting public health; (2) TMA support the formation of advisory boards to provide guidance to government authorities in issues affecting the patient-physician relationship at all levels of government; and (3) TMA continue to appoint Task Forces to compile scientific, evidence-

based information on key public health issues and to make resources available to member physicians and others as appropriate. **Not adopted.**

**Resolution 302 – Advocating for the Diagnosis, Treatment, and Follow-up Documentation of Eradication to Prevent Helicobacter Pylori From Leading to Gastric Cancer**

That the Texas Medical Association educate physicians on the importance of providing screening and treatment programs for Helicobacter pylori in all segments of the population. **Referred for study.**

**Resolution 303 – Reducing Processed Foods and Increasing Whole Foods in School Meals**

That (1) the Texas Medical Association support increasing the amount of whole foods and limiting the amount of processed foods offered in school cafeterias; and (2) the Texas Delegation to the American Medical Association take a similar resolution to the AMA House of Delegates for consideration.

**Referred for study.**

**Resolution 304 – Disaggregation of Data Within the AAPI Ethnic Community and Respective Subgroups**

That the Texas Medical Association support the disaggregation of demographic data regarding (a) Asian Americans and Pacific Islanders to reveal the within-group disparities that exist in health outcomes and representation in medicine, and (b) ethnic groups to reveal the within-group disparities that exist in health outcomes and representation in medicine. **Adopted.**

**Resolution 305 – Creation of Standards through Consensus for Future Public Health Emergency Preparedness**

That (1) the Texas Medical Association, in collaboration with state agencies, seek out and support a trusted, systematic, objective, transparent, comprehensive program with scientific consensus, for future public health emergency preparedness within the state, including recommendations for calls to action and guidelines for effective, proportionate, and holistic public policy by state and local leaders; and (2) the Texas Delegation to the American Medical Association introduce a resolution to the AMA House of Delegates to advocate for the development of a trusted, objective, transparent, universal classification system for public health emergencies and associated guidelines for public health policy, Emergency Use Authorizations, and the development and deployment of novel therapeutics. **Not adopted.**

**Resolution 306 – Declassifying Testosterone as a Controlled Substance**

That the Texas Medical Association demand that the State of Texas declassify testosterone as a controlled substance in Texas. **Not adopted.**

**Resolution 307 – Personal Autonomy for Individual Vaccination**

That while the Texas Medical Association encourages vaccination for various communicable diseases, TMA affirms that the decision of whether an individual submits to a medical intervention, including vaccination, should rest only with that individual in consultation with his or her personal physician and not be decided by any employer, health care facility, school, nor any government entity. **Not adopted.**

**Resolution 308 – Personal Autonomy for Physician Vaccination**

That while the Texas Medical Association encourages vaccination for various communicable diseases, TMA affirms that the decision of whether an individual physician submits to a medical intervention, including vaccination, should rest only with that individual physician in consultation with his or her personal physician and not be decided by any employer, health care facility, school, nor any government entity. **Not adopted.**

**Resolution 309 – Asking the State Board of Education to Update Sexual Health Education Guidelines in Texas K-12 Public Schools**

That (1) our Texas Medical Association support updates to existing Texas State Board of Education guidelines for sexuality education in Texas K-12 schools to reflect TMA’s stance on sexuality education (Policy 55.016); (2) our TMA encourage the State Board of Education to update guidelines for sexuality education in Texas K-12 schools to promote literacy around correct anatomical terms among younger students in an effort to prevent inappropriate sexual advances and abuse; and (3) our TMA amend TMA policy 55.016 Sexuality Education. **Not adopted.**

**Resolution 310 – Hepatitis B Screening and Treatment Among the Asian American and Pacific Islander Community**

That (1) the Texas Medical Association support legislation for funding to promote hepatitis B virus (HBV) screening and treatment; and (2) TMA support public health efforts to increase HBV education and screening among the Asian American and Pacific Islander population. **Not adopted.**

**Resolution 311 – Gun Safety Education in Schools**

That TMA identify and promote evidence-based school prevention programs that increase education on gun safety and promote appropriate behaviors in the presence of firearms. **Adopted as amended.**

**Resolution 312 – Hemp-Derived THC Product Safety Regulation**

That (1) the Texas Medical Association support surveillance and research investigating health outcomes associated with the use of hemp-derived THC isomers, including isomers such as delta-8 THC; (2) TMA support independent third-party laboratory testing of hemp-derived THC isomers; and (3) TMA support state and federal labeling regulation of hemp-derived THC isomers, including total THC (and isomer) concentration, active ingredients, pharmaceutical properties, and accurate warning labels. **Referred for study.**

**Resolution 313 – Corneal Donor Deferral Criteria**

That our Texas Medical Association support the elimination of deferral policies for corneal transplantation that are not based on scientific evidence. **Adopted as amended.**

**Resolution 314 – Strengthening TMA Policy on the Implementation of Syringe Services Programs**

That TMA amend Policy 95.019 Syringe Services Programs in lieu of adopting Resolution 314 2022. **Adopted as amended.**

**Resolution 315 – Mental Health Care Among the Asian American Pacific Islander Community**

That (1) the Texas Medical Association acknowledges disparities in mental health care among the Asian American Pacific Islander (AAPI) population; and (2) our TMA supports educating physicians and other health care professionals about the discrepancies in mental health care among Asian American Pacific Islander (AAPI) populations. **Not adopted.**

**Resolution 316 – Addressing Suicide Risk in Youth**

That TMA amend Policy 55.033 Children’s Mental and Behavioral Health in lieu of Resolution 316 2022. **Adopted as amended.**

**Resolution 317 – Banning Conversion Therapy in the State of Texas**

That the Texas Medical Association Policy 55.058 Sexual Orientation Change Efforts and Gender-Affirmation Therapies for Minors be amended. **Referred for study.**

**Resolution 318 – Supporting Transgender Youth Participation in Sports**

That (1) the Texas Medical Association supports the right of transgender youth in Texas to participate in athletic teams that correspond to these transgender individuals' gender identity and expression, and opposes any effort that would prohibit, restrict, or otherwise impinge on this right; and (2) our TMA supports the right of transgender youth in Texas to use amended birth certificates to access programs and accommodations related to their gender identity and expression. **Referred for study.**

**Resolution 319 – Improving the Efficiency of the TxEVER System**

That (1) the Texas Medical Association work with the Texas Department of State Health Services and the Texas Medical Board to automatically renew TxEVER account access for physicians when they biennially renew their Texas medical license; and (2) if additional TxEVER account access security is required, TMA work with the state to implement commonly used security measures, such as:

1. Extend the TxEVER password expiration time to 180 days or more;
2. Deactivate accounts only when users fails to update their password within 180 days after it has expired;
3. Send notice to TxEVER users 14 days prior to password expiration indicating their password is expiring and with a link allowing users to update their password;
4. Send notice to TxEVER users 14 days prior to account deactivation indicating their account will be deactivated if they fail to update their password; and
5. Allow physicians in solo and small practices to assign an administrator who can reset the TxEVER account (this option is currently limited to practices of three or more physicians).

**Adopted as amended.**

**Resolution 320 – Addressing the Impact of Abortion Restrictions in Texas**

That (1) the Texas Medical Association acknowledge that restrictions on reproductive care, including abortion access (i) are often in violation of existing evidence-based guidelines for reproductive care that are widely accepted by physician experts on reproductive care; (ii) impair access to health care services that may be provided adjacently to abortion, such as sexual health counseling, pregnancy counseling, and contraception planning; (iii) result in negative physical and emotional health and financial outcomes for patients; (iv) put physicians at risk of civil penalties, loss of employment, confusion, psychological distress, and stigma within practice environments; and (v) disproportionately impact women of color and those of low-income backgrounds; (2) the Texas Medical Association support evidence-based legislative efforts that promote safe abortion access in Texas; and (3) the Texas Medical Association amend TMA policy 10.002 Abortion. **Adopted as amended.**

**Resolution 321 – Recognizing People with Disabilities as a Health Disparity Population**

That (1) the Texas Medical Association recognize people with disabilities as a disparity population; (2) TMA encourage all public health research to include individuals with disabilities as a separate demographic in order to implement public health policies, initiatives, and emergency preparedness plans tailored to the needs of people with disabilities; (3) TMA advocate for the education of medical students and health care professionals about resources that address the barriers to medical care for those with disabilities; and (4) TMA support equitable access to health care by encouraging the accessibility of electronic health records to people with disabilities. **Referred for study.**

**Resolution 322 – Increasing Autonomy of Adolescent Pediatric Cancer Patients**

(1) That our Texas Medical Association adopt existing American Medical Association Policy 2.2.2 Confidential Health Care for Minors; and (2) That our TMA encourage the Texas Legislature to support model legislation expanding adolescent cancer patients' autonomy and pediatric shared medical decision-making. **Referred for study.**

**Resolution 323 – Psychiatric Services for Pediatric Patients**

That (1) our TMA advocate for efforts to improve access to inpatient psychiatric services and access for pediatric patients due to the rising level of mental illness and suicide; and (2) our TMA amend Policy 215.019 Public Mental Health Care Funding. **Referred for study.**

**Resolution 324 – Encourage Equitable Access to Medication for Opioid Use Disorder**

That (1) our Texas Medical Association recognize medication for opioid use disorder as an efficacious first-line treatment for chronic opioid use disorder; and (2) TMA disseminate training materials on medication for Opioid use disorder (MOUD) for physicians and support efforts to increase utilization of MOUD in Texas. **Adopted as amended.**

**Resolution 325 – Medical Homes for Political Asylum Seekers**

That (1) the Texas Medical Association work with the Texas Legislature to develop a state program that provides medical homes for Afghan and Ukrainian political asylum seekers until their asylum status is approved and they have governmental health care coverage; and (2) the Texas Delegation to the American Medical Association submit a similar resolution to the AMA House of Delegates that addresses this as a national problem. **Not adopted.**

**SOCIOECONOMICS:**

**Board of Trustees Report 16 – Enactment of a Policy Framework on Health Insurance Design**

This report recommends that (1) the Texas Medical Association House of Delegates authorize the Board of Trustees to convene a cross-council ad hoc workgroup to conduct a methodical, comprehensive review of the association’s health insurance-related policies with the goal of developing a consistent, cohesive policy framework and objectives that reflect the needs of patients and physicians. By engaging multiple councils in the review at the same time, the association will benefit from input from diverse perspectives; (2) the recommendations generated from the review be submitted for consideration at the 2023 House of Delegates; and (3) the House of Delegates adopt a framework for evaluating health insurance and benefit design to aid the association’s legislative and regulatory advocacy relating to alternative benefit plans during the 2022 legislative interim and 2023 legislative session. **Adopted.**

**Council on Socioeconomics Report 1 – Sunset Policy Review**

That (1) Texas Medical Association Policies 145.028 Unequal Insurance Contract Reimbursement for Solo Practitioners and 195.034 Risk Adjustment under PPACA be retained; and (2) Policy 95.038 Ensuring Availability of Essential Medications and Addressing Constant Backorder Issues be retained as amended. **Adopted.**

**Council on Socioeconomics Report 2 – Adoption of Principles of Physician Value-Based Decisionmaking in Medical Practice and Professionalism**

This report recommends that the Texas Medical Association adopt the American Medical Association’s principles on Value-Based Decision-Making in the Health Care Systems as amended. **Adopted.**

**Council on Socioeconomics Report 3 – Resolution 107 2021 Utilization Review, Medical Necessity Determination, Prior Authorization Decisions**

That the Texas Medical Association (1) educate physicians about the need to bring utilization review, medical necessity determination, and prior authorization concerns and issues to the attention of the Texas Medical Board and the Texas Department of Insurance; (2) remind members to use TMA’s existing Reimbursement Review and Resolution process (formerly known as the Hassle Factor Log) in which Texas physicians can share issues and concerns about a payer’s behavior; (3) take a resolution to the American Medical Association that would advocate for the implementation of a federal version of Texas’ “gold card” law (House Bill 3459), which aims to curb onerous prior authorization practices by many



state-regulated health insurers and health maintenance organizations, and urge the AMA House of Delegates to adopt similar policy; and (4) write a letter that requests to meet with the AMA Council on Ethical and Judicial Affairs and recommend that they develop ethical opinions similar to the TMA Board of Councilors' opinions on medical necessity determination and utilization review. **Adopted.**

**Council on Socioeconomics Report 4 – Res. 405 2021 – Ensuring Medical Practice Viability Through Reallocation of Insurance Savings During the COVID-19 Pandemic Care**

That (1) the Texas Medical Association continue to advocate for and educate members about practice viability issues; (2) TMA work with private payers to encourage they pass along savings generated during the pandemic to patients; (3) TMA advocate that all plans follow [medical loss ratio] requirements and, as appropriate and with particular mindfulness of the public health emergency, issue rebates to patients; (4) that TMA urge health plans to offer practices per-patient-per-month fees for innovative practice models to improve practice sustainability; and (5) the Texas Delegation to the AMA take a similar resolution to the AMA House of Delegates 2022 meeting. **Adopted as amended.**

**Council on Socioeconomics Report 5 – Improving Coverage and Access for Breast and Cervical Cancer Treatment**

This report recommends that the Texas Medical Association (1) support legislation to increase eligibility for the Texas Breast and Cervical Cancer Screening program and Medicaid Breast and Cervical Cancer Treatment program to the maximum allowed by federal law; (2) support legislative and/or regulatory initiatives to expand the availability of breast and cancer screening locations across Texas, including using mobile screening units or other innovative strategies to connect women to services in a timely manner; and (3) conduct community outreach to educate women about the importance of regular, timely breast and cervical cancer screening examinations. That outreach also must show eligible women how they can obtain such services, with particular focus on educating low-income women about the availability of free screening and diagnostic services via the Breast and Cervical Cancer Screening program. **Adopted as amended.**

**Council on Socioeconomics Report 6 – Improving Patients' Physical Health by Addressing Oral Health**

That the Texas Medical Association (1) support (a) efforts to enact meaningful dental coverage for all adult Medicaid enrollees, including pregnant and postpartum women as well as any future Medicaid adult expansion population, with the benefit including coverage for preventive, diagnostic, and restorative services, as recommended by a panel of dentists and physicians; and (b) recognizing that the costs of a new dental benefit may be a barrier to enactment, phased legislative and budgetary efforts to improve access, beginning with implementation of and funding for a standardized adult preventive dental benefit; (2) support revising the federal definition of essential health benefits to include adult dental coverage as a required service; (3) educate physicians who treat pediatric patients about availability of comprehensive dental benefits within Medicaid, the Children's Health Insurance Program, and marketplace plans; (4) strongly support and promote water fluoridation programs in public water systems with insufficient levels of naturally occurring fluoride by supporting efforts at the Department of State Health Services to reestablish its Texas Fluoridation Program, educating physicians and the public about the safety of fluoride in water, promoting the well-documented role of fluoridated water in preventing dental decay and disease in young children, and supporting county and specialty medical societies in advocating in favor of establishing or maintaining water fluoridation programs within local communities; (5) collaborate with the Texas Pediatric Society and Texas Academy of Family Physicians to educate physicians serving pediatric patients on their role in providing oral evaluation and prevention within the medical home, particularly among infants and young children, and to conduct robust outreach to increase physician participation in the Texas Health Steps Oral Evaluation and Fluoride Varnish in the Medical Home program; (6) educate all physicians about the association between physical health and oral health and provide resources to help interested practices better address oral health among their patients as a means to

prevent or mitigate chronic disease, with a particular emphasis on patients most at risk, such as pregnant women and people with chronic conditions; and (7) convene a meeting with the Texas Dental Association, Texas Oral Health Coalition, Texas Health Institute, consumer advocates, state specialty societies, and other interested stakeholders to discuss opportunities to improve health care quality, equity, and outcomes by collaborating to improve oral health access among all Texans, including strategies to bridge the medical-dental divide and to address barriers that prevent more physicians and dentists from participating in Medicaid and the Children's Health Insurance Program. **Adopted.**

**Committee on Health Information Technology 1 – Sunset Policy Review**

That TMA amend Policy 265.020 Comprehensive Analysis of Potential Errors Facilitated by the Implementation of Computerized Physician Order Entry Systems. **Adopted.**

**Committee on Health Information Technology 2 – Amend Texas Medical Association Policy 118.002**

That TMA amend Policy 118.002 Health Information Technology – Electronic Health Records and Personal Health Records. **Adopted.**

**Committee on Health Information Technology 3 – New Policy; Diagnosis Codes on Prescriptions**

That TMA adopt the following as policy: Diagnosis Code on Prescription Orders: To protect patient confidentiality and reduce administrative burden, the Texas Medical Association opposes mandates that require physicians to provide a diagnosis code on prescriptions. To avoid confusion and medication errors, physicians may voluntarily notate the purpose of a prescription in the notes that are displayed for the pharmacist or via patient instructions. **Adopted.**

**Committee on Health Information Technology 4 – Unique Patient Identifier, New Policy**

That TMA adopt the following as policy: Voluntary Unique Patient Identifier: The Texas Medical Association supports a voluntary national unique patient identifier that aids in accessing the right information about the right patient at the point of care, especially in emergency, disaster, and pandemic situations. Patients should be educated about the benefits of a national identifier, including a higher probability that the proper medical record is accessed for care decisions and that the longitudinal medical record is accurately maintained. **Adopted.**

**Joint Report 1 – Paid Sick Leave**

That TMA adopt the following as policy: Paid Sick Leave: The Texas Medical Association (1) recognizes the public health benefits of paid sick leave and other discretionary paid time off; (2) supports employer policies that allow employees to accrue paid time off and to use such time to care for themselves or a family member; and (3) supports employer policies that provide employees with unpaid sick days to use to care for themselves or a family member where providing paid leave is overly burdensome. **Adopted.**

**Joint Report 3 – Paid Parental Leave (Res. 430 2021)**

That TMA amend Policy 260.104 Parental Leave. **Adopted as amended.**

**Joint Report 4 – Ensuring That Telehealth Coverage Does Not Discourage Use of Local Physicians**

That TMA (1) adopt the following as new Texas Medical Association policy:

- (i) Use of Physicians for Telemedicine: The Texas Medical Association will advocate for payer health policies that do not unfairly favor health visits with telemedicine-only companies by waived copays or other imbalanced pricing incentives. Physicians should educate patients about available telemedicine options for convenience and after-hours care and should be encouraged first to seek encounters with their established physician, who is familiar with their health history.
- (ii) Virtual Networks: The Texas Medical Association advocates for establishment of strong patient protections within virtual-care networks to ensure patients retain access to timely in-person health

care when necessary. TMA does support the appropriate use of telemedicine and the expansion of virtual care for patient access and adequate networks as described in TMA policy 145.032

Improving Network Adequacy in Health Insurance Plans;

(2) amend existing policies 290.003 Telemedicine Use as Supportive Mechanism in Delivery by a Physician, 290.005 Telemedicine, 290.006 Telemedicine Reimbursement, 290.007 Telemedicine and Confidentiality, and Guidelines for Electronic Communications with Patients, and (3) delete Policy 290.004 Telemedicine Consultation Allocation of Association Resources. **Adopted.**

**Joint Report 8 – Augmented Intelligence in Health Care, Resolution 421 2021**

That TMA adopt principles for augmented intelligence in health care. **Adopted.**

**Resolution 401 – COVID-19 Economic Injury Disaster Loan (EIDL) Forgiveness for Physician Groups of Five or Less**

That the Texas Delegation to the American Medical Association take a resolution to the AMA Annual 2022 meeting advocating for Economic Injury Disaster Loan (EIDL) forgiveness for physician groups of five or fewer physicians for loans of less than \$150,000 granted by the Small Business Administration by whatever mechanism is available, with no stipulations based on productivity or profit/loss reports to receive this forgiveness. **Adopted.**

**Resolution 402 – Study the Creation of a Physician Sponsored and Administered Health Insurance Program in the State of Texas**

That a council on economics provide a report with detailed recommendations on the most feasible logistics, cost, generally likely financial contributions from physicians and subspecialty societies (if applicable), and timelines needed to potentially create a physician-sponsored and -administered health insurance plan for Texas to the TMA House of Delegates during the 2023 TexMed without hiring a consultant. **Adopted as amended.**

**Resolution 403 – Disclosure of Prescription Drug Prices**

That (1) the Texas Medical Association support legislation requiring pharmacies to disclose to the patient the lowest cost option for the prescribed medication at that pharmacy, such as through a discount prescription drug program that would result in a lower cost than using the patient's health insurance benefit; and (2) no contract should prevent a pharmacy from disclosing the lowest price option to the patient. **Adopted.**

**Resolution 404 – Pharmacies Adhering to Patient Wishes to Transfer Prescriptions**

That the Texas Medical Association support legislation requiring pharmacies to comply with patient instructions to transfer prescriptions, excluding controlled substances, to another pharmacy for any reason, and without extra effort from the physician or practice staff. **Adopted as amended.**

**Resolution 405 – Compensation to Physicians for Authorizations and Pre-authorizations**

That (1) the Texas Medical Association support legislation that requires insurance and managed care companies, including companies managing governmental insurance plans ("payers"), to compensate physicians for the time that physicians and their staff spend on authorization and pre-authorization procedures ("tasks"). Such compensation shall be paid in full by payers to physicians without deductible, coinsurance, or copayment billable to patients; thus, patients will not bear the burden for such processes imposed by payers. Physicians shall bill payers for time spent by physicians and their staff in performing such tasks at a rate commensurate with that of the most highly trained professionals. Payers shall pay physicians promptly upon receiving such a bill with significant interest penalties assessed for delay in payment. Billable services for authorization and pre-authorization include, but are not limited to, time spent filling out forms, 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; and (2) the Texas Delegation to the American Medical Association adopt a similar resolution to the AMA House of Delegates. **Adopted.**

**Resolution 406 – Improving Medicaid Access with Reasonable Payment for Physician Services**

That the Texas Medical Association should encourage the Texas Medicaid program to pay all physicians 125% of Medicare rates for all services rendered. **Referred for study.**

**Resolution 407 – Telemedicine Evaluation and Management Services Equivalence**

That (1) the Texas Medical Association should encourage all health insurers and payers to authorize and pay for telemedicine evaluation and management services the same as for in-person evaluation and management services; and (2) the Texas Delegation to the American Medical Association take a similar resolution to the AMA House of Delegates. **Not adopted.**

**Resolution 408 – Federal Funding to Expand Medicaid and Improve Access to Care**

That the Texas Medical Association update its Medicaid coverage and legislative initiatives policies to strongly advocate that the state legislature and the governor accept federal dollars. **Not adopted.**

**Resolution 409 – Geographic Practice Cost Index (GPCI) Values in Texas**

That the Texas Medical Association (1) gather and study the GPCI amounts for the state of Texas; and (2) take action to increase the GPCI amounts to improve access to health care for patients, where appropriate. **Not adopted.**

**Resolution 410 – Fair Compensation for Physician Services Rendered to Medicare and Medicaid Dual Eligible Patients**

That (1) the Texas Medical Association aggressively pursue action to ensure that physicians be compensated at least at Medicare rates for services provided to Medicare and Medicaid dual-eligible patients; and (2) the Texas Medical Association aggressively pursue action to ensure that physicians be compensated to the allowed amount for services provided to commercially insured and Medicaid dual-eligible patients. **Adopted as amended.**

**Resolution 411 – State of Texas Should Pay the Cost of Electronic Prescription of Controlled Substances and Compensate for Time Spent Engaging the Texas Prescription Monitoring Program**

That (1) the Texas Medical Association advocate for appropriate physician payment through the Resource Based Relative Value Scale (RBRVS) to cover the expense of technology required to electronically prescribe controlled substances, (2) the Texas Medical Association advocate for appropriate physician payment to cover the extra time and expense to query the Texas Prescription Monitoring Program as required by law; and be it further, and (3) the Texas Delegation to the American Medical Association take a similar resolution to the AMA House of Delegates. **Adopted as amended.**

**Resolution 412 – Supporting the Use of Artificial Intelligence for Preventative and Early Detection Health**

That (1) the Texas Medical Association support the use of U.S. Food and Drug Administration-approved artificial intelligence (AI) to aid health care professionals, including physicians, to make timely and effective decisions to allow for early detection of chronic disease, illnesses, and other medical comorbidities; and (2) our TMA support the use of AI systems that promote effective communication among members of patient care teams and seamless integration of clinical and administrative tasks. **Not adopted.**

**Resolution 413 – Support the Auto-Enrollment of Former Foster Care Children into Qualifying Health Care Programs**

That the Texas Medical Association (1) support the auto-enrollment of former foster care children into a qualifying Medicaid program and advocate for enactment of a robust outreach initiative and streamlined annual recertification process to prevent gaps in care until the person no longer qualifies at either the age of 26 or for other eligibility reasons; and (2) support maintaining Medicaid eligibility for former foster care children in the setting of public health emergencies until the public health emergency ends. **Adopted as amended.**

**Resolution 415 – Amend TMA Policy 245.023 Equal Pay for Equal Work**

That Texas Medical Association policy 245.023 Equal Pay for Equal Work be amended. **Adopted as amended.**

**Resolution 416 – Hospital Transfer Diversion Mitigation and EMTALA Preservation**

That (1) any hospital facility not on EMS diversion still accept appropriate interfacility transfers from within their own trauma service area. **Referred for study.**

That (2) the Texas Medical Association will work with the Texas Hospital Association (THA) and the Texas Department of State Health Services (DSHS) on solutions to ensure that hospitals have surge plans in place to prevent scenarios where every hospital in a trauma service area is on diversion. **Adopted.**

That (3) TMA work with THA and DSHS on solutions that ensure patients requiring emergent transfer (i.e., stroke, trauma, STEMI, need for acute operative intervention, etc.) have unencumbered access to a facility within their trauma service area regardless of diversion status. **Referred for study.**

**Resolution 417 – Increasing Medicaid Reimbursement Rates for Physicians Practicing in Health Professional Shortage Areas**

That the Texas Medical Association advocate for the creation of a state incentive program allowing physicians practicing primary care in a health professional shortage area (HPSA) to receive enhanced Medicaid reimbursement rates. **Referred for study.**

**Resolution 418 – Medicaid Hearing, Vision, and Dental Coverage**

That (1) the Texas Medical Association recognize the positive effects on our patients of Texas' current coverage of optional Medicaid services for dental, hearing, and vision care. **Referred for study.**

That (2) TMA support all Medicaid programs nationwide covering preventive, restorative, and acute dental care, including routine cleanings and imaging, and when clinically indicated, sealants, fillings, crowns, root canal procedures, and dentures. **Not adopted.**

That (3) TMA support all Medicaid programs nationwide covering hearing exams and hearing aids when clinically indicated, including fittings, batteries, accessories, and replacements on a routine basis; (4) TMA support all Medicaid programs nationwide covering vision exams and eyewear on a routine basis; and (5) the Texas Delegation to the American Medical Association carry this resolution to the AMA House of Delegates 2022 meeting. **Referred for study.**

**Resolution 419 – Payment for Physicians Who Practice Street Medicine**

That (1) the Texas Medical Association support the concept of street medicine programs to increase access to care for populations experiencing homelessness and reduce long-term costs. **Adopted as amended.**

That (2) TMA support the implementation of Medicaid payment for a street medicine initiative by advocating for necessary legislative and/or regulatory changes, including any necessary federal Medicaid waivers; and (3) that the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates 2022 annual meeting. **Referred for study.**

**Resolution 420 – Creation of a Self-Funded Physician Institute for Public Health and Health Care Policy Education**

That (1) the Texas Medical Association, in collaboration with other medical organizations, create and support a permanent, physician-led, independently funded organization for public outreach and education to act through conventional, online, and social media to facilitate physician engagement and act as a trusted source of information for the general public. For the avoidance of doubt, the mission of this organization will not be legislative advocacy; rather, it will be to improve health literacy and empower the general public with the fundamental knowledge necessary to understand and evaluate issues facing individual and public health, health care delivery, and public policy; and (2) the Texas Delegation to the American Medical Association (AMA) introduce a similar resolution to the AMA House of Delegates to support the aforementioned permanent, independently funded Physician Institute for Public Health and Health Care Policy Education. **Not adopted.**

**Resolution 421 – Strengthening Protections Against Government Interference in the Practice of Medicine**

That TMA amend Policy 245.003 Protections Against Interference in the Practice of Medicine and the Patient-Physician Relationship in lieu of adopting Resolution 421. **Adopted as amended.**

**Resolution 422 – Texas Health and Human Services Audit Policy Is Preventing Physicians’ Right of Due Process**

That TMA and its legal counsel work with the Texas Legislature to remove gaps in due process for physicians in regard to Medicaid recoupment and other Texas Health and Human Services Commission actions or sanctions. **Adopted as amended.**

**Resolution 423 – Mandating Price Transparency in Hospitals**

That our Texas Medical Association support mandates for price transparency in hospitals and mechanisms to enforce hospital compliance with such mandates thus allowing patients to anticipate their out-of-pocket costs for hospital health care services. **Adopted.**

**Resolution 424 – Site Neutral Payment Policies**

That the Texas Medical Association: (1) support eliminating the Medicare site-of-service differential for outpatient services without lowering total Medicare payments; and (2) identify and advocate for legislative, regulatory, and other strategies that expand site-neutral payment policies to all state- and federally regulated commercial and public health insurers to ensure fair and equitable payment levels for all outpatient health services, regardless of the ownership of the facility in which such services are provided. **Adopted.**

**Resolution 425 – Interference in the Patient-Physician Relationship**

That TMA amend Policy 245.003 Protections Against Interference in the Practice of Medicine and the Patient-Physician Relationship in lieu of adopting Resolution 425. **Adopted as amended.**

**Resolution 426 – Federal and State Independent Dispute Resolution**

That (1) the Texas Medical Association create a task force of physicians and appropriate staff with experience in independent dispute resolution (IDR) to identify challenges and potential solutions on IDR at the state and federal levels; (2) the task force jointly report to the TMA Council on Legislation and the TMA Council on Socioeconomics no less than quarterly; (3) the task force of physicians and staff serve as liaisons to appropriate Texas Department of Insurance and No Surprises Act operational and policy staff to provide feedback and implement solutions where possible; and (4) TMA explore opportunities to negotiate discounted pricing for FAIR Health data packages for TMA member physicians. **Referred for decision.**