

**REFERENCE COMMITTEE ON
MEDICAL EDUCATION AND HEALTH CARE QUALITY**

May 2019

1 The Reference Committee on Medical Education and Health Care Quality, having met on Friday, May 17,
2 2019, with all members present, submits the following report:

- 3
4 (1) TMA President Report 2 – Improving the Quality Payment Program and Preserving Patient
5 Access

6
7 **RECOMMENDATION:**

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9 Madam Speaker, your reference committee recommends that the recommendations in TMA
10 President Report 2 be adopted.

11
12 This report recommends: (1) That the Texas Medical Association (TMA) strongly advocate for
13 Congress to make participation in the Merit-Based Incentive Payment System and alternative
14 payment models under the Quality Payment Program completely voluntary. (2) That TMA
15 strongly advocate for Congress to eliminate budget neutrality in the Merit-Based Incentive
16 Payment System and to finance incentive payments with supplemental funds that do not come
17 from Medicare Part B payment cuts to physicians and other clinicians. (3) That TMA call on the
18 Centers for Medicare & Medicaid Services to provide a transparent, accurate, and complete
19 Quality Payment Program Experience Report on an annual basis so the association can analyze
20 the data to advocate for additional exemptions; flexibilities; and reductions in reporting burdens,
21 administrative hassles, and costs. (4) That TMA establish formal policy that the Centers for
22 Medicare & Medicaid Services increase the low-volume threshold for the 2020 Quality Payment
23 Program and future years of the program for all physicians but continue to offer them the
24 opportunity to opt in or voluntarily report. (5) That TMA establish formal policy that the Centers
25 for Medicare & Medicaid Services preserve patient access by exempting small practices (one to
26 15 clinicians) from required participation in the Merit-Based Incentive Payment System but
27 continue to offer them the opportunity to opt in or voluntarily report; and (6) That the Texas
28 Delegation to the American Medical Association ask the AMA House of Delegates to adopt
29 similar policy and calls to action.

30
31 Your reference committee heard only supportive testimony on the report.

- 32
33 (2) Committee on Continuing Education Report 2 – Sunset Policy Review

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35 **RECOMMENDATION:**

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37 Madam Speaker, your reference committee recommends that the recommendation in Committee
38 on Continuing Education Report 2 be adopted.

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40 This report recommends Policy 205.030 be retained.

41
42 Your reference committee heard favorable testimony.

- 43
44 (3) Council on Medical Education Report 1 – Sunset Policy Review

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46 **RECOMMENDATION:**

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48 Madam Speaker, your reference committee recommends that the recommendation in Council on
49 Medical Education Report 1 be adopted.

1 This report recommends Policies 185.018 and 200.031 be retained.

2
3 Your reference committee heard testimony in favor of adoption.

- 4
5 (4) Council on Medical Education Report 2 – Support of Expanded Eligibility for Inpatient Medicaid
6 GME Funding to Teaching Hospitals

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8 RECOMMENDATION:

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10 Madam Speaker, your reference committee recommends that the recommendation in Council on
11 Medical Education Report 2 be adopted.

12
13 This report recommends the adoption of the following as new policy: (1) The Texas Medical
14 Association supports expansion of the eligibility for the state’s inpatient Medicaid graduate
15 medical education (GME) supplemental payments to include additional types of teaching
16 hospitals. These monies can play a critical role in incentivizing hospitals to maintain and expand
17 existing residency programs, as well as develop new programs. TMA recognizes that this growth
18 is needed to maintain an adequate GME capacity that will accommodate the growing number of
19 medical school graduates. TMA supports the specific use of the additional Medicaid GME
20 payments for the support of GME programs. (2) TMA supports the proposed Medicaid GME
21 expansion initiatives developed by the Texas Health and Human Services Commission, including:
22 (a) Extending eligibility for the inpatient Medicaid GME supplemental payments to teaching
23 hospitals owned and managed by non-state governmental entities, such as cities or counties; (b)
24 Extending eligibility of teaching hospitals owned and managed by non-governmental
25 organizations, such as private hospitals; and (c) Updating the inpatient Medicaid GME add-on
26 payments to teaching hospitals based on current costs.

27
28 Your reference committee heard favorable testimony.

- 29
30 (5) Council on Medical Education Report 3 – Fixing the Inequity in Medicare GME Funding for
31 Texas Teaching Hospitals Compared to Other States

32
33 RECOMMENDATION:

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

37
38 This report recommends the adoption of the following as new policy: (1) The Texas Medical
39 Association supports equity in the “hospital-specific per resident base year cost amount” used by
40 the Centers for Medicare & Medicaid Services to determine Medicare GME funding for teaching
41 hospitals in Texas. Achieving equity in Medicare GME payments is particularly important to
42 states with high population growth rates, such as Texas, to further enable expansion of the state’s
43 GME capacity to meet the state’s growing demand for physicians’ services. This payment equity
44 is needed for teaching hospitals that have Medicare GME funding caps as well as new teaching
45 hospitals that are in their Medicare GME cap-building phase; and (2) TMA urges the AMA to act
46 on AMA Policy D-305.973(c) to make the Medicare direct medical education per resident figure
47 more equitable across teaching hospitals while ensuring adequate funding of all residency
48 programs.

49
50 Your reference committee heard testimony in support.

- 1 (6) Council on Medical Education Report 4 – Study of Projected Need for More Medical Schools in
2 Texas

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4 RECOMMENDATION:

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6 Madam Speaker, your reference committee recommends that the recommendation in Council on
7 Medical Education Report 4 be adopted.

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9 This report recommends the adoption of the following as new policy: (1) The Texas Medical
10 Association recognizes that medical schools require extraordinary resources to meet national
11 accreditation standards and to maintain educational excellence. With the increasing number of
12 medical schools under development in Texas, it is in the best interest of the state for a
13 comprehensive study to be done on the projected need for additional medical schools. The study
14 should be commissioned by the Texas Higher Education Coordinating Board, similar to this
15 agency's work in 2002, which evaluated the projected need the people of Texas have for
16 physicians' services and the need for opportunities in the state to become a physician; and (2)
17 TMA supports the coordinating board's use of the study in evaluating future proposals for the
18 establishment of new medical schools in the state.

19
20 Your reference committee heard testimony in support.

- 21
22 (7) Council on Medical Education Report 5 – Inclusion of Medical Students in Good Samaritan Laws
23 and Policies for Disaster Settings, Resolution 108-A-18

24
25 RECOMMENDATION:

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

29
30 This report recommends amending TMA Policy 200.005 as follows: That the Texas Medical
31 Association: (1) support medical students volunteering inside of their institutional affiliations
32 during times of disaster and emergency, due to both the need for and the competency of medical
33 students, as demonstrated by previous research and disaster situations; (2) recognizes that medical
34 students often possess the altruistic attributes that are of great benefit during critical times
35 following natural or man-made disasters, catastrophic events, or public health crises. Students are
36 encouraged to pursue their interests and actively participate as fully as their schedules will allow
37 in volunteer activities that best utilize these attributes. TMA encourages participation by medical
38 students in official responder organizations, such as the American Red Cross or Medical Reserve
39 Corps; and (3) encourages academic health centers, and medical schools in particular, to promote
40 awareness among their students of the Texas Department of State Health Services' online
41 centralized volunteer registry for disaster or public health emergency response efforts. This
42 registry is an effective way to maximize the unique skills possessed by medical students for
43 engaging in organized activities of the state's responder organizations for disaster or public health
44 emergencies.

45
46 Your reference committee heard testimony in strong support of the report from the chairs of
47 Council on Medical Education and Committee on EMS and Trauma.
48

- 1 (8) Council on Medical Education Report 6 – Study of Unmatched Candidates for U.S. Residency
2 Programs, Resolution 205-A-18
3

4 RECOMMENDATION:
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6 Madam Speaker, your reference committee recommends that the recommendations in Council on
7 Medical Education Report 6 be adopted.
8

9 This report recommends adopting new policy as follows:
10

11 Maximizing Match Rates for Candidates to U.S. Residency Programs: The Texas Medical
12 Association:

13 (1) Should continue to set as a priority advocating for graduate medical education (GME)
14 capacity that maintains the state’s goal of 1.1 to 1 for the ratio of entry-level GME positions per
15 Texas medical school graduate.

16 (2) Supports data collection and projections by the Texas Higher Education Coordinating Board
17 that monitor and project the state’s aggregate GME needs for graduates of existing and new
18 medical schools. The outcomes should continue to be provided to state policymakers and medical
19 school leadership.

20 (3) Supports activities by Texas medical schools to reduce the number of graduates who do not
21 match. This includes periodic assessments of the processes used for advising and counseling
22 medical students in developing their strategic plans for participation in the match, as well as back-
23 up plans, which should be strongly encouraged for students with lower academic performance.

24 (4) Through its Council on Medical Education, look for opportunities to promote additional
25 research on match outcomes, including statistical analysis and reporting of final match outcomes.

26 (5) Should continue to serve as a convener of the state’s medical school leadership in efforts to
27 maximize match outcomes for every Texas medical school graduate and reduce the number who
28 do not match. This activity should include:

29 (a) Collecting statistical information on annual match outcomes for the state’s medical school
30 graduates and tracking the annual aggregate number of graduates who:

31 (i) Match only to preliminary positions without a corresponding categorical residency
32 position.

33 (ii) Secure a training position after reapplication in the second year following medical
34 school graduation; or

35 (iii) Do not match in the second year following graduation; and

36 (b) Collaborating with medical schools to identify effective methods for achieving high match
37 rates and monitoring career outcomes for Texas medical school graduates who fail to match.

38 (6) Supports effective financial planning resources for medical students.

39 (a) Medical schools are encouraged to carefully consider the potential for high tuition rates that
40 result in high education-related debt for graduates.

41 (b) There should be adequate funding for loan repayment programs such as the federal Public
42 Service Loan Forgiveness Program, the state Physician Education Loan Repayment Program, and
43 state Loan Repayment Program for Mental Health Professionals, which includes psychiatrists.

44 (c) Repayment amounts for these programs need to correlate to rising levels of physician loan
45 obligations.
46

47 The report also recommends amending the title of TMA Policy 30.036, New Licensing Category
48 for Assistant Physicians to more accurately reflect the policy statement, as follows: Opposition to
49 New State Licensing Category for Physicians Who Do Not Complete Residency Training.
50

1 Your reference committee heard testimony in support of the report and in recognition of the
2 council’s extensive study on unmatched U.S. medical school graduates.

- 3
4 (9) Council on Health Service Organizations Report 1 – Supportive Palliative Care Policy

5
6 RECOMMENDATION:

7
8 Madam Speaker, your reference committee recommends that the recommendation in Council on
9 Health Service Organizations Report 1 be adopted.

10
11 This report recommends that the Texas Medical Association develop policy to advocate for
12 legislation that defines “supportive palliative care” as a distinct and different term from “hospice
13 palliative care” under Texas Health and Safety Code Chapter 142.

14
15 Your reference committee heard testimony in support of this report from the council chair and no
16 opposing testimony.

- 17
18 (10) Council on Health Service Organizations Report 2 – Identification Bracelets for Patients With
19 Hearing Loss, Resolution 312-A-18

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21 RECOMMENDATION:

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23 Madam Speaker, your reference committee recommends that the recommendation in Council on
24 Health Service Organizations Report 2 be adopted.

25
26 This report recommends that Resolution 312-A-18 be adopted.

27
28 Your reference committee heard testimony in support of this report from the council chair and no
29 opposing testimony.

- 30
31 (11) Council on Health Service Organizations Report 3 – Sunset Policy Review

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33 RECOMMENDATION:

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35 Madam Speaker, your reference committee recommends that the recommendation in Council on
36 Health Service Organizations Report 3 be adopted.

37
38 This report recommends retention of Policies 20.008 and 20.007.

39
40 Your reference committee heard testimony in support of this report from the council chair and no
41 opposing testimony.

- 42
43 (12) Committee on Physician Distribution and Health Care Access Report 1 – Improving Access to
44 Care in Medically Underserved Areas through Project ECHO and the Child Psychiatry Access
45 Project Model

46
47 RECOMMENDATION:

48
49 Madam Speaker, your reference committee recommends that the recommendations in Committee
50 on Physician Distribution and Health Care Access Report 1 be adopted.

1 This report recommends adoption of new policy, as follows:

2
3 Improving Access to Care Through Project ECHO and Promoting Awareness of Potential
4 Benefits of the Child Psychiatry Access Project Model for Texas: The Texas Medical Association
5 should promote awareness of Project ECHO and the Child Psychiatry Access Network and
6 encourage broad implementation and participation in the state by:

- 7
8 A. Promoting broader participation among Texas' health-related institutions as hubs to provide
9 training in the specialty services most needed in rural and medically underserved areas of the
10 state;
- 11 B. Promoting awareness and voluntary participation by physicians as a method for expanding
12 their knowledge and skills in specialty care otherwise not readily available to their patient
13 populations;
- 14 C. Ensuring stakeholders strive to identify and mitigate barriers to full implementation of
15 physician education and mentoring models in Texas;
- 16 D. Promoting awareness among state governmental agencies, such as the Texas Health and
17 Human Services Commission as the state Medicaid authority, and the Texas Department of
18 Agriculture's State Office of Rural Health;
- 19 E. Promoting these programs in underserved areas in partnership with state specialty societies,
20 such as the Texas Academy of Family Physicians, Texas Pediatric Society, Texas Chapter of
21 the American College of Physicians, Texas Association of Obstetricians and Gynecologists,
22 and Federation of Texas Psychiatry, and state professional organizations such as the Texas
23 Organization of Rural and Community Hospitals;
- 24 F. Promoting awareness among physicians of the CME opportunities provided through Project
25 ECHO;
- 26 G. Promoting awareness of national, federal, and state grant opportunities as they are identified;
- 27 H. Should state legislation pass that directs the establishment of the Child Psychiatry Access
28 Network in Texas, monitoring the progress of implementing the network in the state and
29 promoting awareness among physicians;
- 30 I. Monitoring whether payers offer additional payment or incentive payments for community-
31 based physicians who engage in clinical practice improvement activities as a result of their
32 participation in Project ECHO programs; and if confirmed, promoting awareness among
33 physicians;
- 34 J. Evaluating the use of the Project ECHO model to provide not only clinical training to
35 interested physicians but also training to support practice transformation for physicians
36 seeking to adapt to new health care delivery and payment models; and
- 37 K. Enabling the implementation of these programs in rural Texas through advocacy of the
38 availability of broadband connectivity in rural areas.

39
40 This report also recommends that the Texas Delegation to the AMA be directed to advocate for these
41 policies at the national level:

- 42 • Promote awareness and greater implementation of the Project ECHO and Child Psychiatry
43 Access Project models among both academic health centers and community-based primary
44 care physicians;
- 45 • Work with stakeholders to identify and mitigate barriers to broader implementation of the
46 models in the U.S.;
- 47 • Monitor whether payers offer additional payment or incentive payments for physicians who
48 engage in clinical practice improvement activities as a result of their participation in Project
49 ECHO programs and if confirmed, promote awareness among physicians;
- 50 • Support broadband connectivity in all rural areas; and

- Encourage the U.S. Department of Health and Human Services to publish its findings on the potential benefits of the Project ECHO model, as required by the federal ECHO Act of December 2016 (P.L. 114-270, 114th Congress).

Your reference committee heard testimony strongly in support of this report from the chairs of several committees.

- (13) Resolution 201 – Alternative Maintenance of Certification (MOC) Pathways to Comply with Antitrust Rulings

RECOMMENDATION:

Madam Speaker, your reference committee recommends that TMA Policy 175.021 be reaffirmed in lieu of adoption of Resolution 201.

RESOLVED, That any facility or medical staff in Texas that has complied with Texas law in requiring maintenance of certification (MOC) must accept proof of MOC from one of multiple recertifying entities.

Your reference committee heard testimony both for and against, with a preponderance in opposition. The Council on Medical Education spoke against adoption on the basis that the resolution went outside the association’s domain and ambiguity about unnamed board recertification bodies. This resolution is not supported by your reference committee because it is covered by TMA Policy 175.021 in support of state legislation that eliminates discrimination based on the American Board of Medical Specialties’ proprietary MOC programs as a requirement for hospital staff membership.

- (14) Resolution 202 – Clarification of Physician Protection From Maintenance of Certification (MOC) in Facility Bylaws

RECOMMENDATION:

Madam Speaker, your reference committee recommends that TMA Policies 130.026 and 175.025 be reaffirmed in lieu of adoption of Resolution 202.

RESOLVED, That unless statutorily exempted, every facility in Texas must conduct a vote (over a timeframe of two to four weeks) of the entire medical staff, regardless of medical staff appointment category, prior to including or allowing to remain in the medical staff bylaws any requirement of MOC;

RESOLVED, That regardless of the existence of any system-wide medical staff bylaws, MOC requirements and voting shall be facility-specific, with each facility providing proof of receipt of a notice to each physician when the facility plans to conduct such a vote; and be it further

RESOLVED, That this vote must ignore any wishes of the facility system, administration, or medical staff representatives and under no circumstances should there be any reprisals against any physician by the facility system, administration, or medical staff representatives over any activity involving matters pertaining to MOC.

1 Your reference committee heard testimony both for and against. The Council on Medical
2 Education testified that the resolution duplicated current TMA Policies. Your reference
3 committee concurred that this resolution is redundant with TMA Policies 130.026 and 175.025.
4

5 (15) Resolution 203 – Restrictions to Requirements of Maintenance of Certification

6
7 RECOMMENDATION:

8
9 Madam Speaker, your reference committee recommends that TMA Policies 175.023(5) and
10 175.018 be reaffirmed in lieu of adoption of Resolution 203.

11
12 RESOLVED, That the Texas Medical Association oppose mandatory maintenance of
13 certification;

14
15 RESOLVED, That what constitutes life-long learning remain under the purview of state medical
16 boards; and be it further

17
18 RESOLVED, That the Texas Delegation to the American Medical Association take this
19 resolution to the AMA House of Delegates.
20

21 Your reference committee heard testimony for and against. It was recognized that board
22 certification and MOC are not mandatory and that TMA and AMA have specific policy in
23 opposition to the use of MOC as a requirement for licensing, credentialing, hospital privileging,
24 payment or employment, such as TMA Policies 175.023(5) and 175.018, and AMA Policy
25 H-275.924(15).
26

27 (16) Resolution 205 – Eliminating Professional and Colloquial Use of the Term “Mental
28 Retardation” by Physicians in a Clinical Setting

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30 RECOMMENDATION A:

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32 Madam Speaker, your reference committee recommends that Resolution 205 be amended.
33

34 RESOLVED, That the Texas Medical Association ~~support the elimination of the term “mental~~
35 ~~retardation” from its professional and colloquial use by physicians in a clinical setting, to be~~
36 ~~replaced with more widely accepted terminology, such as “intellectual disability” or~~
37 ~~“developmental disorder;”~~ recommend physicians adopt the term “intellectual disability” instead
38 of “mental retardation”; and be it further
39

40 RESOLVED, That the Texas Delegation carry this, or a similar resolution, to the American
41 Medical Association that the term “mental retardation” be replaced with more widely accepted
42 terminology by all United States physicians in a clinical setting.
43

44 RECOMMENDATION B:

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46 Madam Speaker, your reference committee recommends that Resolution 205 be adopted as
47 amended.
48

49 Your reference committee heard supportive testimony from the author. A testifier noted the
50 association should be cautious in dictating what language physicians use in a clinical setting out
51 of concern for the possibility of this leading to physician sanctions. Your reference committee

1 supports the resolution with amendments for the purposes of simplification and alignment with
2 the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

- 3
4 (17) Resolution 206 – Considerations for Care of Individuals with Autism Spectrum Disorder (ASD)

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6 RECOMMENDATION A:

7
8 Madam Speaker, your reference committee recommends that Resolution 206 be amended.

9
10 RESOLVED, That the Texas Medical Association support the provision of resources in the
11 community to individuals with autism and to their families in order to provide a more
12 comprehensive spectrum of primary and preventative care to individuals with autism; ~~(2) TMA~~
13 ~~encourage Texas medical schools to educate students using a holistic and practical approach to~~
14 ~~treatment, management, and care for their patients with Autism Spectrum Disorder (ASD) and be~~
15 ~~it further~~

16
17 RESOLVED, TMA encourage physicians to ~~become more aware of state and local demographics~~
18 ~~and~~ promote existing resources in order to better accommodate patients with ASD in rural or
19 underserved communities.

20
21 RECOMMENDATION B:

22
23 Madam Speaker, your reference committee recommends that Resolution 206 be adopted as
24 amended.

25
26 Your reference committee heard testimony from the author. The Council on Medical Education
27 spoke against asking medical schools to incorporate another topic into the medical school
28 curriculum, noting that the curriculum is already full and is directed by national accreditation
29 standards. Harris County Medical Society testified that data on state and local demographics may
30 not be readily accessible to physicians and may not be a feasible expectation. Your reference
31 committee concurred.

- 32
33 (18) Resolution 207 – Increasing Access to Service Learning Opportunities in Undergraduate Medical
34 Education

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36 RECOMMENDATION:

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

39
40 RESOLVED, That the Texas Medical Association study the impact of existing service learning
41 programs and opportunities undergraduate medical education; and be it further

42
43 RESOLVED, TMA collaborate with appropriate parties to identify evidence-based strategies to
44 increase service learning opportunities for Texas undergraduate medical students.

45
46 Your reference committee heard testimony from the author of the resolution. In addition, the
47 Council on Medical Education spoke against adoption because the national medical school
48 accreditation standards require medical schools to ensure students have sufficient opportunities
49 for service learning and encourages and supports medical student participation in service-learning
50 and community service activities. Given this requirement, your reference committee does not
51 support adoption of Resolution 207.

- 1 (19) Resolution 208 – Integration and Maintenance of Wellness Initiatives in Texas Undergraduate
2 and Graduate Medical Education

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4 RECOMMENDATION:

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6 Madam Speaker, your reference committee recommends that Resolution 208 not be adopted.

7
8 RESOLVED, That the Texas Medical Association support research on a systematic and
9 standardized approach to wellness in order to establish common terminology and a basic
10 framework for wellness programs in Texas undergraduate and graduate medical education; and be
11 it further

12
13 RESOLVED, That TMA advocate for the integration of a standard multidimensional wellness
14 model into Texas undergraduate and graduate medical education and encourages those
15 institutions in their efforts to routinely monitor and assess student well-being.

16
17 Your reference committee heard testimony from the author of the resolution. The Council on
18 Medical Education spoke against adoption given the high level of focus on wellness and vast
19 amount of resources already dedicated by academic health centers and health care facilities. Your
20 reference committee concurred.

- 21
22 (20) Resolution 209 – Promoting Health Insurance and Health Policy Education Prior to Residency

23
24 RECOMMENDATION A:

25
26 Madam Speaker, your reference committee recommends that Resolution 209 be amended.

27
28 RESOLVED, That the Texas Medical Association support and promote the availability of
29 educational resources for medical students on ~~health insurance~~ the business of medicine and
30 health policy ~~to improve readiness for understanding the role of insurance in health care~~.

31
32 RECOMMENDATION B:

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34 Madam Speaker, your reference committee recommends that Resolution 209 be adopted as
35 amended.

36
37 Your reference committee heard testimony from the author of the resolution. A representative
38 from the Harris County Medical Society recommended the topic be broadened to encompass the
39 business of medicine. The amendment received considerable support and your reference
40 committee concurs.

- 41
42 (21) Resolution 210 – Recommendation for Hemorrhage Control Training of Health Care
43 Professionals

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45 RECOMMENDATION A:

46
47 Madam Speaker, your reference committee recommends that Resolution 210 be amended:

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49 RESOLVED, That the Texas Medical Association support initiatives that promote ~~the~~ training of
50 ~~health care professionals~~ in hemorrhage control, such as Stop the Bleed[®], ~~at Texas medical~~
51 ~~schools~~; and be it further

1 RESOLVED, That TMA support the inclusion of hemorrhage control supplies in first aid kits in
2 public spaces; ~~including medical schools and hospitals.~~

3
4 RECOMMENDATION B:

5
6 Madam Speaker, your reference committee recommends that Resolution 210 be adopted as
7 amended.

8
9 Your reference committee heard testimony in favor of the resolution. The Council on Medical
10 Education provided specific examples of hemorrhage control training that is already occurring in
11 medical schools and felt this policy should not be limited to health care professionals, medical
12 schools, and hospitals. Your reference committee concurred with this recommendation.

13
14 (22) Resolution 211 – The Integration of LGBTQ Health Topics Into Medical Education

15
16 RECOMMENDATION:

17
18 Madam Speaker, your reference committee recommends that Resolution 211 be referred for a
19 report back.

20
21 RESOLVED, That the Texas Medical Association support the integration of LGBTQ health care
22 topics into undergraduate and graduate medical education; and be it further

23
24 RESOLVED, That TMA work with the appropriate parties to develop best practices for the
25 integration of LGBTQ health care education into undergraduate and graduate medical education
26 as well as CME.

27
28 Your reference committee heard testimony both for and against this resolution. The Council on
29 Medical Education noted that this type of education is already included in the accreditation
30 standards for medical schools and spoke against adoption. Your reference committee believes this
31 to be an important issue that needs further study. Therefore, your reference committee
32 recommends referral.

33
34 (23) Resolution 212 – Improve Physician-Hospital Relations

35
36 RECOMMENDATION:

37
38 Madam Speaker, your reference committee recommends that Resolution 212 be adopted.

39
40 RESOLVED, That the Texas Medical Association study ways to protect the relationship of
41 physicians and their patients after inpatient hospital referrals and report back to the TMA House
42 of Delegates at its annual 2020 meeting; and be it further

43
44 RESOLVED, That TMA study ways to improve the representation of all practice types of
45 physicians through hospital medical staff bylaws.

46
47 Your reference committee heard only supportive testimony in support of the resolution.
48

1 (24) Resolution 213 – Complying with Value-Based Care Quality Measures for Medication
2 Adherence

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RECOMMENDATION:

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Madam Speaker, your reference committee recommends that Resolution 213 be adopted.

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RESOLVED, That the Texas Medical Association work with payers to identify standard
methodologies that address quality measure requirements for medication adherence in response to
marketplace influences beyond the physician/providers control.

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Your reference committee heard favorable testimony from the author of the resolution and chair
of the Council on Health Care Quality.

14

15

Respectfully submitted,

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Manish Rungta, MD, chair

19

Mr. Patrick Bettiol

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Justin M. Bishop, MD

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Esther J. Cheung-Phillips, MD

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Sameer Islam, MD

23

Arthur Lim, MD

24

Linda M. Siy, MD