

**REFERENCE COMMITTEE ON
SOCIOECONOMICS**

May 2019

1 The Reference Committee on Socioeconomics, having met on Friday, May 17, 2019, with 7 members
2 present, submits the following report:

- 3
4 (1) Report of Committee on Rural Health Report 1 – Expand Availability of Broadband Internet
5 Access to Rural Texas

6
7 RECOMMENDATION:

8
9 Madam Speaker, your reference committee recommends that the recommendation in Committee
10 on Rural Health Report 1 be adopted.

11
12 This report recommends that the Texas Medical Association advocate for the expeditious
13 expansion of broadband connectivity to all rural areas of Texas.

14
15 Your reference committee heard testimony in support of the report.

- 16
17 (2) Report of Committee on Rural Health 3 – Sunset Policy Review

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19 RECOMMENDATION:

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21 Madam Speaker, your reference committee recommends that the recommendation in Committee
22 on Rural Health Report 3 be adopted.

23
24 This report recommends that Policy 100.016 Texas Department of State Health Services
25 Emergency Medical Services Local Projects Grant Program be retained.

26
27 Your reference committee heard testimony in support of the report.

- 28
29 (3) Council on Socioeconomics Report 1 – Health Plan Claim Auditing Programs

30
31 RECOMMENDATION:

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33 Madam Speaker, your reference committee recommends that the recommendations in Council on
34 Socioeconomics Report 1 be adopted.

35
36 This report recommends that: (1)TMA policy 65.008 be amended, and (2) the Texas Delegation
37 take a resolution to the AMA House of Delegates at its 2019 Annual Meeting asking for adoption
38 of this policy and advocacy.

39
40 Your reference committee heard testimony in support of the report.

- 41
42 (4) Council on Socioeconomics Report 2 – Sunset Policy Review

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44 RECOMMENDATION:

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46 Madam Speaker, your reference committee recommends that the recommendations in Council on
47 Socioeconomics Report 2 be adopted.

48

1 This report recommends that: (1) policies 40.005, 55.055, 130.019, 145.025, 145.026, 145.027,
2 160.017, 190.029, 235.029, 325.008, and 335.014 be retained, and (2) policies 120.010 and
3 180.033 be retained as amended.
4

5 Your reference committee heard testimony in support of the report.
6

- 7 (5) Resolution 401 – Participation in Government Programs When Receiving Payment for
8 Uncompensated Care
9

10 RECOMMENDATION A:

11 Madam Speaker, your reference committee recommends that Resolution 401 be amended by
12 substitution.
13

14
15 RESOLVED, That TMA continue to promote efforts to amend and extend the existing 1115
16 Medicaid Transformation Waiver to provide coverage for Texas' low-income uninsured working
17 adults consistent with existing TMA policy all Texas health care facilities receiving federal or
18 state funds for uncompensated care must also accept Medicare, Medicaid, TRICARE, CHIP, and
19 federally subsidized health insurance via the Affordable Care Act from patients covered by these
20 forms of insurance, and be it further
21

22 ~~RESOLVED, That some of the funds for uncompensated care now going to the hospitals in Texas~~
23 ~~be transferred to another part of the Texas Medicaid program and used to increase the payment~~
24 ~~rate for physicians who provide Medicaid services.~~
25

26 RECOMMENDATION B:

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28 Madam Speaker, your reference committee recommends that Resolution 401 be adopted as
29 amended.
30

31 Your reference committee heard testimony in support of the spirit of the resolution. The TMA
32 Board of Trustees has already endorsed a proposal to amend and extend the current 1115 Waiver
33 to provide private health insurance coverage for Texas' low-income, uninsured working adults.
34 Testimony from the Select Committee on Medicaid, CHIP, and the Uninsured recommended
35 replacing the resolves to reflect TMA's current activity to decrease physicians' uncompensated
36 care by increasing availability of health care coverage.
37

- 38 (6) Resolution 402 – Prescription Monitoring Program Integration Into Electronic Medical Records
39

40 RECOMMENDATION A:

41
42 Madam Speaker, your reference committee recommends that Resolution 402 be amended.
43

44 RESOLVED, That the Texas Medical Association advocate for prescription monitoring program
45 integration into electronic medical records, at no cost to the, providing patient-specific
46 information whenever a physician attempts to prescribe a controlled substance; and be it further
47

48 RESOLVED, That the Texas Medical Association advocate for the integration of the PMP into
49 Texas-based public health information exchanges (currently five), at no cost to the exchanges, so
50 that physicians have one stop for obtaining patient's health information.

1 RECOMMENDATION B:

2
3 Madam Speaker, your reference committee recommends that Resolution 402 be adopted as
4 amended.

5
6 Your reference committee heard testimony in support of this resolution. There was testimony that
7 the PMP integration should also include public health information exchanges. Not all EHRs are
8 integrated with the PMP and the HIE provides a more robust patient data set. This integration
9 would optimize EHR workflow and reduce the need for multiple “clicks” within the EHR.

10
11 (7) Resolution 403 – Prior Authorization Approval

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13 RECOMMENDATION A:

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15 Madam Speaker, your reference committee recommends that Resolution 403 be amended.

16
17 RESOLVED, That the criteria for prior approval for patient referrals, tests, surgeries, procedures,
18 and medications be available to all physicians at the time of the request for such action; and be it
19 further

20
21 RESOLVED, That the types of patient referrals, tests, surgeries, procedures, and medications that
22 typically require prior authorization be kept to a minimum, and such criteria be available to the
23 physician and staff in a transparent manner; and be it further

24
25 RESOLVED, That prior approval for patient referrals, tests, surgeries, procedures and
26 medications be handled in a ~~rapid enough manner that patient care is not delayed~~ timely fashion,
27 appropriate to facilitate treatment of the illness for which the test or intervention is being sought.

28
29 RECOMMENDATION B:

30
31 Madam Speaker, your reference committee recommends that Resolution 403 be adopted as
32 amended.

33
34 Your reference committee heard overwhelming testimony about the ongoing administrative
35 hassles created by prior authorization requirements. All testimony favored the intent of the
36 resolution and there was agreement that more work needs to be done to reduce administrative
37 burden and increase transparency of prior authorization requirements.

38
39 (8) Resolution 404 – Medicare Part B Coverage of Vaccines

40
41 RECOMMENDATION A:

42
43 Madam Speaker, your reference committee recommends that Resolution 404 be amended.

44
45 RESOLVED, That the Texas Medical Association advocate for the Centers for Medicare &
46 Medicaid Services and other payers to include the zoster virus vaccine, hepatitis A vaccine, ~~and~~
47 meningitis vaccine, and all future vaccines recommend by the Center for Disease Control and
48 Prevention Advisory Committee on Immunization Practices and administration of these vaccines
49 in both CMS and payer #s fee schedules.

1 RECOMMENDATION B:
2

3 Madam Speaker, your reference committee recommends that Resolution 404 be adopted as
4 amended.

5
6 Your reference committee heard testimony in support of this resolution. There was testimony that
7 all payers, not just Medicare, should provide coverage and reimbursement to physicians.
8

- 9 (9) Resolution 405 – Lower Drug Costs

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11 RECOMMENDATION:
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13 Madam Speaker, your reference committee recommends that Resolution 405 be adopted.

14
15 This resolution resolves that the Texas Medical Association advocate reducing the higher cost of
16 medications by supporting negotiation of drug prices for Medicare and Medicaid.
17

18 Your reference committee heard testimony only in support of this resolution.
19

- 20 (10) Resolution 407 – Compensation to Physicians for Activities Other Than Direct Patient Care
21

22 RECOMMENDATION A:
23

24 Madam Speaker, your reference committee recommends that Resolution 407 be amended by
25 substitution.

26
27 ~~RESOLVED, That insurance companies and managed care companies, including companies~~
28 ~~managing governmental insurance plans (“payers”), compensate physicians for the time that~~
29 ~~physicians and their staff spend on “non care services,” including, but not limited to,~~
30 ~~authorization and preauthorization for coverage and payment for prescriptions, laboratory tests,~~
31 ~~radiology tests, procedures, surgeries, hospitalizations, and physician visits; as well as the~~
32 ~~gathering, compilation, and submission of medical records and data. Such compensation shall be~~
33 ~~promptly paid in full by payers to physicians at a level commensurate with the education,~~
34 ~~training, and expertise of the physician. Payment should be at a rate comparable to the most~~
35 ~~highly trained professionals. The physician shall bill the payers for time spent by the physician~~
36 ~~and his or her staff in performing “non care services.” Billable time for “non care services”~~
37 ~~includes, but is not limited to, time spent filling out forms, reviewing the patient’s medical record,~~
38 ~~gathering patient related data, making telephone calls (including time spent negotiating “phone~~
39 ~~trees” and hold time), documenting in the patient’s medical record, communicating with the~~
40 ~~patient, including telemedicine in all its forms, altering treatment plans (such as changing~~
41 ~~medications to comply with formularies), printing, copying, and faxing. Upon receiving such a~~
42 ~~bill, the payers shall pay the physician promptly, with significant interest penalties assessed for~~
43 ~~delay in payment. Since “non care services” benefit the insurance companies, compensation~~
44 ~~owed to physicians for “non care services” should not be billable to patients~~ the Texas Medical
45 Association form a task force including members of Council on Legislation, Council on
46 Socioeconomics, Council on Healthcare Quality and interested county medical societies to
47 strategically prepare solutions for advocacy that address and mitigate the burden of prior
48 authorization and that the task force bring a report back to the House of Delegates in 2020.
49

1 RECOMMENDATION B:

2
3 Madam Speaker, your reference committee recommends that Resolution 407 be adopted as
4 amended.

5
6 Your reference committee heard testimony about the overwhelming burdens placed on physicians
7 by health plan prior authorization requirements. There was agreement that both state and federal
8 advocacy is necessary to address this issue. Prior authorization is not only creating an
9 administrative burden on physicians but it is disrupting patient care by delaying or denying
10 medically necessary care. Testimony supported the work done by the TMA on the issue. Fixing
11 prior authorization should be a priority for the association. The reference committee believes that
12 existing TMA policies 180.026 Health Insurance Plans, 235.027 Payment for Physician Work
13 Product, and 235.034 Authorizations Initiated by Third-Party Payers, Benefit Managers, and
14 Utilization Review Entities support the intent of the original resolution and will be sufficient to
15 provide necessary guidance to the task force.

16
17 (11) Resolution 408 – Managing Patient-Physician Relations Within Medicare Advantage Plans

18 RECOMMENDATION A:

19 Madam Speaker, your reference committee recommends that Resolution 408 be amended.

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23 RESOLVED, That the Texas Medical Association adopt a policy that Medicare Advantage plans
24 allow a primary care physician (PCP) to remove patients from his or her patient panel if the PCP
25 has proven that he or she has been unable to establish a patient-physician relationship, despite
26 repeated attempts; and be it further

27
28 RESOLVED, That the physician’s Healthcare Effectiveness Data and Information Set (HEDIS)
29 and other quality scores and ratings not be affected by those patients with whom the physician has
30 been unable to establish a relationship, despite multiple documented ~~repeated~~ attempts; and be it
31 further

32
33 RESOLVED, That the Texas Delegation to the American Medical Association take this
34 resolution to the AMA House of Delegates.

35
36 RECOMMENDATION B:

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38 Madam Speaker, your reference committee recommends that Resolution 408 be adopted as
39 amended.

40
41 Your reference committee heard testimony in favor of this resolution.

42
43 (12) Resolution 409 – Update Practice Expense Component of Relative Value Units

44 RECOMMENDATION:

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46
47 Madam Speaker, your reference committee recommends that Resolution 409 be referred with a
48 report back to the 2020 House of Delegates.

49

1 This resolution resolves that the Texas Delegation to the American Medical Association submit a
2 resolution to the AMA House of Delegates at the 2019 Annual Meeting requesting that the AMA
3 pursue efforts to update resource-based relative value unit practice expense methodology so that
4 it accurately reflects current physician practice costs, with report back at the AMA House of
5 Delegates 2019 Interim Meeting.

6
7 Your reference committee heard testimony in support of the resolution. Since the AMA will be
8 issuing a report at the 2019 Annual Meeting on this issue, there was a recommendation that this
9 resolution was not necessary. The reference committee still believes that a report on AMA
10 activity should be brought back to the 2020 House of Delegates.

11
12 (13) Resolution 410 – Laboratory Benefit Managers

13
14 RECOMMENDATION:

15
16 Madam Speaker, your reference committee recommends that Resolution 410 be adopted.

17
18 This resolution resolves that the Texas Medical Association: (1) support efforts to reduce
19 laboratory benefit management policies that result in delays in patient care, reduced patient
20 access, or increased patient costs without clinical justification, and (2) support any policies
21 regarding laboratory benefit management arrangements that preclude any potential conflict of
22 interest in programs adopted by health insurance payers to provide laboratory benefit
23 management, including prohibition on the use of any laboratory benefit management entity
24 financially affiliated with a clinical laboratory.

25
26 Your reference committee heard testimony in support of this resolution.

27
28 (14) Resolution 411 – Data Migration Responsibilities of Electronic Health Record Vendors in Client
29 Contract Termination

30
31 RECOMMENDATION A:

32
33 Madam Speaker, your reference committee recommends that Resolution 411 be amended.

34
35 RESOLVED, That TMA work with the American Medical Association and other state medical
36 societies to develop model contract and business associate agreement (BAA) language that
37 ensures support policy that electronic health record (EHR) vendors are required to deliver the
38 patient's complete medical record in a discrete, format assist in completing a data transfer and
39 that all data be given to the physician in an industry-recognized, nonproprietary format that can
40 be imported into the new EHR at no cost to the physicians immediately upon termination of the
41 contract or when the EHR vendor goes out of business, and be it further

42
43 RESOLVED, That our TMA seek legislative and/or regulatory relief to require that physicians
44 have access to their former EHR data while transitioning EHRs to ensure continuity of patient
45 care, limit gaps in information exchange, and ensure physician ownership of data support the
46 creation of a national, publicly available list of EHR vendors that have agreed and not agreed to
47 such language.
48

1 RECOMMENDATION B:
2

3 Madam Speaker, your reference committee recommends that Resolution 411 be adopted as
4 amended.

5
6 Your reference committee heard testimony in support of the intent of the resolution. Testimony
7 from the Ad Hoc Committee on HIT stated that existing TMA policy supports the concepts
8 within the resolution, but the issue of the data format during transfer needs to be addressed.
9 Existing HIPAA regulations prohibit vendors from blocking access to PHI. Strong contract and
10 BAA language is needed to govern how the data is transferred and give the physician access to
11 their data in a usable format.
12

13 (15) Resolution 412 – Medical Necessity Tax Exemption for Feminine Hygiene Products
14

15 RECOMMENDATION:
16

17 Madam Speaker, your reference committee recommends that Resolution 412 be adopted.
18

19 This resolution resolves that the Texas Medical Association: (1) recognize feminine hygiene
20 products as basic and essential health care necessities, and (2) support the removal of the Texas
21 sales tax on feminine hygiene products.
22

23 Your reference committee heard testimony in support of this resolution.
24

25 (16) Resolution 413 – The Benefits of Importation of International Pharmaceutical Medications
26

27 RECOMMENDATION:
28

29 Madam Speaker, your reference committee recommends that Resolution 413 be referred with a
30 report back to the 2020 House of Delegates.
31

32 This resolution resolves that: (1) the Texas Medical Association study the positive and negative
33 effects of potential programs for Texans to obtain safe, cost-effective prescription drugs from
34 outside the United States; (2) the Texas Delegation to the American Medical Association ask the
35 AMA to study current state and federal laws and regulations regarding obtaining prescription
36 drugs from outside the United States; and (3) the Texas Delegation to the AMA ask the AMA to
37 study the implications of a prescription drug importation program that allows for patient purchase
38 or wholesale purchase by the state Medicaid agency given that it (a) poses no additional risk to
39 the public's health and safety, and (b) results in a significant reduction in the cost of covered
40 products, as pursuant to Section 804 of the Federal Food, Drug and Cosmetic Act.
41

42 Your reference committee heard testimony regarding concerns about the increasing cost of
43 prescription drugs and patients inability to obtain medications. The majority of testimony was in
44 support of the resolution with recognition that it is a very complex issue. There were concerns
45 expressed about how any state advocacy may be trumped by federal legislation and guidelines.
46 There was testimony from the Texas delegation to the AMA that the AMA has been actively
47 engaged in this issue and recognizes its complexity. There were concerns that the AMA has not
48 fully addressed the issue since their focus was importation of drugs from Canada. Based off this
49 testimony, the reference committee believed referral was appropriate.
50

1 (17) Resolution 414 – Studying Financial Barriers of Rural Hospitals

2
3 RECOMMENDATION A:

4
5 Madam Speaker, your reference committee recommends that Resolution 414 be amended.

6
7 RESOLVED, That the Texas Medical Association ~~advocate for examining the financial factors~~
8 ~~contributing to~~ collaborate with other qualified organizations to identify root causes of rural
9 hospital closures and the impact on communities with a report back to the House of Delegates in
10 2020.

11
12 RECOMMENDATION B:

13
14 Madam Speaker, your reference committee recommends that Resolution 414 be adopted as
15 amended.

16
17 Your reference committee heard overwhelming testimony about the importance of studying this
18 issue and taking action. The Rural Health Committee applauds the medical students for
19 recognizing the importance of addressing this issue. They believe the resolution needs to be
20 broadened to address community impact. There was also testimony about the work being done by
21 other organizations, such as Texas Organization of Rural & Community Hospitals (TORCH) and
22 Texas A&M Rural and Community Health Institute (ARCHI) on this issue. Instead of duplicating
23 efforts, TMA should collaborate with these organizations.

24
25 (18) Resolution 415 – Improving Buprenorphine Access for Opioid Substance Use Disorder
26 Treatment

27
28 RECOMMENDATION A:

29
30 Madam Speaker, your reference committee recommends that Resolution 415 be amended.

31
32 RESOLVED, That the Texas Medical Association support state efforts to increase the
33 reimbursement rate of buprenorphine to better reflect its actual cost and medication-assisted
34 treatment overhead costs to physicians; and be it further

35
36 RESOLVED, That TMA support the elimination of preauthorization requirements for insured
37 patients with opioid use disorders seeking buprenorphine treatment, ~~and be it further~~

38
39 ~~RESOLVED, That TMA support the elimination of physician waiver requirements to prescribe~~
40 ~~buprenorphine to patients diagnosed with opioid use disorder.~~

41
42 RECOMMENDATION B:

43
44 Madam Speaker, your reference committee recommends that Resolution 415 be adopted as
45 amended.

46
47 Your reference committee heard testimony in support of the resolution. There was concern
48 expressed about eliminating any physician waiver requirements to prescribe. Members felt those
49 requirements were necessary to prevent inappropriate use of buprenorphine.
50

- 1 (19) Resolution 416 – Revising the Texas Department of Insurance Division of Workers’
2 Compensation Designated Doctor Training and Education Process
3

4 RECOMMENDATION:
5

6 Madam Speaker, your reference committee recommends that Resolution 416 be adopted.
7

8 This resolution resolves that the Texas Medical Association work with the Texas Department of
9 Insurance Division of Workers’ Compensation: (1) through the regulatory process to ensure that
10 the TDI-DWC examination being given has questions that are accurate and have been validated;
11 (2) to eliminate the requirement for physicians to repeat the course and exam process every two
12 years; and (3) to develop less costly methods of obtaining and maintaining the appropriate level
13 of education requirement to ensure that the Designated Doctors are using the *Guides to the*
14 *Evaluation of Permanent Impairment, 4th edition* accurately and that injured workers are being
15 evaluated fairly.
16

17 Your reference committee heard testimony in support of this resolution.
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20 Respectfully submitted,
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23
24 Brian T. Boies, MD, chair
25 Christopher Sung Jin Chun, MD
26 Nancy Thorne Foster, MD
27 Dara Grieger, MD
28 Faraz A. Khan, MD
29 Angela K. Sturm, MD
30 Roxanne Marie Tyroch, MD