

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

3
4 (1) Committee on Cancer Report 1 – Sunset Policy Review

5
6 RECOMMENDATION:

7
8 Madam Speaker, your reference committee recommends that the recommendation in Committee
9 on Cancer Report 1 be adopted.

10
11 This report recommends that Policy 260.062, Indoor Tanning Salon Regulation, be deleted.

12
13 Your reference committee heard testimony from the chairs of the Committee on Cancer and the
14 Council on Science and Public Health in support of the report.

15
16 (2) Committee on Child and Adolescent Health Report 1 – A Misstep in the Protection of Foster
17 Children (Resolution 306-A-18)

18
19 RECOMMENDATION:

20
21 Madam Speaker, your reference committee recommends that the recommendation in Committee
22 on Child and Adolescent Health Report 1 be adopted.

23
24 The House of Delegates referred amended Resolution 306-A-18 to the Council on Legislation and
25 the Committee on Child and Adolescent Health. The resolution asks TMA to oppose any
26 legislation that allows for discrimination against adolescent patients seeking contraception. The
27 committee cites existing policy that affirms TMA's position on this issue and recommends that
28 Resolution 306-A-18 not be adopted.

29
30 Your reference committee heard testimony from the chairs of the Committee on Reproductive,
31 Women's and Perinatal Health and the Council on Science and Public Health in support of the
32 report.

33
34 (3) Committee on Child and Adolescent Health Report 2 – Sunset Policy Review

35
36 RECOMMENDATION:

37
38 Madam Speaker, your reference committee recommends that the recommendation in Committee
39 on Child and Adolescent Health Report 2 be adopted.

40
41 This report recommends Policy 325.009, Child Abuse Prevention and Education, be deleted.

42
43 Your reference committee heard testimony from the chairs of the Committee on Reproductive,
44 Women's and Perinatal Health and the Council on Science and Public Health in support of the
45 report.

- 1 (4) Committee on Emergency Medical Services and Trauma Report 2 – Appropriate Physician
2 Oversight of EMS Medical Practices (Resolution 302-A-18)
3

4 RECOMMENDATION:
5

6 Madam Speaker, your reference committee recommends that the recommendation in Committee
7 on Emergency Medical Services and Trauma Report 2 be adopted.
8

9 This report recommends that new TMA policy be adopted in lieu of Resolution 302-A-18:
10

11 The Texas Medical Association will advocate for the Texas emergency medical service (EMS)
12 systems to provide adequate funding for physicians to play an active role in the provision of
13 Medical Direction and Oversight. This includes adequate support staff to accomplish this goal
14 with the level of involvement necessary to perform the duties required by the Texas Medical
15 Board (TMB) and Department of State Health Services (DSHS); thus facilitating safe oversight
16 and management of EMS medical practices.
17

18 Your reference committee heard testimony from the chairs of the Committee on EMS/Trauma
19 and the Council on Science and Public Health in support of the report.
20

- 21 (5) Committee on Emergency Medical Services and Trauma Report 3 – Sunset Policy Review
22

23 RECOMMENDATION:
24

25 Madam Speaker, your reference committee recommends that the recommendations in Committee
26 on Emergency Medical Services and Trauma Report 3 be adopted.
27

28 This report recommends that Policy 100.013, Trauma Funding, be retained and that 205.029,
29 Hurricane Ike and The University of Texas Medical Branch, be deleted.
30

31 Your reference committee heard testimony from the chairs of the Committee on EMS/Trauma
32 and the Council on Science and Public Health in support of the report.
33

- 34 (6) Committee on Infectious Diseases Report 1 – Sunset Policy Review
35

36 RECOMMENDATION:
37

38 Madam Speaker, your reference committee recommends that the recommendation in Committee
39 on Infectious Diseases Report 1 be adopted.
40

41 This report recommends that Policy 260.081, Bar Coding on Vaccines, be deleted.
42

43 Your reference committee heard testimony from a member of the Committee on Infectious
44 Diseases and the chair of the Council on Science and Public Health in support of the report.
45

- 46 (7) Council on Practice Management Services Report 2 – Improving Health Technology Products to
47 Address Issues of Sex and Gender
48

49 RECOMMENDATION:
50

1 Madam Speaker, your reference committee recommends that the recommendation in Council on
2 Practice Management Services Report 2 be adopted.

3
4 This report recommends that the Texas Delegation to the American Medical Association
5 introduce a resolution to the AMA House of Delegates asking AMA to adopt the following:

- 6
7 (1) Research the problems related to the handling of sex and gender within health information
8 technology (HIT) products and how to best work with vendors so their HIT products treat
9 patients equally and appropriately, regardless of sexual or gender identity; and
10
11 (2) Advocate for the incorporation of recommended best practices into electronic health records
12 and other HIT products at no additional cost to physicians, and investigate the use of personal
13 health records to reduce physician burden in maintaining accurate patient information instead
14 of having to query everyone regarding sexual orientation and gender identify at each
15 encounter.

16
17 Your reference committee heard testimony from the chair of the Council on Science and Public
18 Health and a member of TMA's HIT committee in support of the report.

- 19
20 (8) Council on Science and Public Health Report 1 – Extreme Risk Protection Orders and Gun
21 Violence (Resolution 314-A-18)

22
23 RECOMMENDATION A:

24
25 Madam Speaker, your reference committee recommends that Council on Science and Public
26 Health Report 1 be amended.

- 27
28 (1) TMA Policy 260.015, Firearms. The Texas Medical Association recognizes gun violence as a
29 public health issue requiring the promotion of evidence-based strategies in Texas. Medical
30 professional organizations should speak out about the prevention of firearm-related injuries
31 and deaths, and TMA calls on physicians to support:
32
33 1. The primary prevention of firearm morbidity and mortality through educating Texans
34 about firearm safety and the potential hazards of firearm ownership, recognizing that
35 physicians have an unencumbered right to inquire of and inform patients and their
36 families about the risks of firearms and in particular the risk to children;
37 2. Promotion of the Texas Hunter Education and certification program developed by the
38 Texas Department of Parks and Wildlife;
39 3. Providing anticipatory guidance in the clinical setting on the dangers of firearm
40 ownership in an informational, nonjudgmental manner, encouraging firearm owners to
41 adhere to best practices for reducing the risk of accidental or intentional injuries or deaths
42 by ensuring firearms are not accessible to children; adolescents; or people with mental,
43 behavioral, or substance use disorders;
44 4. Strict enforcement of federal and state gun control laws and mandated penalties for
45 crimes committed with a firearm, including illegal possession;
46 5. The use of trigger locks (such as can be provided by www.projectchildsafe.org) and
47 locked gun cabinets to help prevent unintentional discharge; and
48 6. Unfettered study of issues involving firearms and public health and safety, and Texas'
49 participation in national surveillance studies on violence in the United States, ensuring
50 the state has timely, accurate data on firearm-related mortality and morbidity to guide

1 Texas' public health prevention activities (Res. 28S, p 176, A-93; Substitute CPH Rep. 3-
2 A-08; amended CSPH Rep. 5-A-18).

3
4 (2) That the Task Force on Behavioral Health develop information for physicians on the
5 prevention and assessment of suicide risk and promote awareness of mental health first-aid
6 training for physicians and office staff, and of state statute on the sharing of information on
7 patients at risk.

8
9 (3) That TMA advocate for a protective order process to allow for the implementation of risk-
10 based protective orders to ~~support~~ address those reported to be at high risk of violence to
11 others or self-harm.

12
13 (4) Policy 325.002, Family Violence, The Texas Medical Association believes that physicians
14 should be aware of the resources available in their community such as information provided
15 by the Texas Family Violence Council and information on family protective orders developed
16 by the Office of the Attorney General to inform and support victims of domestic violence.
17 Physicians should make this information available in their waiting rooms or have their office
18 staff provide it. The association should provide physicians with information on the symptoms
19 of domestic violence and abuse, and physicians should record information on domestic
20 violence in the patient's medical file (CPH, p 129, A-92; amended CPH Rep. 3-A-10).

21
22 **RECOMMENDATION B:**

23
24 Madam Speaker, your reference committee recommends that CSPH Report 1 be adopted as
25 amended.

26
27 Your reference committee heard strong testimony from the Board of Trustees, Council on
28 Legislation and the Council on Science and Public Health in strong support of this report. A
29 testifier from the Harris County Medical Society recommended modification to recommendation
30 3 to replace the word "support" on page 6, line 50, of the report with the words "deal with." As
31 written, the intent of the term "support" was unclear. Your reference committee however,
32 recommends the term "address" instead of "deal with."

33
34 (9) Council on Science and Public Health Report 2 – Support of Evidence-Based Medicine
35 (Resolution 107-A-17)

36
37 **RECOMMENDATION:**

38
39 Madam Speaker, your reference committee recommends that the recommendation in Council on
40 Science and Public Health Report 2 be adopted.

41
42 This report recommends that Policy 265.018 be amended as follows:

43
44 265.018 Evidence-Based Medicine and Practice: The Texas Medical Association supports the
45 use of science and well-designed, well-conducted clinical research as a foundation for
46 good medical practice to improve the quality of patient care. Guidelines and protocols
47 for medical care based on thorough reviews of current medical research can improve
48 the consistency, timeliness, and efficiency of clinical care. National and international
49 medical organizations as well as nursing and allied health continue to develop
50 evidence-based guidelines and recommendations to improve patient care. At times,
51 evidence is incomplete and involves expert opinion. However, popular, advertised

1 trends are not identical to experts. The quality of the evidence to support guidance is
2 graded on the strength of the data from which it is derived. Evidence-based guidelines
3 are always supportive, not prescriptive, and should be adjudicated by the physician or
4 provider with good medical judgment and experience in the best interest of the
5 individual patient. TMA encourages continued medical research in areas where a gap
6 in knowledge exists on which to base medical practice. TMA supports the use of
7 evidence-based medicine to improve approval and payment for medical services
8 where appropriate.

9
10 TMA strongly supports the standardization of a national set of evidence-based
11 measures that are clinically meaningful and lead to performance improvement while
12 improving both patient outcome and patient satisfaction such as those endorsed by the
13 National Quality Forum.

14
15 Recognizing that evidence-based medicine is continually evolving, measures should
16 be evaluated and subject to regular review (1) at intervals in accordance with
17 professional standards, (2) whenever there is a significant change in scientific
18 evidence, or (3) when results from testing arise that materially affect the integrity of
19 the measure.

20
21 TMA supports the focus of the American Medical Association policy in its efforts to
22 (1) work with state and local medical associations, specialty societies, and other
23 medical organizations to educate the Centers for Medicare & Medicaid Services, state
24 legislatures, third-party payers, and state Medicaid agencies about the appropriate uses
25 of evidence-based medicine and the dangers of cost-based medicine practices; and (2)
26 through the Council on Legislation, work with other medical associations to develop
27 model state legislation to protect the patient-physician relationship from cost-based
28 medicine policies inappropriately characterized as “evidence-based medicine.”

29
30 TMA will oppose obstacles or penalties to the practice of evidence-based medicine
31 including censure of licensure or criminal charges and calls for monitoring of local
32 and state policy proposals that may allow for disruption to the patient-physician
33 relationship and the practice of evidence-based care, especially in responding to
34 vulnerable populations (CSA Rep. 3-A-25 08; amended CSPH Rep. 5-A-18).

35
36 Your reference committee heard overwhelming testimony in support of the report.

- 37
38 (10) Council on Science and Public Health Report 3 – Raising the Minimum Purchase Age for Guns
39 (Resolution 313-A-18)

40
41 **RECOMMENDATION:**

42
43 Madam Speaker, your reference committee recommends that the recommendations in Council on
44 Science and Public Health Report 3 be adopted.

45
46 This report recommends that: (1) resolution 313-A-18 not be adopted; (2) language from AMA
47 policy H-145.990, Parental Education on Prevention of Firearm Accidents in Children, be
48 adopted as new TMA policy; and (3) Policy 245.021, Patient-Doctor Privileged Communication,
49 be reaffirmed.

1 Your reference committee heard testimony from the Board of Trustees, the Council on
2 Legislation and the Council on Science and Public Health in support of the report.

3
4 (11) Council on Science and Public Health Report 4 – Early Childhood Adversity and Health

5
6 RECOMMENDATION A:

7
8 Madam Speaker, your reference committee recommends that recommendation 2 in Council on
9 Science and Public Health Report 4 be amended.

10
11 The report recommends: (1) identify adverse childhood experiences (ACEs) as a public health
12 issue and advance TMA activities to increase awareness and understanding of ACEs among TMA
13 members and the public, and ensure physicians have information on resources for screening
14 patients, payment for care, and local resources and services for their patients; (2) that the Texas
15 Medical Association in coordination with other state entities, convene a summit with physicians
16 and other health professionals, community leaders, and representatives of public health and high
17 risk populations to identify priorities for addressing ACEs. This includes identifying barriers
18 physicians face in screening and caring for children and adults, gaps in services and resources in
19 public programs and communities, evidence-based programming, access to data for assessment,
20 and understanding the unique needs of specific populations; (3) that TMA advocate for public
21 health initiatives and activities that provide effective support and care for children and adults
22 exposed to trauma.

23
24 RECOMMENDATION B:

25
26 Madam Speaker, your reference committee recommends that CSPH Report 4 be adopted as
27 amended.

28
29 Your reference committee heard testimony from the chair of the Council on Science on Public
30 Health on the importance of increasing physician awareness of adverse childhood events and the
31 impact on child health and development. Further, the council recommended that the awareness of
32 adverse childhood events could be most effectively amplified through collaboration with existing
33 statewide initiatives.

34
35 (12) Council on Science and Public Health Report 5 – Sunset Policy Review

36
37 RECOMMENDATION:

38
39 Madam Speaker, your reference committee recommends that the recommendations in Council on
40 Science and Public Health Report 5 be adopted.

41
42 This report recommends that: (1) policies 260.019 and 260.022 be retained; (2) policies 95.031,
43 95.032, 100.017, 260.051, 260.041, 260.059, and 260.082 be deleted; and (3) policies 95.023,
44 260.003, 260.080, 260.083, 280.035, and 260.103 be retained as amended.

45
46 Your reference committee heard testimony from the chair of the Council on Science and Public
47 Health in support of the sunset review. There was testimony opposing deletion of policy 260.082
48 on Reducing the Health Burden of Air Pollution. However, the reference committee notes that
49 this deletion was recommended because TMA clean air policy was recently updated and 260.082
50 is duplicative of this current policy.

- 1 (13) Resolution 301 – Distribution and Display of Human Trafficking Aid Information in Public
2 Places

3
4 RECOMMENDATION:

5
6 Madam Speaker, your reference committee recommends that Resolution 301 be adopted.

7
8 This resolution resolves that: (1) TMA adopt as policy that readily visible signs, notices, posters,
9 placards, or other readily available educational materials providing information about reporting
10 human trafficking activities or providing assistance to victims and survivors be permitted in local
11 clinics, emergency departments, or other medical settings; (2) TMA, through its website or
12 internet presence, provide downloadable materials displaying the National Human Trafficking
13 Hotline number to aid in displaying such information in local clinics, emergency departments, or
14 other medical settings and advocate that other recognized medical professional organizations do
15 the same; (3) TMA urge both state and federal governments to make changes in laws to advocate
16 the broad posting of the National Human Trafficking Hotline number in areas such as local
17 clinics, emergency departments, and other medical settings; and (4) our Texas Delegation to the
18 American Medical Association take this resolution to the AMA House of Delegates for
19 consideration.

20
21 Your reference committee heard testimony in support of this resolution. There was also testimony
22 that TMA is already conducting extensive work on human trafficking including a robust website
23 with useful resources and clinical tools for physicians, continuing medical education, and strong
24 policy on human trafficking.

- 25
26 (14) Resolution 302 – Statement on Personhood Measures

27
28 RECOMMENDATION A:

29
30 Madam Speaker, your reference committee recommends that Resolution 302 be amended.

31
32 RESOLVED, That the Texas Medical Association ~~oppose any personhood measure that is~~
33 ~~unclear, confusing, ambiguous, or not based on sound scientific or medical knowledge,~~ advocate
34 and inform on proposed public policy measures related to assisted reproductive health based on
35 evidence-based medicine, which threatens promotes the safety and effective treatment of patients,
36 and which threatens preserves access to comprehensive reproductive care including assisted
37 reproductive services.

38
39 RECOMMENDATION B:

40
41 Madam Speaker, your reference committee recommends that Resolution 302 be adopted as
42 amended.

43
44 Your reference committee heard testimony from the author of the resolution on recent public
45 policy measures such as the use of the term “personhood” and other broadly or poorly worded
46 measures that can significantly limit medical treatments available to women of reproductive age.
47 The Council on Science and Public Health and other testifiers supported amendment of the
48 resolve to eliminate the term “personhood” in favor of clear terminology and evidence-based
49 medical practice.

1 (15) Resolution 303 – Improving Medical Clearance Policies for Traumatic Brain Injury Patients

2
3 RECOMMENDATION:

4
5 Madam Speaker, your reference committee recommends that Resolution 303 be referred for
6 study.

7
8 This resolution resolves that the Texas Medical Association: (1) reaffirm its policy stating that it
9 strongly supports current national and Texas gun law and regulations relating to medical need and
10 public safety, and advocates for legislation that more strongly implements these laws due to
11 public health concerns; (2) advocate for amending Texas law to clearly include prohibiting
12 symptomatic TBI patients from obtaining or retaining a license to carry a firearm until medical
13 clearance; (3) create policy, advocate for, and support legislation that expands to all people the
14 medical clearance requirements and firearm purchasing restrictions in Texas' license-to-carry
15 law; (4) advocate for legislation that would promote and emphasize the need and importance of
16 physician reporting of all patients who have prohibitive conditions, including symptomatic TBI
17 patients, to the Texas Medical Advisory Board; (5) advocate for expansion of and investment into
18 the Medical Advisory Board so it is better known by physicians, easier to use, and explicit
19 regarding the medical conditions that may require reporting to it; and (6) advocate for legislation
20 that expands the Medical Advisory Board's oversight of possibly impaired individuals with gun
21 licenses to all possibly impaired gun owners.

22
23 The resolution further resolves that the Texas Delegation to the AMA carry any newly adopted
24 policy related to TBI and access to firearms to AMA.

25
26 Your reference committee heard extensive testimony on this resolution including the author of the
27 resolution, the Council on Science and Public Health, and other testifiers on the complexity of
28 numerous resolves in this resolution including gun law regulations, reporting by physicians, and
29 expanding the powers of the Medical Advisory Board. Testifiers expressed a need for
30 clarification on the intent of this resolution. Because of this confusion your reference committee
31 recommends further study. The author was in agreement.

32
33 (16) Resolution 304 – Requirement for Food Allergy Posters and Employee Training in Food
34 Establishments

35
36 RECOMMENDATION:

37
38 Madam Speaker, your reference committee recommends that Resolution 304 not be adopted.

39
40 This resolution resolves that the Texas Medical Association (1) provide advocacy support to the
41 Texas Allergy, Asthma & Immunology Society's efforts as the society seeks the passage of
42 legislation mandating, not just recommending, that all food service establishments display a
43 poster related to food allergen awareness in an area of the establishment accessible primarily to
44 its employees. This poster must include the risk of an allergic reaction, a list of the major food
45 allergens, methods to prevent cross-contamination in food preparation, and signs and symptoms
46 associated with anaphylaxis with instructions to call 911; and (2) advocate for a mandate that
47 food service employees be required, on a biennial basis, to be trained in food allergy awareness
48 with information on which foods – milk, eggs, wheat, soy, shellfish, fish, peanuts, and tree nuts –
49 cause the most reactions; trained in the prevention of cross-contamination in food preparation;
50 and trained in the signs and symptoms associated with anaphylaxis with instructions to call 911.
51 The training programs can be completed online or in class form and should be certified by a

1 nationally recognized organization and approved by the Texas Department of Health and Human
2 Services.

3
4 Your reference committee heard testimony from the chair of the Council on Science and Public
5 Health that this topic was outside of their scope. Further, members of the reference committee
6 recognized the high turnover of restaurant employees and the ongoing cost of continuous training.

- 7
8 (17) Resolution 305 – Allow the Possession and Administration of an Epinephrine Auto-Injector in
9 Certain Entities

10
11 RECOMMENDATION:

12
13 Madam Speaker, your reference committee recommends that Resolution 305 not be adopted.

14
15 This resolution resolves that: (1) epinephrine auto-injectors be allowed to be placed in public
16 places in areas accessible as determined by the entity. Those entities include amusement parks,
17 camps, institutions of higher education, food service establishments, sports venues, concerts, state
18 government entities, retail facilities, churches, synagogues, youth centers, and any other entity the
19 Texas Executive Commissioner, by rule, designates as an entity that would benefit from the
20 possession and administration of epinephrine auto-injectors; (2) an employee or volunteer with
21 these entities be trained on an annual basis by an approved source to administer an epinephrine
22 auto-injector to a person reasonably believed to be experiencing anaphylaxis on the premises of
23 the entity; (3) policies relating to epinephrine auto-injectors be established by the Texas
24 Executive Commission; and (4) a trained person who in good faith initiates treatment using an
25 epinephrine auto-injector under the rules established by the state be immune from civil or
26 criminal liability, as will the entity or business and those associated with the prescribing,
27 dispensing, and administration of the epinephrine auto-injectors.

28
29 Your reference committee heard testimony from the chair of the Council on Science and Public
30 Health that the council did not take a position on the resolution. Another testifier opposed the
31 resolution because of the high cost. Reference committee members noted the complexity in the
32 accurate diagnosis of anaphylaxis and the risk of inappropriate use of epinephrine by those not
33 adequately trained on use.

- 34
35 (18) Resolution 306 – Opposition to Limiting the Physician’s Role in the End-of-Life Process

36
37 RECOMMENDATION A:

38
39 Madam Speaker, your reference committee recommends that Resolution 306 be amended.

40
41 RESOLVED, That the Texas Medical Association oppose any efforts to limit the physician’s
42 ~~appropriate~~ compassionate and ethical role in the end-of-life process.

43
44 RECOMMENDATION B:

45
46 Madam Speaker, your reference committee recommends that Resolution 306 be adopted as
47 amended.

48
49 Your reference committee heard testimony from the chair of the Council on Science and Public
50 Health that the term “appropriate” was not clear and recommended the use of the term
51 “compassionate.” Others testified in strong support of the amended resolution.

1 (19) Resolution 307 – Regulatory Recommendations for Bed Bugs

2
3 RECOMMENDATION:

4
5 Madam Speaker, your reference committee recommends that Resolution 307 be referred for
6 study.

7
8 This resolution resolves that: (1) TMA consider bed bugs as a public health issue; (2) the
9 resolution be referred to the appropriate TMA council, committee, or body to seek a mechanism
10 for the collection, study, and public reporting of data on the impact of bed bugs on the public
11 health of Texans; (3) the resolution be referred to the appropriate TMA council, committee, or
12 body to collaborate with the Texas Association of City and County Health Officials to develop
13 guidelines for local health authorities using an Integrated Pest Management approach to bed bugs;
14 (4) TMA in collaboration with the Texas Department of State Health Services support regulatory
15 changes that encourage the reporting, treatment, and study of bed bugs in state-supported living
16 centers; (5) TMA seek legislation to address the public health issue of bed bugs in Texas, most
17 especially when affecting vulnerable populations or inhabitants of multifamily dwelling units
18 (MDUs); and (6) the Texas Delegation carry this resolution, or a similar one, to the American
19 Medical Association to develop public health recommendations and seek regulatory or legislative
20 action for this growing national public health issue, especially in regard to the collection, study,
21 and public reporting of data on the impact of bed bugs; the effect of bed bug infestations on
22 MDUs; and the U.S. Department of Housing and Urban Development’s role in bed bug
23 management.

24
25 Your reference committee heard passionate testimony from the author of the resolution on the
26 health impact of bed bugs such as anemia with patients living in some nursing or assisted living
27 facilities. The chair of the Council on Science and Public Health testified that the Centers for
28 Disease Control and Prevention does not identify bed bugs as a public health issue and took no
29 position on the resolution. While others testified in support, another testifier recommended
30 referral because there was a need for more depth on the extent of the topic before recognizing it
31 as a public health issue. The reference committee supported referral.

32
33 (20) Resolution 308 – Regulation of Electric Scooters

34
35 RECOMMENDATION:

36
37 Madam Speaker, your reference committee recommends that Resolution 308 be referred for
38 study.

39
40 This resolution resolves that the Texas Medical Association: (1) work with the Texas Department
41 of Public Safety (DPS) to have electric scooters regulated as bicycles and require operators to
42 follow traffic laws as bicycle operators, (2) work with DPS to place an age restriction on electric
43 scooter operators to limit the use of these scooters by children too young to understand traffic
44 laws and to allow only one operator per scooter, and (3) work with DPS to require the use of
45 helmets when operating electric scooters and to add safety features so that car drivers can see
46 them.

47
48 Your reference committee heard testimony from the chair of the Council on Science and Public
49 Health on the problem of increased scooter access. The council recommended an amendment to
50 one of the resolves. The reference committee was unclear regarding the term “scooter.” Further,

1 with a lack of awareness on the scope of state jurisdiction and regulation of scooters, your
2 reference committee recommends referral for study.

3
4 (21) Resolution 309 – Factoring Adolescent Sleep Patterns into Middle and High School Start Times

5
6 RECOMMENDATION:

7
8 Madam Speaker, your reference committee recommends that Resolution 309 be adopted.

9
10 This resolution resolves that the Texas Medical Association encourage physicians to be informed
11 on the biologic sleep needs of adolescents, promote awareness of this need to the community, and
12 communicate with local school health advisory committees to share evidence-based, best
13 practices regarding health promotion, including the benefits of later school start times for
14 adolescents.

15
16 Your reference committee heard testimony from the chair of the Council on Science and Public
17 Health applauding the spirit behind the Medical Student Section resolution and acknowledged not
18 only the importance of sleep but also noted that many school districts already have staggered
19 school schedules in middle and high schools for later start times.

20
21 (22) Resolution 310 – Amending TMA Policy 315.031, Restricting the Sale of Electronic Cigarettes to
22 Minors

23
24 RECOMMENDATION:

25
26 Madam Speaker, your reference committee recommends that Resolution 310 be adopted.

27
28 This resolution resolves that the Texas Medical Association amend Policy 315.031, Restricting
29 the Sale of Electronic Cigarettes to Minors, as follows:

30
31 The Texas Medical Association supports (1) limiting the sale of electronic cigarettes (e-
32 cigarettes) and associated products only to those people who are ~~18~~ 21 years of age or older; (2)
33 regulation of e-cigarettes in Texas in a similar manner as tobacco products; (3) increased clinical
34 research on the effects of e-cigarettes; and (4) education in schools for children and adolescents
35 about the effects of e-cigarettes, nicotine, tobacco, and other addictive substances (Res. 305-A-
36 14).

37
38 Your reference committee heard testimony only in support of this timely resolution.

39
40 (23) Resolution 311 – Identifying Trauma and Mental Health Susceptibilities in Schools

41
42 RECOMMENDATION:

43
44 Madam Speaker, your reference committee recommends that Resolution 311 be adopted.

45
46 This resolution resolves that the Texas Medical Association advocate for school-based systems of
47 mental health care that provide an integrated system of educator training, referral to treatment,
48 and clear access to providers.

49
50 Your reference committee heard supportive testimony from both the Council on Science and
51 Public Health and the Medical Student Section on the resolution.

- 1 (24) Resolution 312 – Opposition to Increasing Work Requirements for the Supplemental Nutrition
2 Assistance Program (SNAP)

3
4 RECOMMENDATION A:

5
6 Madam Speaker, your reference committee recommends that Resolution 312 be amended.

7
8 RESOLVED, That the Texas Medical Association: ~~(1) oppose any governmental efforts to~~
9 ~~increase work requirements for the Supplemental Nutrition Assistance Program (SNAP) beyond~~
10 ~~the level detailed in the Agriculture Improvement Act of 2018, and (2) oppose any governmental~~
11 ~~efforts to limit the Texas government’s ability to exempt SNAP recipients from work~~
12 ~~requirements.~~ recognizes the importance of the benefits of the Supplemental Nutrition Assistance
13 Program (SNAP) to support the nutrition and health of many Texans and will caution state
14 leadership when work requirements compromise the health benefits provided through
15 participation in SNAP.

16
17 RECOMMENDATION B:

18
19 Madam Speaker, your reference committee recommends that Resolution 312 be adopted as
20 amended.

21
22 Your reference committee heard testimony from the Medical Student Section on the potential
23 impact of raising work requirements for SNAP beneficiaries. The chair of the Council on Science
24 and Public Health also expressed support for the resolution. The reference committee shared
25 concerns on the importance of nutrition on health and wanted TMA to establish policy to be able
26 to advocate if needed for patients who may be subjected to physical harm from excessive work
27 requirements.

- 28
29 (25) Resolution 313 – Physicians Counseling Patients About the Risks of Direct-to-Consumer Genetic
30 Testing

31
32 RECOMMENDATION A:

33
34 Madam Speaker, your reference committee recommends that Resolution 313 be amended.

35
36 RESOLVED, That the Texas Medical Association: ~~(1) support establishing policies that promote~~
37 ~~educating the public about potential risks and benefits created by direct-to-consumer genetic~~
38 ~~testing, and (2) support encouraging physicians to caution patients on risks that direct to-~~
39 ~~consumer genetic testing can pose, including but not limited to unreliable test results and privacy~~
40 ~~violations.~~

41
42 RECOMMENDATION B:

43
44 Madam Speaker, your reference committee recommends that Resolution 313 be adopted as
45 amended.

46
47 Your reference committee heard supportive testimony from the Medical Student Section, the
48 Council on Science and Public Health and others expressing concern on privacy, unreliable test
49 results, and other unintended consequences with direct-to-consumer genetic testing.

1 (26) Resolution 314 – Support of Mandatory Paid Parental Leave

2
3 RECOMMENDATION:

4
5 Madam Speaker, your reference committee recommends that Resolution 314 not be adopted.

6
7 This resolution resolves that the Texas Medical Association (1) support the expansion of existing
8 legislation regarding job-secured parental leave of at least 12 weeks, to include monetary
9 compensation, and (2) advocate for mandatory paid parental leave.

10
11 Your reference committee heard substantial testimony both for and against this resolution. On the
12 one hand, those in support recognized the long term health benefits to families with paid parental
13 leave; while on the other hand, many physician practices are small businesses and the cost of paid
14 parental leave can be prohibitive. Other testifiers noted that TMA already has strong policy
15 260.104 in support of the health benefits and good maternal and infant health outcomes with paid
16 parental leave.

17
18 (27) Resolution 315 – Notification of Generic Drug Manufacturing Changes

19
20 RECOMMENDATION A:

21
22 Madam Speaker, your reference committee recommends that Resolution 315 be amended.

23
24 RESOLVED, That the Texas Medical Association work with Texas legislators to ensure that each
25 patient is expressly notified at the time of dispensing by the pharmacy or pharmacy benefit
26 manager of a change in the manufacturer of his or her generic medication; and be it further

27
28 RESOLVED, That the Texas Delegation to the American Medical Association present a similar
29 resolution to the AMA House of Delegates for ~~consideration-congressional approval and~~
30 ~~implementation~~.

31
32 RECOMMENDATION B:

33
34 Madam Speaker, your reference committee recommends that Resolution 315 be adopted as
35 amended.

36
37 Your reference committee heard widespread testimony supporting this resolution. One testifier
38 cited the issue of low health literacy as barrier to patient awareness of changes with generic
39 substitution.

40
41 (28) Resolution 316 – Determinants of Health

42
43 RECOMMENDATION A:

44
45 Madam Speaker, your reference committee recommends that Resolution 316 be amended.

46
47 RESOLVED, That the Texas Medical Association ~~study~~ educate physicians about the social
48 determinants of health for the purpose of assisting physicians to better understanding its their
49 impact on medicine patient health outcomes and wellbeing; and be it further

