AGENDA
REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS
Saturday, May 8, 2021

3. Board of Councilors Report 1 – Emeritus Nominations (Updated 5.7.2021)
4. Board of Councilors Report 2 – Honorary Nominations (Updated 5.7.2021)
6. Council on Constitution and Bylaws Report 1 – Amendment to Bylaws to Remove “Spring” Requirement for the Annual Session
7. Council on Constitution and Bylaws Report 2 – Amendments to Bylaws to Establish an Application and Appeal Process for At-Large Members, and to Clarify the Disciplinary Process for Small County Medical Societies
8. Council on Constitution and Bylaws Report 3 – Amendments to Bylaws to Allow Two-Year Terms for County Medical Society Officers
9. Council on Constitution and Bylaws Report 4 – Amendment to Bylaws to Tie Council Meeting Requirements to the TMA Session Year
10. Council on Constitution and Bylaws Report 5 – Amendments to Bylaws to Allow Sections to Determine Members’ Right to Vote and Hold Office
11. Council on Constitution and Bylaws Report 6 – Amendments to Bylaws to Update and Clarify Existing Language
12. Council on Constitution and Bylaws Report 7 – Amendments to Bylaws to Allow Use of Virtual Platforms, In-Person Voting
13. Council on Constitution and Bylaws Report 8 – Amendments to Article V of the TMA Constitution
16. Board of Trustees Report 10 – Sunset Review of TMA Standing Committees
17. *Board of Trustees Report 16 – Establish a Coalition of Medical Societies to Protect Competition and Sustainability in the Health Insurance Marketplace, Resolution 106-A-19 (Tabled BOT Report 10 2020)*

18. *Board of Trustees Report 17 – Physicians in Employed Settings (Tabled BOT Report 12 2020)*

19. *Board of Trustees Report 20 - Nominations for Board of Governors, Texas Medical Liability Trust*


21. *LGBTQ Health Section Report 1 – LGBTQ Health Section Update*


25. *Resolution 104 – For the Creation of a Physician-Led Public Outreach and Education Organization to Defend the Integrity of the Medical Profession and Advocate for Sustainable, Evidence-Based Health Care Policy (Tabled Res 108 2020)*

26. *Resolution 105 – Virtual Option for Delegates at Future Meetings*

27. *Resolution 106 – Creation of Ad Hoc Committee to Study and Make Recommendations Concerning Non-Compete Agreements in Physician Employment Contracts*


31. *Resolution 110 – Encouraging ADA Compliance on Virtual Platforms*

32. *Resolution 111 – [THIS RESOLUTION WAS REMOVED BECAUSE IT WAS A DUPLICATE FOR RES 106]*

33. *Resolution 112 – One Hundredth Anniversary of the Texas Pediatric Society*

34. *Resolution 113 – Composition of Hospital Ethics Committees*

35. *Resolution 114 – Noncompete Clauses Within Physician Contract*
TEXAS MEDICAL ASSOCIATION HOUSE OF DELEGATES

SPKR Report 1 2021

Subject:  Amending Policy 295.013 Election Process

Presented by:  Arlo Weltge, MD, Speaker and Bradford Holland, MD, Vice Speaker

Referred to:  Reference Committee on Financial and Organizational Affairs

For the election of officers and other positions by the House of Delegates, Section 7.41 of the TMA Bylaws provides that nominations be made in accordance with the TMA Election Process:

Nominations shall be by members of the House of Delegates and shall be made in accordance with the TMA Election Process as adopted by the House of Delegates.
Nominating speeches shall conform to protocols established by the Speaker of the House of Delegates.

The TMA Election Process currently allows nominations from the floor. However, such nominations would be incompatible with the intended virtual meeting structure of the 2021 elections, whereby electors vote electronically for candidates whose nominations were received by the established deadline. For a virtual meeting, the proposed amendments below would generally not allow nominations after the established deadline.

However, during a virtual meeting where a vacancy arises after the established deadline, there may be a need to allow nominations so the vacancy may be filled. Accordingly, the proposed amendments also set forth how to address this situation, based on whether there are sufficient nominations to fill the position.

Lastly, the current TMA Election Process requires that elections be held on the second day of the annual session. This would be incompatible with intended virtual meeting structure of the 2021 elections. The proposed amendments would remove this requirement.

Recommendation: Amend Policy 295.013 Election Process as follows:

295.013 Election Process

The Texas Medical Association recognizes the following election process:

The Texas Medical Association House of Delegates holds at-large elections for the association’s president-elect (who serves the following year as president and the year after as immediate past president), secretary/treasurer, speaker and vice speaker of the house, the nine at-large members and the young physician member of the Board of Trustees, a councilor for each district, and delegates and alternate delegates to the American Medical Association. The house confirms district elections of vice councilors.

The process may be guided by adopted House Standing Rules.
Nominations

Members of the house and county medical societies receive advance information on elective positions to be filled at the next annual session and the protocol for nominations. Candidates and/or those who will nominate candidates will notify House of Delegates staff at TMA headquarters as soon as possible so that the names of candidates seeking election or reelection can be distributed to members of the house and county medical societies by the deadline established by the speakers of the House of Delegates.

Where electors vote by rules established for a remote or “virtual” meeting using electronic ballot, nominations received after the announced deadline will not be considered, except where a vacancy occurs during the course of the House of Delegates meeting and there is an insufficient number of nominees to fill the open positions and the vacancy. In this event, the speakers of the House of Delegates will announce a deadline for nominations to fill the vacancy.

Where electors vote during an on-site, in-person meeting by ballots, nominations may be accepted on the floor of the house whether or not prior notification of intent to seek election has been received or published by the established deadline. All candidates nominated from the floor must complete the required candidate information as stated in the TMA Election Process. Candidates are encouraged to complete this information in advance and send it to House of Delegates staff at TMA headquarters at least one week before the opening session of the meeting at which the election is to be held. Candidates nominated from the floor will complete the requisite information on site and provide the information as soon as practicable to be distributed to the house prior to the election.

Guidelines

The intent of the following guidelines is to encourage fair, open, and equitable campaigning by: (1) specifying permitted and prohibited election related activities; (2) fostering opportunities for candidates to educate their colleagues about the issues; (3) informing voters about candidate experiences and views; (4) keeping costs down; and (5) maintaining dignified and courteous conduct appropriate to the image of the medical profession. The TMA Election Process with campaign guidelines is will be posted on the TMA House of Delegates website at http://www.texmed.org/HOD or in adopted House Standing Rules.

Campaigns are often spirited and your House of Delegates speaker and vice speaker expect candidates to state their positions and plans for TMA directly and positively.

Campaign expenditures and activities should be limited to prudent and reasonable levels necessary for adequate candidate exposure to delegates. Mindful that access to resources is not equal, candidates and their sponsoring organizations should exercise restraint in campaign spending.

The nominating county society, caucus, or individual should send a candidate announcement to house members by email or U.S. mail before annual session rather than distribute announcement cards to delegate seats at the meetings. Candidates may make personal phone calls and send letters. Including the initial announcement and one follow up, a maximum of two mass communications (an impersonal, one-way email or mail
communication to all or part of the house membership, sponsored by or on behalf of a
candidate) may be used for campaign purposes.

Candidates may make use of personal websites, blogs, social media, videos, etc. One of
the two permitted mass communications may be used to communicate links to a
candidate’s electronic campaign material; this an email must start with “TMA Campaign”
in the subject line. TMA will post links to candidate websites on its website.

For on-site, in-person meetings, candidates may display one 24”x36” poster in the
Credentials Committee area at the entrance to the House of Delegates meeting; TMA
provides easels. Candidates may not distribute any other campaign materials at the
meeting.

Candidates will provide information as requested by the speakers including a candidate
profile form. TMA publishes candidate information in the Handbook for Delegates and
on the TMA website, eliminating the need for campaign literature. TMA will send an
announcement indicating where house members can find candidate information.

Any candidate for at-large trustee or any office that includes an ex officio seat on the
TMA Board of Trustees (president, president-elect, secretary/treasurer, and speaker and
vice speaker of the House of Delegates) shall provide full disclosure of affiliations on a
form developed by the speaker of the house by the time of the election.

TMA will host a forum for candidates in contested races during or before the annual
session.

Candidates for TMA office should not attend meetings of county medical societies unless
officially invited. Candidates may accept reimbursement of travel expenses by the county
society in accordance with the policies of the society.

Compliance

Each candidate is provided a copy of these guidelines and is expected to abide by them.
Candidates are to inform those involved in their campaign efforts about the guidelines by
sending a copy or by calling attention to the guidelines in the Election Process posted on
the TMA website.

When candidates or their supporters are unclear about whether an intended campaign
action is permitted, before taking action, they should seek the opinion of the speaker of
the House of Delegates by contacting house staff at TMA headquarters. The speaker, in
consultation with the vice speaker and the association’s immediate past president, will
respond with a ruling concerning the proper interpretation of the guidelines and inform
all candidates in order to maintain a level playing field.

Any violation by a candidate or supporter of which the speaker becomes aware will be
investigated. Should the speaker, vice speaker, and immediate past president rule that a
violation has occurred, the speaker will make an announcement at the house meeting.
Elections

TMA elections are held during on the second day of the annual session at a time(s) determined and published by the speakers in advance.

As provided in TMA Bylaws, all elections are by secret ballot and a majority of the votes cast are necessary to elect. When there are three or more nominees for a single position, the candidate receiving the least number of votes on each ballot shall be dropped until one of the said nominees receives a majority vote. When there is only one nomination, vote may be by acclamation.

Where electors for a remote or “virtual” meeting vote by electronic ballot, and a vacancy occurs during the course of the House of Delegates meeting, the process will be as follows:

- If there is a sufficient number of nominees to fill the open positions and the vacancy, and the number of nominees equals the number of open positions, including the vacancy, the vote may be by acclamation.

- If there is a sufficient number of nominees to fill the open positions and the vacancy, and the number of nominees exceeds the number of open positions, including the vacancy, the election shall proceed as set forth in Sections 7.421, 7.422, and 7.423 of the TMA Bylaws.

- If there is an insufficient number of nominees to fill the open positions and the vacancy, the election for the vacancy will be held during the annual session at a time determined and announced by the speakers, consisting of the nominees submitted by the deadline announced by the speakers.

For both an on-site, in-person meeting and a remote or “virtual” meeting using electronic elections, the house will hold a run-off election to fill any vacancy that cannot be filled because of a tie vote.

With the exception of delegates and alternate delegates to AMA, elected candidates assume office at the adjournment of the House of Delegates meeting at the annual session. AMA delegates and alternate delegates assume office on Jan. 1 of the year following their election except those who are elected to fill vacancies, in which case they assume office at the adjournment of the annual session.
TEXAS MEDICAL ASSOCIATION HOUSE OF DELEGATES

SPKR Report 2 2021

Subject: Amending TMA Constitution Article V House of Delegates and TMA Bylaws Chapter 3 House of Delegates

Introduced by: Arlo Weltge, MD, Speaker, and Bradford Holland, MD, Vice Speaker

Referred to: Reference Committee on Financial and Organizational Affairs

Several recent past speakers of the Texas Medical Association House of Delegates have not served as TMA president. Having past speakers serve as voting members in the house would ensure their experience in TMA parliamentary affairs will continue to benefit membership and the business sessions of the house.

Adoption of the recommended amendment to Chapter 3 of the Bylaws would take effect once laid over a day and approved at the 2021 House of Delegates. However, to amend the TMA Constitution, the proposed change must be approved at two consecutive TMA annual sessions. Past speakers would not have membership in the house – unless serving in another role that would give them membership under the constitution – until the recommended constitutional amendment to Article V is approved a second time at the 2022 House of Delegates.

Recommendation 1: Amend TMA Constitution Article V. House of Delegates as follows:

ARTICLE V. HOUSE OF DELEGATES.

Sec. 1. The legislative and policy-making body of the association shall be the House of Delegates. The House of Delegates shall transact all business of the association not otherwise specifically provided in this Constitution and Bylaws, shall elect the officers except as otherwise provided in the Bylaws, and shall meet as provided in the Bylaws.

Sec. 2. House of Delegates membership shall consist of:

(1) Delegates representing county medical societies, elected in accordance with this Constitution and Bylaws; and
(2) Ex officio members, including
(a) The president, president-elect, immediate past president, secretary/treasurer, and speaker and vice speaker of the House of Delegates;
(b) Councilors;
(c) Nine members elected at large to the Board of Trustees plus the young physician, resident, and student members of the board.
(d) Texas delegates and alternate delegates to the American Medical Association;
(e) Chairs of standing councils and members of the Council on Legislation;
(f) Delegates from the International Medical Graduate Section, Resident and Fellow Section and Young Physician Section;
(g) Delegates representing the Medical Student Section from each approved and active Medical Student Section Chapter;
(h) Delegates of medical specialty societies selected in accordance with this Constitution and Bylaws; 
(i) Past presidents and past speakers of the association who are active or emeritus members; and 
(j) As nonvoting members, the chair of TEXPAC and delegates emeritus of the AMA delegation. 

Recommendation 2: Amend TMA Bylaws, Chapter 3. House of Delegates as follows: 

3.12 Voting Rights. (12) past presidents and past speakers of the association who are active or emeritus members. 

3.45 Quorum. A majority of voting members shall be required to officially transact business. Past presidents and past speakers who are active or emeritus members shall not be included in the quorum calculation.
REPORT OF BOARD OF COUNCILORS

Subject: Emeritus Nominations

Presented by: Steven Petak, MD, JD

Referred to: Reference Committee on Financial and Organizational Affairs

The House of Delegates, upon nomination by the county medical society in which the member belongs and approval by the Board of Councilors (BOC), may elect a member of the association who has rendered exceptional and distinguished service to scientific or organized medicine, or both, to the status of member Emeritus.

The BOC has approved the nominations of Lyle Thorstenson, MD, and Gregory M. Kronberg, MD, for Emeritus membership and recommends their election by the House of Delegates. A brief sketch for Drs. Thorstenson and Kronberg follows.

Summary of Qualifications:

Lyle Thorstenson, MD

Dr. Thorstenson received his medical degree from Baylor College of Medicine in Houston. He completed post-graduate training in ophthalmology at UT Southwestern Medical School in Dallas. He is an American Board of Ophthalmology certified ophthalmologist.

He has been a member of the Texas Medical Association for 40 years and has served 25 years on the Texas Delegation to the AMA House of Delegates. He served 14 years on the executive committee including four years as chair. Nominated by TMA, he also served eight years on the AMPAC Board of Directors, including two years as chair.

In addition to serving multiple reference AMA committees representing TMA, Dr. Thorstenson chaired the first AMA Task Force for the Retention and Recruitment of Members. He served three years on the AMA Reference Committee on Governance and Finance, including one year as chair.

He has served in nearly every office position within the Texas Ophthalmological Association (TOA), including president.

Dr. Thorstenson is a six-term past president of the Nachogdoches-San Augustine county medical society.

He was Chief of Staff at the Memorial County Hospital and their representative to the Organized Medical Staff Section (OMSS) to TMA and AMA House of Delegates for three terms.

Dr. Thorstenson was also a founding member and past president of the Nachogdoches Area Physicians Association, American Academy of Ophthalmology Committees, and past vice president of the Association of Veterans Affairs Ophthalmologists.

He has received many honors, including the TMA “Young at Heart” Award, TOA Distinguished Service Award, American Academy of Ophthalmology Achievement Award, and the UT Southwestern Department of Ophthalmology Distinguished Alumnus Award.

Gregory M. Kronberg, MD
Dr. Kronberg received his medical degree from the University of California, San Francisco in 1973 and served in the U.S. Air Force from 1965-77. After completing his anesthesiology residency in 1977, he did a Fellowship in intensive care anesthesiology, before joining Capital Anesthesiology Association in Austin where he practiced until his retirement in 2017.

Dr. Kronberg has held numerous leadership positions within the Texas Society of Anesthesiologists over the last 25 years including as its president in 2010-11. He has served continuously as a Travis County delegate to the TMA and has been a mainstay on the Society’s Medical Legislation Committee since 2002.

Dr. Kronberg’s devotion to and tireless efforts on behalf of his chosen profession amply qualify him for this honor.

**Recommendation:**

The BOC recommends that the House of Delegates approve the nominations of Drs. Thorstenson and Kronberg to Emeritus member status.
REPORT OF BOARD OF COUNCILORS

Subject: Honorary Nominations

Presented by: Steven Petak, MD, JD

Referred to: Reference Committee on Financial and Organizational Affairs

The House of Delegates, upon nomination by the county medical society in which the member belongs and approval by the Board of Councilors (BOC), may elect a member of the association who has rendered outstanding service to organized medicine or made noteworthy contributions to scientific medicine, and who have reached a point of comparative inactivity in the practice of medicine as determined by the county society, to the status of member Honorary.

The BOC has approved the nominations of Stephen B. Greenberg, MD, Eric J. Haufrect, MD, Robina Poonawala, MD, and Richard S. Ruiz, MD, for Honorary membership and recommends their election by the House of Delegates. A brief profile for these three members follows.

**Stephen B. Greenberg, MD**
Dr. Greenberg received his medical degree from the University of Maryland in Baltimore. His postgraduate training includes an internship and residency with the University of Maryland Hospital and a fellowship in infectious disease at Baylor College of Medicine.

He has been a member of the Texas Medical Association and Harris County Medical Society for 46 years. In addition to serving on TMA’s Committee on Public Health and Health Care Quality Committee, he also served on TMA’s Council on Medical Education. He has received many awards and recognitions, including awards for his teaching services at Baylor College of Medicine, such as the John P. McGovern Outstanding Clinical Teacher Award and the Baylor Alumni Award. Dr. Greenberg was also awarded Baylor’s Barbara and Corbin J. Robertson Jr. Presidential Award for Excellence in Education. His many awards and honors also include membership in the Alpha Omega Alpha honor society, Master of the American College of Physicians, American College of Physicians Texas Chapter Laureate, and fellow of the Infectious Diseases Society of America. He has also been listed among the Best Doctors in America in 1997, 1998, 2002, 2005-2006, 2007-2008, 2009-2010, and 2012.

**Eric J. Haufrect, MD**
Dr. Haufrect received his medical degree from Baylor College of Medicine in Houston. He completed a residency in Obstetrics and Gynecology with Baylor College of Medicine.

He has been a member of TMA and Harris County Medical Society for 47 years. Dr. Haufrect has held many leadership and service positions within TMA and Harris County Medical Society (HCMS), including serving as a delegate to TMA’s House of Delegates, previous Board of Ethics chair, officer of the HCMS Executive Board, and a member of the TMA Health Care Quality Committee and Membership Committee. He has also served the medical community in other leadership roles, including as a Fellow, American College of Obstetrics and Gynecology and American Fertility Society, as well as a Board Member with The Immunization Partnership.

Dr. Haufrect is board certified by the American Board of Obstetrics and Gynecology. He has held many teaching positions focused on obstetrics and gynecology, including most recently a professorship with
Houston Methodist Academic Institute teaching clinical obstetrics and gynecology. He has also contributed to many medical publications, participated in speaking engagements before the medical community, and has received awards and honors in recognition of his services to the medical community, including the John Overstreet Lifetime Achievement Award.

Robina Poonawala, MD

Born in Hyderabad, Telangana, India, Robina Poonawala, MD, received her medical degree from the University of Bombay in 1978. She served her internship at the MacNeal Memorial Hospital in Berwyn, Illinois from 1980-81 and completed her residency at the same school from 1981-83. Upon completion of her training, Dr. Poonawala moved to Austin, where she was in practice until December 2018.

Dr. Poonawala has been a member of the Travis County Medical Society since 1984 and has held leadership positions at both the state and local level, including as chair of the TMA’s Patient-Physician Advocacy Committee in 2003-04. She has served on the Travis County Medical Society’s Public Relations, Advance Care Planning, Communications and Public Health Committees, was an at-large member of its Executive Board 2002-06 and served on its Delegation to TMA from 2005-13.

Dr. Poonawala was also involved with her specialty society and has been an active member of the Texas Indians Physicians Society – Southwest Chapter since 2007.

The 35 years of Dr. Poonawala’s career have been marked by devotion to her profession and her patients. She is superbly qualified for recognition as an Honorary Member of the Texas Medical Association.

Richard S. Ruiz, MD

Richard S. Ruiz, MD, received his medical degree from The University of Texas Medical Branch School of Medicine (UTMB) in Galveston. He interned at Hermann Houston Hospital, completed his residency at the Kresge Eye Institute in Detroit, and then completed a fellowship to the Massachusetts Eye and Ear Infirmary of the Harvard Medical School.

He has been a member of TMA and Harris County Medical Society for 63 years.

He is a professor and chairman in the Department of Ophthalmology at McGovern Medical School at UTHealth and he belongs to many medical organizations, including the American College of Surgeons, American Medical Association, and the Texas Ophthalmology Association. He has also contributed to a substantial number of medical publications and presentations.

Dr. Ruiz was also awarded the Ashbel Smith Distinguished Alumnus Award from UTMB.

**Recommendation:** The BOC recommends that the House of Delegates approve Drs. Greenberg, Haufect, Poonawala, and Ruiz’s nominations to Honorary member status.
Resolution 109-A-19 was referred for study to the Board of Councilors with a report back to the House of Delegates. The resolution relates to limiting a county medical society’s board of censors’ review of an applicant solely to whether the applicant is properly licensed with the Texas Medical Board or meets some other licensure exception. This suggestion, offered by the Tarrant County Medical Society, is premised on the fact that a county medical society has few resources to investigate applicants and that the discretion a board of censors might exercise could subject counties to liability. Therefore, the Tarrant County Medical Society proposes, the investigation in the character and background of the applicant should be left up to the Texas Medical Board.

If this amendment were adopted, it would require an amendment to the Texas Medical Association membership application and to the TMA Bylaws.

The TMA Board of Councilors does not recommend that the TMA Bylaws be changed to allow any licensed physician, medical resident, or medical student applying to be a member of TMA and a county medical society to become a member without going through the screening process currently provided in TMA Bylaws.

**Recommendation:** That Resolution 109-A-19 not be adopted.
REPORT OF COUNCIL ON CONSTITUTION AND BYLAWS

Subject: Amendment to Bylaws to Remove “Spring” Requirement for the Annual Session

Presented by: William Gilmer, MD, Chair

Referred to: Reference Committee on Financial and Organizational Affairs

In light of the need to reschedule the 2020 House of Delegates due to the COVID-19 pandemic, there have been discussions about giving the House of Delegates and the Board of Trustees greater flexibility in scheduling future sessions. Flexibility is currently limited by the requirement in the TMA Bylaws that the annual session be held in spring.

Recommendation: To allow the annual session to be held at any time of the year, the Council on Constitution and Bylaws recommends amending Chapter 8 of the Texas Medical Association Bylaws, as set forth below:

CHAPTER 8. ANNUAL SESSION

8.10 Time and place

The association shall hold an annual session in the spring of each year at such time and place as may be established by the House of Delegates or the Board of Trustees. The Board of Trustees shall have the authority to change the annual meeting time and place to meet unforeseen emergencies.
REPORT OF COUNCIL ON CONSTITUTION AND BYLAWS
C-CB Report 2 2021

Subject: Amendments to Bylaws to Establish an Application and Appeal Process for At-Large Members, and to Clarify the Disciplinary Process for Small County Medical Societies

Presented by: William Gilmer, MD, Chair

Referred to: Reference Committee on Financial and Organizational Affairs

At its TMA House of Delegates Virtual Annual Meeting 2020, the TMA House of Delegates approved bylaw amendments relating to county medical societies with fewer than 50 members (small societies) and inactive societies. These amendments were the result of recommendations from the Ad Hoc Committee on Inactive County Medical Societies, which studied the organizational challenges of small- to medium-sized county societies. The amendments allowed small societies to be governed by a smaller number of officers, and for the TMA Board of Councilors to determine a medical society to be “inactive” if it did not meet certain requirements.

A result of the amendments may an increase in the number of TMA “at-large” members or applicants (due to the medical society in their county being deemed inactive). The TMA Bylaws do not currently address the application or discipline process for at-large members or the organizational requirements for the participation of the at-large member group.

Additionally, for small county medical societies, though the amendments in 2020 addressed the process and appeals for a member’s application, they did not address those areas for member discipline.

Recommendation: The Council on Constitution and Bylaws recommends amending Chapters 1, 3, 5, and 12 of the TMA Bylaws, as set forth below, and renumbering them accordingly, to (1) add an application, discipline, and appeal process, as well as the operating requirements for at-large members, and (2) add a disciplinary process for small county medical societies.

CHAPTER 1. MEMBERSHIP

1.13 Ethics. A physician or medical student applying for membership in a county medical society or at large shall subscribe to the AMA Principles of Medical Ethics and the ethics opinions of the Board of Councilors.

1.202 At-large. Physicians against whom no charges of unethical or unprofessional conduct that could lead to denial of membership as provided in 1.11 are pending shall be eligible for at-large membership provided that they reside or work in a county where the county medical society is an inactive society, as described in Section 12.113, or no county society charter exists (see Section 5.203). At-large members shall have all rights and privileges of membership.

1.80 Application and appeal for at-large membership

1.81 Application for at-large membership. For a physician eligible for at-large membership as provided in 1.202, the application for membership shall be made to the district councilor and vice councilor of the county in which the applicant resides or works. With respect to an application for at-large membership, the district councilor and vice councilor act as the board of censors.
The application shall contain the following information: full name and address, place and
date of birth, medical education and degree received, locations and dates of residencies,
and such other information as the association or the district councilor may require.
The district councilor shall retain any original applications the councilor receives and
forward copies to the executive vice president of the association. Copies of any original
applications the association receives shall be forwarded to the district councilor and vice
counselor.

1.82 District councilor examination. The district councilor and vice counselor who
receive a completed application for at-large membership shall perform the examination
under this section within 60 days of receipt. Upon the examination of the applicant’s
qualifications and decision to approve the applicant’s membership, the district councilor
and vice councilor shall declare the applicant a member.

The executive vice president shall be notified if the district councilor and vice councilor
do not reach a unanimous decision. The executive vice president will then appoint a
member of the Board of Councilors to resolve the impasse.

1.83 Disapproval of membership. Within 10 business days of a denial of membership
by the district councilor and vice councilor, the district councilor shall notify the
applicant of the decision as well as the applicant’s right to appeal the denial to the Board
of Councilors. A copy of the notice to the applicant shall be sent to the Board of
Councilors.

The applicant then must give written notice of appeal to the Board of Councilors within
30 days of the notice of denial. If the applicant does not request a hearing, or after the
hearing is complete, the Board of Councilors shall vote to deny or accept the applicant for
membership. The Board of Councilors shall notify the applicant promptly of its decision
to approve or deny membership.

1.84 Appeal and reapplication. If the district councilor takes no action on a completed
application within these specified periods of time, the applicant may appeal to the Board
of Councilors.

If an application for at-large membership is rejected, the physician may not reapply for a
period of one year from the date of rejection.

CHAPTER 3. HOUSE OF DElegates

3.23 At-large members. At-large members shall be entitled to delegate representation
in the House of Delegates and shall have the authority to elect one delegate for the first
100 at-large members or less and elect one additional delegate for each additional 100 at-
large members or fraction thereof. An alternate delegate shall be selected for each
delegate and may serve as provided in 3.32. A meeting for at-large members shall be
hosted at least twice a year between the end of one annual session and the end of the
following annual session of the association.

A meeting may be held in person, or by telephone conference or similar means by which
all meeting participants can hear each other; or by other electronic communications
system, including videoconferencing technology. Meetings shall be directed by an elected
governing council and governed by operating procedures approved by the House of Delegates. The operating procedures shall provide the purposes, organization, and procedures of the at-large member group.

CHAPTER 5. BOARD OF COUNCILORS

5.211 Publish *Hearings Procedures Manual*. The board shall publish a manual describing procedures that county medical societies and the board shall use in conducting disciplinary investigations, hearings, and appeals.

5.212 Serve as Board of Censors. The board shall constitute the association’s Board of Censors. The board shall receive and hear appeals of individual members from the disciplinary action taken by component county medical societies pursuant to the provisions of the *Hearings Procedures Manual*.

5.213 Act on appeals and complaints from county societies, applicants, and members. The board may receive and hear appeals of component county societies from decisions of individual councilors. The board may receive and hear appeals of members from disciplinary actions or applicants from denials of membership by component county medical societies. The board may receive and hear complaints and consider questions involving members or component county medical societies of the association upon complaints and questions of an ethical nature for which there exists no defined appellate procedure in this Constitution and Bylaws or the *Hearings Procedures Manual*. The board also shall receive and hear those appeals provided for in 1.40. The board, in those instances in which local action has not or cannot be taken or in questions involving two or more component county medical societies, may, after due notice and investigation, take original jurisdiction in any matter involving any TMA member for violating this Constitution and Bylaws, for violating the AMA Principles of Medical Ethics, or for violating the ethical policies of the Texas Medical Association.

With the exception of the rules of procedure set forth in the *Hearings Procedures Manual* governing the appeal of a member from the disciplinary action or denial of membership by a component county medical society, all other appeals or hearings before the board shall be governed by such rules of procedure as may be adopted or provided for in 5.212.

The decision of the board in all such cases shall be final, except that a member, applicant, or a component county society may appeal to the Council on Ethical and Judicial Affairs of the American Medical Association in accordance with the bylaws of that organization.

Complaints of members against each other or component county societies coming before the House of Delegates shall be referred to the Board of Councilors without debate. The board shall report to the House of Delegates on all such matters so referred as promptly as circumstances permit.

5.219 Responsibilities for certain counties. The district councilor and vice councilor of a county where the county medical society is an inactive society or no county society charter exists shall perform the duties of the board of censors described under Section
12.433. Where the district councilor and vice councilor determine that disciplinary action against a member is warranted, a notice of proposed disciplinary action will be sent to the member, as prescribed by the Hearings Procedures Manual. Appeal may be made to the Board of Councilors of the association, as provided in Section 5.213, and the district councilor and vice counselor will recuse themselves, in accordance with Section 5.44.

With respect to the denial of a membership application or disciplinary process for a county electing officers in accordance with Section 12.4211, the district councilor and vice councilor act as the executive board.

For this section, where the district councilor and vice councilor do not reach a unanimous decision, the executive vice president will appoint a third member of the Board of Councilors to resolve the impasse.

5.44. Recusal. Councilors who decided matters brought on appeal to the Board of Councilors that a component county medical society brings on appeal to the councilors, including the appeal of the disapproval of membership under Section 1.16 or 1.81 or disciplinary proceedings under Section 12.434 or 5.219, must recuse themselves if the appeal is passed on to the Board of Councilors.

CHAPTER 12. COUNTY SOCIETIES

12.434 Board of censors responsibilities for certain counties. The president, president-elect, and secretary/treasurer of a county medical society electing officers in accordance with Section 12.4211 shall perform the duties of the board of censors described under Section 12.433 and elsewhere in these Bylaws. With respect to a county medical society election of officers in accordance with Section 12.4211, a reference in these Bylaws to a county medical society’s board of censors means collectively the society’s president, president-elect, and secretary/treasurer.

With respect to the disciplinary process for a county electing officers in accordance with Section 12.4211, the district councilor and vice councilor act as the executive board. The chair of the Board of Councilors shall be notified if the district councilor and vice councilor do not reach a unanimous decision. The chair will then appoint a member of the Board of Councilors to resolve the impasse.
County Medical Societies (CMSs) have requested the flexibility to elect their officers to two-year terms. According to TMA Bylaws §12.412, a CMS must elect a minimum of five officers: a president, a secretary/treasurer, and three members of the board of censors. In an incorporated CMS, other members of the CMS executive board may also be elected as officers. For a CMS with less than 50 members (small CMS), the CMS may forego a board of censors, but must elect a president-elect.

The TMA Bylaws specify that members of the board of censors are elected to three-year terms and allow the term of the secretary/treasurer to be extended to two or three years. All other officers—a president, a president-elect, or other executive board members elected as officers—are limited to a one-year term. Therefore, a bylaw amendment is necessary for officers other than the secretary/treasurer or a member of the board of censors to serve for a term longer than one year.

However, if the TMA Bylaws are amended to allow other officers to serve two-year terms, this could conflict with the current TMA Bylaw §12.45 language indicating that a small CMS holds an election every year. As discussed above, the TMA Bylaws allow a small CMS to choose to elect only three officers: president, president-elect, and secretary/treasurer. If the terms of office for all small CMS officers were extended, there could be years when no election is needed. As such, if the TMA Bylaws are amended to allow two-year terms, then the annual election requirements for small CMSs should be amended to apply only when there are vacant positions.

To allow CMSs the flexibility to elect officers to two-year terms, while not requiring an election if there are no expiring terms, the Council on Constitution and Bylaws recommends amending Chapter 12 of the Texas Medical Association Bylaws, as set forth below.

Recommendation: Amend Texas Medical Association Bylaws as stated below:

CHAPTER 12. COUNTY SOCIETIES

12.422 Term of office. The term of office for all officers, except members of the board of censors, shall be one year. The term of the office of secretary/treasurer may be extended to two or three years. The term of the office of other officers may be extended to two years. An amendment to a society’s bylaws to extend a term of office requires approval by the Board of Councilors, in accordance with Section 5.209.

12.45 Election and vacancies.

Elections of officers and delegates to the association shall be held annually by the county medical society membership. A county medical society electing officers in accordance with Section 12.4211 that does not already have a president-elect shall, in its first year electing officers under that section, elect a president, president-elect, and secretary/treasurer. In each subsequent year, the society shall annually elect a president-elect and secretary/treasurer, unless there are no expiring terms that year, in accordance with Section 12.422. Vacancies in the offices referred to in this chapter shall be filled by
the county medical society president until the next annual election, unless otherwise specified by the county medical society bylaws.
Subject: Amendment to Bylaws to Tie Council Meeting Requirements to the TMA Session Year

Presented by: William Gilmer, MD, Chair

Referred to: Reference Committee on Financial and Organizational Affairs

The Board of Councilors, pursuant to its authority to interpret the TMA Bylaws, as stated in TMA Bylaws §5.202, has interpreted the “once a year” meeting requirement for councils in §9.40 to refer to a calendar year. As such, under the language of the current TMA Bylaws, a council could theoretically go an entire TMA session year without holding a meeting. For example, a council could hold a meeting in January 2020, but not meet again until August 2021. Although the chair appointed after the TMA annual session in May 2020 would never have held a meeting, this would not run afoul of the current bylaw language.

In contrast, the bylaw provisions for the Board of Councilors and Committees avoid this possibility by tying their meeting requirements to TMA’s annual session per TMA Bylaws §5.60 and §10.214.

To tie the council meeting requirement to the annual session, the Council on Constitution and Bylaws recommends amending Chapter 9 of the TMA Bylaws, as set forth below.

Recommendation: Amend Texas Medical Association Bylaws as follows:

CHAPTER 9. COUNCILS

9.40 Meetings, attendance, and quorums

A council shall meet upon call of its chair, at least once a year between the end of one annual session and the end of the following annual session of the association.
Prior to the 2020 elections for the Women Physicians Section and the LGBTQ Health Section, a question arose among section members and TMA staff as to whether medical student and resident members of the sections had the right to vote and run for elected positions. Generally, TMA Bylaws limit those rights for these two member categories.

Those limitations make sense for overall TMA governance, as a means of ensuring organizational decision-making is predominantly in the hands of more experienced physicians. That rationale is less compelling for sections though, which participate in a more limited range of organizational governance, and whose stated purposes include encouraging member involvement and representation.

To allow Sections to determine – through their operating procedures – the rights of their medical student and resident members to vote and hold elected positions, the Council on Constitution and Bylaws recommends amending Chapter 1 of the Texas Medical Association Bylaws, as set forth below.

**Recommendation:** Amend Texas Medical Association Bylaws, as follows:

**CHAPTER 1. MEMBERSHIP**

1.208 **Resident.** Physicians serving internships, residencies, and fellowships in hospitals located within the geographical boundaries of a county society, who are not in private practice, shall be eligible for resident membership in that county society. Resident membership shall cease with the completion of the internship, residency, or fellowship. Resident members shall have all rights and privileges of membership except the right to vote and hold elective or appointive positions. However, resident members may serve as voting delegates or alternate delegates to the TMA House of Delegates, may be elected to the designated position on the association’s AMA delegation, may be appointed to the designated member position on the Board of Trustees and the Committee on Membership, and may serve as special appointees to councils and committees (see Sections 9.38 and 10.30). Resident members also may be granted voting privileges on committees of a county medical society, at the discretion of the county society. Resident members may be granted the right to vote and hold elective or appointive positions in a section, if provided for in its operating procedures.

1.209 **Student.** Full-time students pursuing a course of study in a Texas medical school recognized by the Texas Medical Board that leads to the degree of Doctor of Medicine or Doctor of Osteopathy shall be eligible for student membership in the county society in which the medical school or satellite campus where they are enrolled is located. Student membership shall cease upon termination or change of enrollment status.
Student members shall have all the privileges of membership except the right to vote and hold elective or appointive positions. However, student members may serve as voting Medical Student Section delegates or alternate delegates, may be elected to the designated position on the association’s AMA delegation, may be appointed to the designated member position on the Board of Trustees and the Committee on Membership, and may serve as special appointees to councils and committees (see Sections 9.38 and 10.30). Student members also may be granted voting privileges on committees of a county medical society, at the discretion of the county society. Student members may be granted the right to vote and hold elective or appointive positions in a section, if provided for in its operating procedures.
As listed below, there are sections in the TMA Bylaws that could be updated to reflect recent amendments or would benefit from minor clarifications.

- **3.12, Voting Rights.** The 2021 House of Delegates will consider the final approval of an amendment to the TMA Constitution to allow delegate representation for the Women Physicians Section, the LGBTQ Health Section, and the At-Large member group. If approved, the section of the TMA Bylaws addressing voting rights – Section 3.12 – should be updated to reflect the constitutional amendment.

- **Bylaws Section 3.251, Section Communications and Relationships.** The TMA Bylaw language addressing Sections – TMA Bylaws §§ 3.251 to 3.259 – was modeled after similar language in the American Medical Association (AMA) bylaws. When drafted, the intent was to replace references to the “AMA” with “TMA”. This was done in all instances except one: TMA Bylaws Section 3.251(3). In that subsection, the replacement was inadvertently omitted, and the subsection was adopted with the original “AMA” reference. Amending this subsection to reference “TMA” would be consistent with the original drafting intent.

- **Bylaws Section 9.40, Quorum for Council Meeting.** The current TMA Bylaw language on quorum for councils does not read clearly: “A majority of voting members to include medical student, Resident and Fellow Section (RFS), and Texas Medical Association Alliance (TMAA) special appointees, if present, (see Section 10.30), shall be required to officially transact business.” Non-substantive changes in wording and punctuation could make it clearer.

- **Bylaws Section 10.214, Quorum for Committee Meetings.** The issue discussed above for councils is also present in the language on quorum for committees. It could be addressed with the same non-substantive changes in wording and punctuation.

- **Bylaws Section 12.434, Board of Censors Allowed.** For a county medical society (CMS) with less than 50 members, the TMA Bylaws allow the CMS’s president, president-elect, and secretary/treasurer to serve as the CMS’s board of censors. The intent of this language was to allow those officers to serve in that role if the CMS was unable to fill those positions with separate candidates, due to the CMS’s limited membership. However, if the CMS were able to fill its board of censors’ positions with separate candidates, the current bylaw language could be read to **only** allow president, president-elect, and secretary/treasurer to act in that role. An amendment could clarify that for CMS groups with less than 50 members, the president, president-elect, and secretary treasurer serve as the board of censors **if no board of censors has been elected.**
Recommendation 1: Amend Texas Medical Association Policy 3.12 Voting rights as follows:

3.12 Voting rights. Voting privileges are reserved exclusively to (1) delegates, elected in accordance with this Constitution and Bylaws; (2) the president, president-elect, immediate past president, secretary/treasurer; (3) councilors; (4) nine members elected at large to the Board of Trustees plus the young physician, resident, and student members of the board; (5) speaker of the House of Delegates; (6) vice speaker of the House of Delegates; (7) Texas delegates and alternate delegates to the American Medical Association; (8) chairs of standing councils and members of the Council on Legislation; (9) delegates from the International Medical Graduate Section, LGBTQ Health Section, Resident and Fellow Section, and Young Physician Section, and Women Physicians Section; (10) delegates representing the Medical Student Section from each approved and active Medical Student Section Chapter; (11) delegates of medical specialty societies selected in accordance with the provisions of the Bylaws; and (12) past presidents of the association who are active or emeritus members; and (13) delegates representing at-large members. An individual is entitled to only one vote, regardless of the number of positions held.

Recommendation 2: Amend TMA Policy 3.251 Missions of the sections as follows:

3.251 Missions of the sections. A section is a formal group of physicians or medical students directly involved in policymaking through a section delegate representing unique interests related to professional lifecycle or demographics. Sections shall be established by the House of Delegates for the following purposes:

(1) Involvement. To provide a direct means for membership segments represented in the sections to participate in the activities, including policymaking, of TMA.
(2) Outreach. To enhance TMA outreach, communication, and interchange with the membership segments represented in the sections.
(3) Communication. To maintain effective communications and working relationships between TMA and organizational entities that are relevant to the activities of each section.
(4) Membership. To promote TMA membership growth.
(5) Representation. To enhance the ability of membership segments represented in the sections to provide their perspective to TMA and the House of Delegates.
(6) Education. To facilitate the development of information and educational activities on topics of interest to the membership segments represented in the sections.

Recommendation 3: Amend TMA Policy 9.40 Meetings, attendance, and quorums as follows:

9.40 Meetings, attendance, and quorums

A council shall meet upon call of its chair, at least once a year.

If any member fails to attend two consecutive scheduled meetings, the position shall be declared vacant.

A majority of voting members, including Medical Student, Resident and Fellow Section (RFS), and Texas Medical Association Alliance (TMAA) special appointees, if present, (see Section 10.30), shall be required to officially transact business.
**Recommendation 4:** Amend TMA Policy 10.214 Meetings and quorums as follows:

10.214 Meetings and quorums. Should any standing committee meet less than twice during the entire year between the end of one annual session and the end of the following annual session of the association, the committee shall be abolished.

A majority of voting members, including Medical Student, Resident and Fellow Section (RFS), and Texas Medical Association Alliance (TMAA) special appointees, if present (see Section 10.30), shall be required to officially transact business.

**Recommendation 5:** Amend TMA Policy 12.434 Board of censors responsibilities for certain counties as follows:

12.434 Board of censors responsibilities for certain counties. The president, president-elect, and secretary/treasurer of a county medical society electing officers in accordance with Section 12.4211 shall perform the duties of the board of censors described under Section 12.433 and elsewhere in these Bylaws if no board of censors has been elected. With respect to a county medical society election of officers in accordance with Section 12.4211, a reference in these Bylaws to a county medical society’s board of censors means collectively the society’s president, president-elect, and secretary/treasurer, if no board of censors has been elected.
Because of the COVID-19 pandemic, TMA transitioned from in-person to virtual meetings and elections, often through videoconferencing technology, e.g., Zoom. While born of necessity, many council and committee members have expressed enthusiasm for conveniences inherent to virtual meetings, such as not having to travel. TMA members have expressed interest in allowing virtual meetings to remain an option when the pandemic subsides. Though nowhere prohibited in TMA’s bylaws, no specific provisions allow for virtual meetings.

Also, several provisions in TMA’s bylaws about voting do not explicitly include in-person voting. Including this language is not strictly necessary, as Texas law explicitly allows a member to vote in-person. However, adding language to that effect would avoid having to read outside TMA’s bylaw to determine how voting may be conducted.

To specifically allow virtual meetings and in-person voting, the Council on Constitution and Bylaws recommends amending Chapters 4, 5, 9, 10, and 14 of the Texas Medical Association Bylaws, as set forth below.

**Recommendation:** Amend the Texas Medical Association Bylaws as follows:

**CHAPTER 4. BOARD OF TRUSTEE**

### 4.60 Meetings

The board shall hold regular meetings. Special meetings of the board may be called at any time by the chair, the TMA president, or by four members of the board upon written or personal notice at least five days before such meeting is to be held.

A majority of voting members shall be required to transact business.

A trustee vote on any matter may be conducted in person, by mail, by facsimile transmission, by electronic message, or by a combination of those methods. Action may be taken without a meeting if a signed written consent stating the action to be taken is received from a majority of voting members.

**CHAPTER 5. BOARD OF COUNCILORS**

### 5.60 Meeting and quorums

The board shall hold such meetings as it may deem necessary, provided that at least one meeting is held during each annual session of the association, at which meeting any physician who has a proper grievance shall be allowed to appear and be heard by the board.
A majority of councilor districts being represented by either a councilor or a vice councilor voting as a meeting shall be required to officially transact business.

Voting members include councilors, vice councilors, and Resident and Fellow Section (RFS) and Medical Student Section (MSS) special appointees.

A councilor, vice councilor, or special appointee vote on any matter may be conducted in person, by mail, by facsimile transmission, by electronic message, or by a combination of those methods. Action may be taken without a meeting if a signed written consent stating the action to be taken is received from a majority of voting members.

CHAPTER 9. COUNCILS

9.40 Meetings, attendance, and quorums

A council shall meet upon call of its chair, at least once a year.

If any member fails to attend two consecutive scheduled meetings, the position shall be declared vacant.

A majority of voting members to include medical student, Resident and Fellow Section (RFS), and Texas Medical Association Alliance (TMAA) special appointees, if present, (see Section 10.30), shall be required to officially transact business.

A council member vote on any matter may be conducted in person, by mail, by facsimile transmission, by electronic message, or by a combination of those methods. Action may be taken without a meeting if a signed written consent stating the action to be taken is received from a majority of voting members.

CHAPTER 10. COMMITTEES

10.214 Meetings and quorums.

Should any standing committee meet less than twice during the entire year between the end of one annual session and the end of the following annual session of the association, the committee shall be abolished.

A majority of voting members to include medical student, Resident and Fellow Section (RFS), and Texas Medical Association Alliance (TMAA) special appointees, if present (see Section 10.30), shall be required to officially transact business.

A committee member vote on any matter may be conducted in person, by mail, by facsimile transmission, by electronic message, or by a combination of those methods. Action may be taken without a meeting if a signed written consent stating the action to be taken is received from a majority of voting members.
CHAPTER 14. RULES OF ORDER

14.10 Parliamentary Procedure

The *American Institute of Parliamentarians Standard Code of Parliamentary Procedure* shall govern the association in all cases to which it is applicable and is not inconsistent with this constitution and bylaws and standing rules of the association.

14.20 Meetings

Unless otherwise provided in these bylaws, association meetings and other association activities may be held in-person; by telephone conference or similar means; or through another suitable electronic communications system, including videoconferencing technology or the internet; or any combination, if the telephone or other equipment or system permits each person participating in the meeting to communicate with all other persons participating in the meeting.

14.30 Voting

Unless otherwise provided in these bylaws, a member vote on any matter may be conducted in person, by mail, by facsimile transmission, by electronic message, or by a combination of those methods.
REPORT OF COUNCIL ON CONSTITUTION AND BYLAWS

C-CB Report 8 2021

Subject: Amendments to Article V of the TMA Constitution

Presented by: William Gilmer, MD, Chair

Referred to: Reference Committee on Financial and Organizational Affairs

Proposed revisions to the Texas Medical Association Constitution to add delegate representation in the House of Delegates for the LGBTQ Health Section were approved at first reading by the TMA Disaster Board, acting in lieu of the delayed House of Delegates on May 17, 2020 (C-CB Report 3 2020).

Similarly, the TMA Disaster Board approved proposed revisions to the TMA Constitution to add delegate representation in the house for the Women Physicians Section and the at-large physicians (C-CB Report 1 2020).

As required, the proposed amendments to the Constitution were published in the March 2021 issue of Texas Medicine, and are being submitted at this meeting for final House of Delegates approval. The TMA Constitution in its entirety is attached.

Recommendation: Amend the Texas Medical Association Constitution as follows:
CONSTITUTION

All references in this document to “articles” shall refer to articles in this Constitution; all references to “chapters” shall refer to chapters in these Bylaws; and all references to “the association” shall refer to the Texas Medical Association.

ARTICLE I. NAME.

The name of this organization is the Texas Medical Association.

ARTICLE II. PURPOSES.

The purposes of the association are to (1) serve the people of Texas in matters of medical care, (2) federate members of the profession practicing medicine and surgery, (3) provide effective representation for its members, (4) unite with similar state associations to form the American Medical Association, (5) promote unity and cooperation among its members and component organizations, (6) secure the enactment of appropriate medical and health care legislation, (7) extend medical knowledge and advance medical science, and (8) strive for the prevention and cure of disease and the improvement of public health.

The association shall have the authority to regulate ethical conduct among its members, to maintain and advance the standards of medical care, and to enact bylaws regulating such matters.

ARTICLE III. COMPOSITION.

Sec. 1. This association shall be composed of members of duly chartered county medical societies and affiliate and at-large members of the association.

Sec. 2. Those eligible for membership in the association are physicians holding the degree of Doctor of Medicine and/or Doctor of Osteopathy, and full-time students pursuing a course of study in a Texas medical school recognized by the Texas Medical Board that leads to the degree of Doctor of Medicine or Doctor of Osteopathy. Deans of these medical schools and presidents of health science centers of which these medical schools are component schools also shall be eligible for membership in the association provided they hold doctoral degrees.

Sec. 3. All members shall subscribe to the Principles of Medical Ethics of the American Medical Association and shall not hold themselves out as practitioners of sectarian medicine.

Sec. 4. All physician members shall be licensed to practice medicine in Texas; a temporary license, certificate, or permit shall not be deemed adequate. The exceptions to this licensure requirement for membership are:

1. House staff physicians serving in training programs approved by the Accreditation Council for Graduate Medical Education who hold institutional permits from the Texas Medical Board.
2. Physicians who are military medical officers, employees of governmental entities, and those with academic and administrative appointments in medical schools who are not required to register under the Medical Practice Act of Texas, and who are residents of the State of Texas.
3. Physicians who are fully retired from the practice of medicine.
ARTICLE IV. OFFICERS.

The officers of the association shall be the president, president-elect, immediate past president, secretary/treasurer, and speaker and vice speaker of the House of Delegates. Their election, responsibilities, and terms of office shall be as provided in the Bylaws.

ARTICLE V. HOUSE OF DELEGATES.

Sec. 1. The legislative and policy-making body of the association shall be the House of Delegates. The House of Delegates shall transact all business of the association not otherwise specifically provided in this Constitution and Bylaws, shall elect the officers except as otherwise provided in the Bylaws, and shall meet as provided in the Bylaws.

Sec. 2. House of Delegates membership shall consist of:

1) Delegates representing county medical societies, elected in accordance with this Constitution and Bylaws; and
2) Ex officio members, including
   (A) The president, president-elect, immediate past president, secretary/treasurer, and speaker
       and vice speaker of the House of Delegates;
   (B) Councilors;
   (C) Nine members elected at large to the Board of Trustees plus the young physician, resident, and student members of the board.
   (D) Texas delegates and alternate delegates to the American Medical Association;
   (E) Chairs of standing councils and members of the Council on Legislation;
   (F) Delegates from the International Medical Graduate Section, LGBTQ Health Section, Resident and Fellow Section, Women Physicians Section, and Young Physician Section;
   (G) Delegates representing the Medical Student Section from each approved and active Medical Student Section Chapter;
   (H) Delegates of medical specialty societies selected in accordance with this Constitution and Bylaws;
   (I) Past presidents of the association who are active or emeritus members; and
   (J) As nonvoting members, the chair of TEXPAC and delegates emeritus of the AMA delegation; and
   (K) Delegates representing at-large members, with one delegate for the first 100 at-large members or less, and one additional delegate for each additional 100 at-large members or fraction thereof.

ARTICLE VI. BOARD OF TRUSTEES.

The Board of Trustees shall be composed of at-large members elected as provided in the bylaws and, ex officio, with vote, the president, president-elect, immediate past president, secretary/treasurer and speaker and vice speaker of the House of Delegates; one young physician who shall be elected as provided in the bylaws, and one resident and one student member, who shall be appointed annually. This board shall establish interim policy of the association. All policies established by the Board of Trustees shall be subject to ratification by the House of Delegates. The Board of Trustees shall perform other duties as defined in the Bylaws and as may be established by the House of Delegates. The board shall meet at intervals between meetings of the House of Delegates.

The Board of Trustees shall manage the business and financial affairs of the association. All association funds shall be subject to the exclusive control of the Board of Trustees except as otherwise provided in the Bylaws. The Board of Trustees shall serve in general as a board of directors within the meaning of the corporate laws of the State of Texas.
ARTICLE VII. BOARD OF COUNCILORS.

The Board of Councilors shall consist of one member from each councilor district. All questions of medical ethics shall be referred to this board, as provided in the Bylaws. The Board of Councilors shall supervise component county societies.

ARTICLE VIII. COMPONENT COUNTY SOCIETIES.

Component county societies shall be chartered by and organized under the direction of the Board of Councilors. Component county societies shall have general jurisdiction over the medical affairs within their geographical boundaries, as provided in the Bylaws.

ARTICLE IX. COUNCILOR DISTRICTS.

The House of Delegates shall divide the state into councilor districts for the primary purpose of electing councilors and vice councilors and to promote the best interests of the public and the profession.

ARTICLE X. ANNUAL SESSION.

The association shall hold an annual session for the presentation of general and scientific programs.

ARTICLE XI. FUNDS, DUES, AND ASSESSMENTS.

Funds may be raised by annual dues and by assessments of members of the association, as provided in the Bylaws.

ARTICLE XII. INCORPORATION.

The association shall have the authority to take out papers of incorporation under the corporate laws of the State of Texas. The association shall have a common seal with power to break, change, or renew the same at pleasure. Component county societies shall have the authority to take out papers of incorporation, provided that said incorporation does not remove the said component county societies from the jurisdiction of the association.

ARTICLE XIII. AMENDMENTS.

The House of Delegates may amend this Constitution by a two-thirds affirmative vote of its members present and voting at any annual session, provided that the proposed amendment shall (1) have received majority approval at the preceding annual session, (2) have been published in Texas Medicine, and (3) have been sent officially to each member of the House of Delegates and each component county society at least two months before the meeting at which final action is to be taken.
Subject: Sunset Policy Review

Presented by: Susan B. Hudson, Chair

Referred to: Reference Committee on Financial and Organizational Affairs

House of Delegates policies in the association’s Policy Compendium are reviewed periodically for relevance and appropriateness. Following are policies reviewed by the council with recommendations for amendment.

This policy was reviewed by TMA’s Health Information Technology Committee, which made several updates, edits for redundancies, and editorial clarifications.

Paragraphs 11 and 12 were added to address changes that have occurred in the health care environment since the policy was last reviewed in 2011. The rationale for these additions is as follows:

1. Direct-to-consumer genetic testing is a growing increasingly common with many consumers ordering tests without understanding how the data and results may be used.
2. Patient-facing health tools such as computer or phone-based applications (“apps”) are being increasingly used by patients to request data from covered entities such as physicians, hospitals, and labs. One technology used by these tools is called an application programming interface (APIs). The vendors and companies that own and operate these apps, APIs and other tools often are not covered entities nor business associates and as such do not have to comply with HIPAA laws and regulations.

Paragraph five was updated to reflect changes in privacy laws regarding the responsibility of the patient to pay for services if the patient refuses to release information to an insurer.

Original paragraph eight was felt to be redundant with paragraph two, so they were consolidated.

The committee debated whether to add this paragraph:

Patients have the right to withhold their health information from sharing, to the extent allowed by law. Until better technology exists for withholding specific health information, the patient should take responsibility for sharing the record.

Ultimately, the majority determined to not include it for now, but it should be considered in future policy development.

It is recommended that this policy be approved as amended:

105.019 Principles for Protection of Medical Record Privacy

In developing privacy legislation, the Texas Medical Association adheres to the following principles for protection of medical record privacy. The central focus should be on the best interests of the patient:
(1) Medical information privacy protections should follow the information. Any Privacy requirements for medical records handling, including transmission, of medical information should apply to any entity in possession of, or with access to, the contents of these records such information regardless of the form in which the information content exists, or is transmitted (paper, electronic, etc.)

(2) Penalties for the misuse of such medical record information also shall apply to any the specific entity violating privacy laws or regulations. These penalties should be (1) strong and enforceable so as to deter malicious use of medical record information or negligent care and (2) fair, so as to avoid placing unnecessary or excessive burdens on physician practices. Consideration should be given to mitigating factors when assessing breaches or administering penalties.

(2) Employers should not have access to individually identifiable medical information regarding employees, except for legitimate employee health and safety purposes, with appropriate privacy safeguards. While it is reasonable for employers to may receive aggregate information regarding their employee health care utilization and expenditures, they should not have access to individually identifiable information regarding the health care conditions or treatments of their employees, except for legitimate employee health and safety purposes with appropriate privacy safeguards.

(3) Medical information should not be used for nonmedical purposes without the informed and non-coerced consent of the individual involved. The increasing horizontal and vertical integration of our the financial services sector of the economy may provide nonmedical entities with access to individual’s medical records. These eOrganizations, (e.g. such as financial institutions, and credit reporting entities, and third-party research facilities) should not use individuals’ medical records without their informed written consent.

(4) Treatment through or membership in a particular health plan should not be contingent upon release of such medical information against a patient’s will, however, the patient should be prepared to pay for services provided if they refuse release of their information to an insurer.

(4) Medical information should be carefully defined and should include prescription drug information. Records made through the purchase of prescription medications can reveal the medical condition of an individual. For this reason, legislation should clarify that prescription drug records are considered protected medical information.

(5) Consideration should be given to special protections for “sensitive health information.” Certain conditions, such as HIV, sexually transmitted diseases, psychiatric conditions, and domestic violence, are particularly sensitive and may require special protections. Such protections may include complete prohibition of disclosure outside certain circumstances or additional consent for disclosure. Those special protections may be limited by the current lack of functionality of many electronic health record systems to filter this information in a reliable way. Health information technology vendors should develop products that allow physicians to easily comply with handling of sensitive health information protected by law.

(6) When consent is required by law, it should be understandable and clearly communicated to the patient. For the use or release of medical information should meet specific standards. Individuals, and in some cases treating health care professionals, should be required to provide informed consent regarding the use or transfer of medical information. Standards should be
established to ensure such consent is understandable and clearly communicated. Individuals should be required to give consent in order to purchase insurance coverage or receive medical treatment or payment for that treatment.

(7) Research activities should be protected, but not at the expense of individual privacy. Information used for research should be required to be de-identified in an acceptable manner, unless documented informed consent has been obtained, to support legitimate clinical research without unnecessary risk to the patient’s privacy.

(8) Penalties should be severe and readily enforceable. Databases are extremely valuable in today’s marketplace. Given the potential financial gains from selling medical information, penalties must be severe to deter these lucrative activities. There should be clear enforcement directives and the ability of an individual to seek redress in the courts should enforcement measures prove inadequate.

(9) Patients should have the right to the information in their medical records. Patients should have the right to inspect and obtain copies of their medical records to the extent allowed by law, except for that information which, in the opinion of the health care professional, would cause harm to the patient or to others.

(11) Genetic and genomic testing results should be classified as protected health information.

(12) Application programming interface (API) vendors and companies accessing patient health information on behalf of patients should have nationally standardized terms of service with strong patient privacy provisions. (TF Rep. 1-A-01; reaffirmed CSE Rep. 8-A-11).

Recommendation: Retain as amended.
Subject: Sunset Policy Review

Presented by: Shannon Hancher-Hodges, MD, Chair

Referred to: Reference Committee on Financial and Organizational Affairs

The Texas Medical Association periodically reviews House of Delegates policies in the association’s Policy Compendium for relevance and appropriateness.

The Patient-Physician Advocacy Committee recommends retention of the following policies:

160.013 Medical Expert Witness Standards. The Texas Medical Association supports efforts to hold medical expert witnesses accountable for their actions (Amended Res. 108-A-01; reaffirmed CSE Rep. 8-A-11)


225.019 Criteria for Physicians Conducting Peer Review. The Texas Medical Association advocates that physicians who conduct review for health care decisions in Texas should (1) be in an active practice; (2) possess a nonrestricted license to practice in Texas; and (3) be experienced in the procedures or treatment under review. (For example, not all orthopedic surgeons perform spinal surgery.) (Res. 410-A-11)

Recommendation 1: Retain.

The Patient-Physician Advocacy Committee recommends deletion of the following policy:

95.035 Distribution of Donated Medications. The Texas Medical Association supports state and federal legislation to allow charity, county, and other gap clinics, as well as other physicians who receive pharmaceuticals that are not controlled substances or insulin, from patient assistance programs, to dispense these drugs, free of charge, with proper documentation to their own patients who are in need of such assistance (Res. 304-A-11).

Recommendation 2: Delete.

The Patient-Physician Advocacy Committee recommends amending the following policy:

170.001 Good Samaritan and Charitable Immunity Laws. The Texas Medical Association continues to support the Good Samaritan Law, which provides immunity from civil
liability for physicians and others who allows persons including physicians, to render aid in good faith during a bonafide emergency free from liability when such aid it is not provided for or in expectation of remuneration compensation. The Texas Medical Association continues to support the Charitable Immunity Law which provides immunity from civil liability for allows any volunteer health care provider who voluntarily provides medical or health care on behalf of a charitable organization, within their appropriate legal scope of practice, so long as certain written acknowledgements are obtained and except for an act or omission that is intentional, willfully negligent, or done with conscious indifference or reckless disregard for the safety of others, to the needy free of charge to be free of liability risks. These laws increase access to necessary care for Texas’ patients in charity, emergency, and disaster situations allow semi-retired and retired health care professionals to participate in providing health care to those in need without having to purchase professional liability insurance. TMA continues to support legislative efforts to dissolve roadblocks to access to medical care by the needy. (Res. 27DD, p 181K, I-90; reaffirmed CSE Rep. 5-I-01; amended CSE Rep. 8-A-11).

Recommendation 3: Amend.
REPORT OF BOARD OF TRUSTEES

Subject: Sunset Review of TMA Standing Committees

Presented by: Gary W. Floyd, MD, chair

TMA Bylaws provide that standing committees of the association shall be discharged at the expiration of three years unless the parent council or board petitions the Board of Trustees. The House of Delegates then acts on the recommendations of the board.

At the 2016 Winter Conference, the Board of Trustees (BOT) approved a report detailing the findings and recommendations of a BOT Task Force on TMA Committee Sunset Review Process. The task force’s report was in response to Resolution 106-A-15, TMA Sunset Review of Councils, Committees, and Sections, referred to the board for study.

Upon review and deliberation of the issues raised in Resolution 106-A-15, the board discerned the need for greater collaboration of all parties involved in and affected by sunset recommendations. The board further recognized the importance of transparency of criteria and inclusive communication of process prior to sunset recommendations coming before the House of Delegates. The BOT task force report contained five recommendations:

1. That, as part of their appointment, council and committee members be provided with annual objectives and goals and how they align with TMA’s overall strategic efforts.
2. That criteria for sunset review align with TMA strategic goals and objectives and that the criteria be communicated to councils and committees in a transparent and efficient manner at the beginning of each year with ongoing collaboration with the Board of Trustees as the year progresses.
3. That sunset review be accomplished as reasonably and efficiently as possible and that for any major change (discharge, reorganization), the Board of Trustees actively participate and collaborate with all affected councils or committees and, if necessary, seek external member input prior to forwarding recommendations to the House of Delegates.
4. That TMA provide (1) an orientation of council and committee chairs as to their roles and the association’s organizational structure; and (2) a mechanism for better communication between council chairs and the Board of Trustees and between council chairs with each other.
5. That the Council on Constitution and Bylaws be asked to consider issues identified in this report in light of options for alternatives to standing committees such as use of subcommittees to allow organizational effectiveness and efficiency.

TMA’s Council on Constitution and Bylaws Report 1-A-17 found that, as a supplement to TMA Bylaws, parliamentary procedure provides a good deal of direction concerning the functions of committees, subcommittees, and special groups. The council recommended adoption of the new American Institute of Parliamentarians Standard Code of Parliamentary Procedure (AIP) to ensure TMA is following the most up-to-date parliamentary procedures (SPKR and CCB Joint Report 1-A-17, Adopted A-17).

In further response to these recommendations, an orientation video was created and shared with all council and committee members and posted to the TMA website. It clearly describes the functions and work products expected of TMA councils and committees, as well as other general requirements including attendance. This video discusses the TMA governance process, and the process of committee sunset review. The board also approved the use of a simple, one-page form for use by all councils to evaluate standing committees reporting to them.
Board of Trustees

The Interspecialty Society Committee provides its member societies and other specialty societies an entity to which legislative, social, economic, and professional concerns may be presented and transmitted to the House of Delegates or other appropriate bodies of the association. The committee has been recognized as the conduit for specialty concerns and offers specialty societies a voice within TMA.

The Committee on Membership provides physician-led guidance in the development of annual and long-term membership recruitment and retention programs. County society staff serve as consultants to the committee. The committee is instrumental in providing guidance on proposed marketing strategies, ideas for new and emerging membership segments, removing barriers to membership, a local physician view of TMA policies and procedures, and direction and assistance for local market activities. Its efforts contribute directly to membership recruitment and retention, which continues to increase every year, contributing to a 2020 annual dues revenue of $15.89 million, which represents 62.47% of actual operating revenue.

Recommendation 1: Continue the Interspecialty Society Committee and Committee on Membership for three years.

Board of Councilors

The Committee on Physician Health and Wellness (CM-PHW) reports to the Board of Councilors. The committee’s copious and multidimensional duties include (1) promoting healthy lifestyles to Texas physicians, residents, and medical students; (2) providing education focused on the prevention of impairing conditions, including by liaising with the Texas Medical Board (TMB) and Texas Physician Health Program (TXPHP); (3) advising the Council on Legislation when there are needed changes in the laws relating to physician health and wellness; and (4) and providing general education on physician health and wellness topics.

These duties are very important to TMA’s 2025 goal of engaging in legislative, regulatory, and legal advocacy to improve the environment in which Texas physicians care for their patient.

These important duties have led to many accomplishments by CM-PHW over the years, including: the production of numerous programs and brochures to educate physicians, residents, and medical students about wellness, stress, and potentially impairing conditions. For example, CM-PHW was integral to the evolved Physician Benevolent Fund Wellness Fund that provides financial assistance to licensed Texas physicians who cannot afford treatment for depression, substance use disorders, or other potentially impairing conditions. Assistance may also be available for household expenses while the physician is receiving treatment. The committee also surveils activities involving physicians reported for suspected impaired conditions and connects with TMB and TXPHP as needed.

Recommendation 2: Continue the Committee on Physician Health and Wellness for three years.

Council on Medical Education

The Committee on Continuing Education serves a unique role both within and outside of TMA. Not only does the committee develop policy for consideration, but also conducts research that is used by others within TMA and in the legislative arena. This research is not conducted by any other group in the state and fills a gap. Furthermore, the committee’s work supports a uniform, national system of CME accreditation helping to assure physicians, state legislatures, CME providers and the public that all CME programs are held to the same high standards; and enables Texas physicians to maintain their license and board certification. The committee’s work has also gained national recognition; TMA has been asked to provide services to other state medical societies that are struggling with their accreditor programs. TMA’s CME Program has maintained its status of Accreditation with Commendation.
The Committee on Physician Distribution and Health Care Access serves in a unique role of monitoring and reporting on dominant trends in the physician workforce and other health professions and identifying research on the state’s workforce needs. The committee’s work has gained national and state-level recognition and fills a gap in national and state workforce planning. During the COVID-19 pandemic, the committee assessed the impact of the pandemic on the physician workforce. These outcomes provide a foundation for the formulation of policy recommendations by the Council on Medical Education and inform TMA’s advocacy activities, both in congress and with the Texas Legislature.

Recommendation 3: Continue the Committee on Continuing Education and Committee on Physician Distribution and Health Care Access for three years.

Council on Practice Management Services

The Committee on Health Information Technology provides a valuable service to the association, as it informs on numerous issues related to the safe and effective use of technology for practice efficiency and quality of care. The committee monitors and influences state and federal laws and regulations through numerous comment letters. The committee strengthens TMA’s advocacy through various state and national collaborations and works to oversee the development of education and resources for members.

It is further recommended that the parent council for CM-HIT be reassigned to the Council on Socioeconomics to align with the division staffing within the association. Effective Jan. 1, 2021, the HIT Department is now part of the Division of Medical Economics, as this department has evolved to assume a stronger role in policy and advocacy.

Recommendation 4: Continue the Committee on Health Information Technology for three years.

Recommendation 5: Amend the TMA Bylaws to reassign the Committee on Health Information Technology from the parent Council on Practice Management Services to the parent Council on Socioeconomics and renumber the bylaws accordingly.

Council on Science and Public Health

Five standing committees report to the Council on Science and Public Health: Committee on Cancer; Committee on Child and Adolescent Health; Committee on Emergency Medical Services and Trauma; Committee on Infectious Diseases; and Committee on Reproductive, Women’s, and Perinatal Health. Overall, the council commends each of the committees’ activities and accomplishments. Each of the committees met the necessary meeting and attendance requirements. These committees submitted numerous reports to the House of Delegates, created physician education, worked closely with other committees, and advocated on numerous issues.

The Committee on Cancer has worked tirelessly to provide TMA members with research, education, and policy recommendations to benefit all Texans on cancer – those who require diagnosis and treatment, and those who can benefit from prevention. Members of the committee represent the main specialties and many of the vitally important subspecialties who work so hard to reduce the morbidity and mortality of cancer in all its forms. In the past three years the committee has developed (CME for physicians with specialty in oncology and prevention; supported HPV vaccination promotion efforts; collaborated with the Texas Public Health Coalition on issues related to cancer prevention; developed TexMed Cancer Track CME sessions and enduring CME sessions; collaborated with fellow committees and TMA leaders on HPV vaccination efforts through continuing education; and most recently completed the report on Addressing Cancer Health Disparities.

The Committee on Child and Adolescent Health (CM-CAH) is an important advocate for pediatrics and child health in Texas. CM-CAH provides input and expertise regarding public health and its impact on child health. CM-CAH serves to review, advise, and advocate for legislative issues in Texas that impact child health and pediatrics. CM-CAH provides resources for TMA on pediatric issues, pediatric providers,
immunization practices, and funding for pediatric care. The committee advocates for fragile populations involving children and provides input on the epidemiology of childhood illnesses. CM-CAH has contributed to the TMA COVID-19 response through its participation in the TMA COVID-19 Task Force, TMA School Reopening Workgroup, and roundtable meetings on TMA Telemedicine/Telehealth Flexibilities. As TMA continues to assess the long-term impact of emerging diseases on children and adolescents, the committee is ready to serve the membership by sharing critical clinical recommendations, providing consultation on unique issues facing Texas children, and supporting public health initiatives to make Texas equitably healthier for young Texans.

The Committee on Emergency Medical Services and Trauma’s charge is to: (1) work with all parties in the formulation, initiation, and maintenance of community plans for emergency medical services leading to statewide coverage; (2) liaison between the Texas medical community and government agencies concerned with emergency medical care; (3) educate and inform Texas physicians on the developments in emergency medical services at national and state levels; (4) identify and review state health programs relating to emergency medical services, injury prevention, and trauma care; (5) participate in, and provide physician input to, these state health programs; (6) maintain liaison with government agencies devoted to preparation and execution of plans in the event of any occurrence of catastrophic proportions, and educate Texas physicians about plans for medical care in disaster situations; (7) study, evaluate, and make recommendations regarding trauma and related problems, including accidents and physical abuse resulting in trauma; and (8) study, evaluate, and make recommendations regarding the development and funding of a statewide trauma system.

The Committee on Infectious Diseases has played a large and active role in TMA’s response to the COVID-19 pandemic. In addition to its members serving on TMA’s COVID-19 Task Force and TMA’s School Reopening Workgroup, the committee directly helped develop TMA’s COVID-19 Risk Chart as well as contributing to dozens of resources, podcasts, and interviews developed during the pandemic. During the review period, the Committee has also developed CME on HIV Screening and Antimicrobial Stewardship and a TMA/THA joint Health Advisory on the increasing threat of a measles outbreak. Legislatively, the committee testified on behalf of passed bills relating to first responder access to their vaccination status and records and to establishing infection control advisory councils for long-term care facilities.

The Committee on Reproductive, Women’s, and Perinatal Health has played a significant role carrying forward state-level initiatives to improve maternal and newborn care, improving review of maternal mortality and severe maternal morbidity, promoting the use of Long-Acting Reversible Contraception access and use, improving management of women with a stillbirth during pregnancy, and increasing awareness of emerging and resurging perinatal infectious concerns such as Zika, COVID-19, and congenital syphilis. Key areas identified for future committee focus are 1) enhanced postpartum awareness and management of women with preeclampsia; 2) provider education related to stillbirth workup/management; 3) heightened awareness of long-term cardiovascular risks in women with preeclampsia in pregnancy; 4) educating health care professionals on new paradigms for postpartum care; 5) expansion of continuing health care access for women with mental health conditions; and 6) increased collaboration of health care professionals with birthing centers.

Recommendation 6: Continue the Committee on Cancer; Committee on Child and Adolescent Health; Committee on Emergency Medical Services and Trauma; Committee on Infectious Diseases; and Committee on Reproductive, Women’s, and Perinatal Health for three years.

Council on Socioeconomics
Three standing committees report to the Council on Socioeconomics: Committee on Medical Home and Primary Care, Patient-Physician Advocacy Committee and Committee on Rural Health. The council recommends their continuation. Each of these committee’s respective duties are integral to TMA’s 2025 goal of engaging in legislative, regulatory, and legal advocacy to improve the environment in which
Texas physicians care for their patients. Additionally, each contributes to TMA’s 2025 goal of strengthening physicians’ trusted leadership role.

The work of the Committee on Medical Home and Primary Care (CM-HPC) has led to many accomplishments. The committee participated in the planning for the last three annual Texas Primary Care and Health Home Summits. The committee conducted joint meetings with the TMA Committee on Rural Health and Value-Based Payment Workgroup to identify COVID-19’s impact on primary care physician practice viability and develop potential interventions, including new primary care payment models and telemedicine payment parity. CM-HPC has produced educational materials to better inform primary care physicians about community resources to address the needs of autistic patients.

The Committee on Rural Health (CM-RH) has advocated that TMA take a leadership role to advance legislative initiatives to expanding broadband internet to rural and other communities, contributing to legislative wins in 2019. The committee wrote the report *Studying Financial Barriers of Rural Hospitals*, adopted by the House of Delegates in 2020, that evaluated the impact of hospital closures on Texas communities and developed policy recommendations to mitigate it. CM-RH conducted joint meetings with the TMA Committee on Medical Home and Primary Care and Value-Based Payment Workgroup to identify COVID-19’s impact on primary care physician practice viability and develop potential interventions, including new payment models and telemedicine payment parity. The meetings provided CME for participants.

The Patient-Physician Advocacy Committee reviewed multiple peer review cases on behalf of TMA members and advocated before the Texas Medical Board to achieve improvements, reviewed several physician-specific peer review cases that resulted in submission of amicus briefs to the courts on behalf of TMA members, and provided an important outlet and resource for physicians who seek TMA assistance to confront challenges related to the practice of medicine.

**Recommendation 7:** Continue the Committee on Medical Home and Primary Care, the Committee on Rural Health, and the Patient-Physician Advocacy Committee for three years.
Resolution 106-A-19, Establish a Coalition of Medical Societies to Protect Competition and Sustainability in the Health Insurance Marketplace (Harris County Medical Society) was referred to the Texas Medical Association Board of Trustees for study with a report back at TexMed 2020. The resolution recommends that:

(1) TMA, in collaboration with other state and specialty medical societies, create and provide support for a permanent coalition that, through political advocacy and public outreach, advocates for incremental health care reform that preserves patient choice, physician autonomy, competition in the health insurance marketplace, and sustainability within the health care system; (2) TMA, in collaboration with other medical societies, search out and provide support for a distinct entity whose purpose is to study the current health care system and compare it to other systems as a means to develop and support model state and national legislation that is responsible, incremental, and sustainable; (3) TMA, in collaboration with other medical societies, search out and provide support for a distinct entity whose function is to educate the public on issues pertinent to potential health care legislation. This entity will promote greater public awareness of the benefits of competition in health care and the health insurance marketplace; and (4) the Texas Delegation to the American Medical Association carry this resolution to the AMA House of Delegates.

This resolution asks TMA to create and support coalitions that already exist. TMA is a member of multiple coalitions and organizations that advocate and educate on the issues outlined in the resolution. These coalitions comprise both state and specialty medical associations. They not only provide political advocacy but also support independent physician practices and conduct public outreach. One of the organizations, The Physicians Foundation, conducts a biennial study specifically on patients and their thoughts about the current health care system. TMA is currently working with The Physicians Advocacy Institute (PAI) as it develops resources to help physicians maneuver the complex payment and reporting policies that are part of Medicare’s Quality Payment Program. In addition, TMA is one of the founding members of the Partnership to Empower Physician-Led Care.

- **Partnership to Empower Physician-Led Care**’s mission is to support value-based care to reduce costs, improve quality, empower patients and physicians, and increase access to care for millions of Americans through a competitive physician and health care provider market.

- **Physicians Advocacy Institute** was established to help physicians navigate complex contractual and payment-related issues and to support state medical associations’ work in these areas. PAI is a not-for-profit 501(c)(6) advocacy organization established in 2006 with funds from the multidistrict litigation class-action settlements against major national for-profit health insurers. PAI’s mission is to advance fair and transparent payment policies and contractual practices by payers and others to sustain the profession of medicine for the benefit of patients. TMA is one of the 10 state medical societies that participate in PAI.
The Physicians Foundation was founded in 2003 after a class-action lawsuit brought about by physicians, 19 state medical societies, and three county medical societies against private third-party payers resulted in a significant monetary settlement. The foundation’s goals include understanding physician practice trends, helping physicians deliver quality care to their patients, and providing practicing physicians with resources and support to manage health care reform and succeed in today’s challenging health care environment. The foundation conducts two biennial studies – one on physicians and one on patients. These surveys serve as a way to monitor how physicians and patients feel about the health care system as it evolves.

The Board of Trustees recommends that the Texas Medical Association continue its active and robust involvement with existing coalitions and advocacy groups and that Resolution 106-A-19 not be adopted.

**Recommendation:** Not adopt Resolution 106-A-19.
Recognizing that physicians are increasingly entering employment relationships, TMA President David C. Fleeger, MD, announced his appointment of an Ad Hoc Committee on Employed Physicians to study and make recommendations on how to better serve this membership segment. The committee’s charge is:

- Better define the needs of employed physicians in various practice settings and employment arrangements,
- Develop recommendations for how best to address unique advocacy and service needs, and
- Determine strategies to increase the value of TMA membership for employed physicians.

Individuals, counties, and specialty societies submitted names of employed physicians for representation on the committee. Members who accepted and served on the committee are:

- Lindsay K. Botsford, MD, chair, family medicine, Houston, Iora Primary Care;
- Charlotte Akor, MD, pediatric ophthalmology, Abilene, Hendrick Health System;
- Maya Bledsoe, MD, endocrinology, Austin, Austin Regional Clinic;
- Mark Casanova, MD, palliative medicine, Dallas, Sammons Cancer Center;
- M. Brett Cooper, MD, pediatric adolescent medicine, Dallas, UT Southwestern Medical Center;
- Michael McNeal, MD, internal medicine, Temple, Baylor Scott & White Health;
- Peter Nutson, MD, internal medicine, Austin, WellMed at Midtown;
- Stuart Pickell, MD, internal medicine/pediatrics, Fort Worth, Texas Health Family Care;
- Autumn Pruette, MD, pediatrics, Baytown, Texas Children’s Pediatrics; and
- Nora Vasquez, MD, internal medicine, San Antonio, CommuniCare Health Center.

Discussion

The committee evaluated employment trends in Texas, reviewed solutions used by other medical societies and professional associations outside of medicine, and developed a recommended list of prioritized needs and services.

Environmental assessment. Physicians are shifting away from independent practice and toward employment for many reasons, e.g., reduced financial and regulatory burden and work-life balance. According to the American Medical Association, most recent data show 47.4% of physicians are now employed, while 45.9% are practice owners.

Texas data indicate 38% of physicians are employed. Results from TMA’s Biennial Physician Survey show that since 2012, the number of solo practitioners has steadily decreased, while the number of group practice employees has increased. Further, the combined percentage of group practice employee, hospital employee, and academic or administrative positions has nearly doubled since 2012, from 22% to 42%.

Definition. The committee defined an employed physician as an employee of a physician group practice, hospital or health system, nonprofit health corporation, academic institution, U.S. Veterans Affairs, or a...
corporation such as a health plan or a practice management company. Physicians in employed settings do not generally have ownership rights, and their compensation and benefits are determined by the employer.

Additionally, the group determined the phrase “physicians in employed settings” was better than “employed physicians” to address the variety of practice settings.

**Services and representation.** Committee members recommended the following as priorities:

- **Advocacy**
  - Explore (and fight) the legality of noncompete clauses,
  - Advocate for compensation equity and transparency, and
  - Seek fair professional benefits from employers and support for involvement in organized medicine.

- **Representation**
  - Utilize a forum for physicians in employed settings, and
  - Better promote meetings and volunteer opportunities, e.g., provide a roadmap to TMA involvement.

- **Services**
  - Provide career-long leadership training, e.g., communication skills and public speaking;
  - Share compensation and practice benchmarks, and provide access to employment contract analysis and negotiations;
  - Develop specific resources, e.g., white papers on leaving a practice or “you’ve just been fired”;
  - Provide relevant continuing medical education, e.g., management training, oversight of midlevel providers; and
  - Support telementoring, e.g., Project ECHO Model (Extension for Community Healthcare Outcomes).

- **For employers**
  - Market to upper management on the value of TMA, e.g., align goals with employers and academia;
  - Promote membership as a benefit of employment for 100% groups; and
  - Invite executives to TMA conferences and add to the distribution list of TMA publications.

The group determined that suggested strategies relevant to membership and communications could go to appropriate TMA staff or governance bodies for evaluation. Ideas ranged from targeted value marketing and additional questions on TMA’s membership survey to *Texas Medicine Today* topics on how to get involved.

TMA strives to be *the constant* throughout the career span of a Texas physician, regardless of practice setting or role in medicine. To this end, committee members felt strongly that TMA communications and messaging should support the concept that TMA serves all physicians regardless of practice setting and that a false divide not be made between physicians in employed settings and others.

**Forum.** The development of a forum garnered particular interest and was discussed as a unique strategy to improve representation and involvement. The forum would provide a platform to discuss issues, share best practices, educate members, and communicate advocacy priorities or service needs to TMA. The forum community would be inclusive and not limited in terms of voice or scope, and activities would include virtual communications (e.g., via virtual meetings, electronic mailing lists) throughout the year, with in-person programming at TexMed. It was not felt that a dedicated section or representative body was required at this time to accomplish the objective of connecting members and discussing issues. As participation in a forum evolves in the future, consideration could be given to other ways to more formally organize should there be felt to be a need.
The TMA Board of Trustees concurs with the ad hoc committee and recommends the following be adopted:

**Recommendation 1:** That the Texas Medical Association pilot a forum for physicians in employed settings, combining virtual communications with in-person programming at TexMed 2022.

**Recommendation 2:** That TMA approve the evaluation and implementation of these priorities and services, with assignment to appropriate councils, committees, and staff units:

**Advocacy**
- Explore (and fight) the legality of noncompete clauses,
- Advocate for compensation equity and transparency, and
- Seek fair professional benefits from employers and support for involvement in organized medicine.

**Representation**
- Utilize a forum for physicians in employed settings, and
- Better promote meetings and volunteer opportunities, e.g., provide a roadmap to TMA involvement.

**Services**
- Provide career-long leadership training, e.g., communication skills and public speaking;
- Share compensation and practice benchmarks, and provide access to employment contract analysis and negotiations;
- Develop specific resources, e.g., white papers on leaving a practice or “you’ve just been fired”;
- Provide relevant continuing medical education, e.g., management training, oversight of midlevel providers; and
- Support telementoring, e.g., Project ECHO Model (Extension for Community Healthcare Outcomes).

**For employers**
- Market to upper management on value of TMA, e.g., align goals with employers and academia;
- Promote membership as a benefit of employment for 100% groups; and
- Invite executives to TMA conferences and add to the distribution list of TMA publications.
Subject: Nominations for Board of Governors, Texas Medical Liability Trust

Presented by: Gary W. Floyd, MD, chair

Referred to: Reference Committee on Financial and Organizational Affairs

The Texas Medical Liability Trust (TMLT) Governing Board annually makes nominations to the TMLT board. These nominations are, in turn, submitted to and approved by the TMA House of Delegates. TMLT policyholders are also given the opportunity to nominate other eligible candidates. These nominations also are reported to the House of Delegates.

Beginning with elections in 2007, places on the TMLT board are staggered so that only a portion of places are up for election each year. Each term is for three years, and board members may be reelected for two additional three-year terms for a maximum of nine years of service on the board. The following places are up for election in 2021:

Place 7: Gerald Callas, MD, will fulfill his term and board tenure at the end of 2021. The TMLT Governing Board recommends nominating Leah Jacobson, MD, Pediatrics, San Antonio, for a three-year term beginning in 2022.

Place 8: A. Compton Broders, MD, will fulfill his second term and board tenure at the end of 2021. The TMLT Governing Board recommends nominating Sarah Way, MD, JD, Emergency Medicine, Dallas, for a three-year term beginning in 2022.

Place 9: Tim West, MD, will fulfill his second term at the end of 2021. The TMLT Governing Board recommends that Tim West, MD, be reelected for an additional three-year term beginning in 2022.

**Recommendation:** Approve Leah Jacobson, MD; Sarah Way, MD, JD; and Tim West, MD; nominees of the TMLT Governing Board, to be placed before TMLT policyholders for election.
REPORT OF COMMITTEE ON MEMBERSHIP

CM-M Report 1 2021


Presented by: Sara W. Dyrstad, MD, Chair

Referred to: Reference Committee on Financial and Organizational Affairs

**Background.** The Texas Medical Board issues an out-of-state telemedicine “limited” license that allows a qualified physician to practice medicine across state lines. An out-of-state telemedicine license holder is not authorized to practice medicine physically in the state of Texas.

The license holder’s practice of medicine is limited to:

- Interpretation of diagnostic testing and reporting of results to a Texas fully licensed physician practicing in Texas, and
- Follow-up of patients where the majority of patient care was rendered in another state.

The holder of an out-of-state telemedicine license is subject to the Texas Medical Practice Act and the same rules of the board as a person holding a full Texas medical license, including paying the same fees and meeting all other requirements (such as CME) for issuance and renewal of the license as a person holding a full Texas medical license.

**Telemedicine Licensure in Texas**
Currently, 573 physicians who live in 34 states hold an active Texas telemedicine license.

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**Existing TMA Out-of-State Membership Categories**
Currently, TMA has two dues categories for physicians licensed in Texas who live out of state.
Associate membership (two members) is available to physicians who currently are members in a state and county society adjacent to where they are applying. The associate membership category requires the physician to be licensed in Texas and to be a member of his or her current state medical society. Dues are half of TMA full active dues or $286.50.

1.210 Associate. Physicians licensed to practice medicine in Texas, who are currently active (or equivalent) members in good standing of a state medical association within the United States of America, shall be eligible for associate membership in TMA.

Associate members hold direct membership in the association and are not required to be members of a Texas county medical society.

Associate members shall have all rights and privileges of membership except the right to vote and hold elective position.

Affiliate membership (150 members) is available to physician members who leave the state to practice but wish to retain membership in TMA. Dues are half of TMA full active dues or $286.50.

1.211 Affiliate. Active, military, and resident members who leave the state permanently, and against whom no charges of unethical or unprofessional conduct that could lead to denial of membership, as provided in 1.11, are pending, may become affiliate members of the association on application to the executive vice president, provided they maintain a current Texas medical license, except as provided in Article III.

Affiliate members hold direct memberships in the association and are not members of a Texas county medical society.

Affiliate members shall have all rights and privileges of membership except the right to vote and hold elective position.

Recommendation 1: That the Texas Medical Association create a new telemedicine membership category at one-half of TMA full active dues.

1.213 Telemedicine. Physicians licensed to practice in Texas with an out-of-state telemedicine license and who do not reside or work in Texas and do not hold a full Texas medical license shall be eligible for telemedicine membership in TMA.

Telemedicine members hold direct membership in the association and are not required to be members of a Texas county medical society.

Telemedicine members shall have all rights and privileges of membership except the right to vote and hold elective position.

Recommendation 2: If approved, that the TMA Board of Trustees direct the Council on Constitution and Bylaws to recommend the necessary bylaw amendments.
REPORT OF LGBTQ HEALTH SECTION

LGBTQ HS Report 1 2021

Subject: LGBTQ Health Section Update

Presented by: G. Sealy Massingill, MD, Chair

Referred to: Reference Committee on Financial and Organizational Affairs

The Lesbian, Gay, Bisexual, Transexual, Queer/Questioning (LGBTQ) Health Section was established by the House of Delegates to address important issues of interest to LGBTQ medical students, residents and fellows, physicians, and patients through LGBTQ Health Section member participation in TMA activities and through representation in the TMA House of Delegates.

The section approved its final operating procedures, attached to this report for adoption by the house (Attachment A, below).

A TMA webpage (www.texmed.org/LGBTQ_HealthSection/) has been established to make announcements and provide resource materials to the membership.

Elections. The section held its first two business meetings on Oct. 13, 2020, and Dec. 1, 2020, to discuss organizational steps and complete the election of the interim executive council.

The following executive council was elected to interim terms that will conclude at TexMed 2021:

• Interim chair: G.S. Massingill, MD;
• Interim chair-elect: John Carlo, MD;
• Interim secretary: Maria Monge, MD;
• Interim TMA delegate: Emily Briggs, MD;
• Interim TMA alternate delegate: Kelly Bennett, MD; and
• Interim medical student representative: Daniel Bradford, JD.

Priorities. The section will review and develop future activities based on the following five objectives in the House of Delegates charge:

1. Study and advance the scientific basis for the care of LGBTQ patients;
2. Develop policy and resources on LGBTQ health and advance the association as a leader in providing physicians with evidence-based scientific information on the care of LGBTQ patients;
3. Address the unique issues in practice management, billing, and maintaining medical records in the care of LBGTQ patients;
4. Communicate association policy and expertise on LGBTQ health; and
5. Educate policymakers and advocate for policies addressing the medical spectrum of gender identity to improve access to quality health care.
Workgroups. The executive council will establish ad hoc workgroups at regular meetings of the section to address priority objectives.

Next steps. The section is committed to leveraging its current momentum and expanding opportunities for members to engage and address important issues of interest to LGBTQ medical students, residents, fellows, and physicians, and to support efforts to improve the health of the LGBTQ patients. The section plans to meet regularly during TMA conferences with the meeting format to be a combination of section business, an educational presentation, and opportunities for networking.

Recommendation 1: Adopt the LGBTQ Health Section’s operating procedures.
1.10 **NAME.** The name of the organization shall be LGBTQ Health Section of the Texas Medical Association.

2.10 **PURPOSE.** The purpose of the LGBTQ Health Section is to address important issues of interest to LGBTQ medical students, residents and fellows, physicians, and patients through LGBTQ Health Section member participation in TMA activities and through representation in the TMA House of Delegates.

3.10 **MEMBERSHIP.** The membership shall consist of any TMA medical students, residents and fellows, and physicians who request to join the section.

4.10 **EXECUTIVE COUNCIL.** An executive council of the LGBTQ Health Section shall direct the section’s programs and activities.

    4.11 **COMPOSITION.** The section’s chair, chair-elect, secretary, delegate and alternate delegate to TMA, and medical student representative shall compose the Executive Council. Should a member of the Executive Council cease to be an LGBTQ Health Section member for any reason at any time prior to the expiration of the term for which the member was elected, the term of such member shall terminate and the position shall be declared vacant. Except as set forth in 6.12, members of the Executive Council shall not serve for consecutive terms in the same position.

    4.12 **ELECTION.** Elections shall be held at the section’s annual meeting unless otherwise specified. Except as set forth under 7.10, any LGBTQ Health Section physician member shall be eligible for election to the Executive Council. Approval by a simple majority of the physician member votes cast, via ballot in person, via email, or by other reliable electronic means shall be required to elect members of the Executive Council. Vacancies shall be handled by the procedure set forth in 5.13.

    4.13 **ASSUMPTION OF OFFICE.** All members of the Executive Council shall assume office at the conclusion of the section’s annual meeting.

    4.14 **MEETINGS.** The Executive Council should meet at least once annually, and then as needed between meetings to direct section business.

    4.15 **ATTENDANCE.** If any member fails to attend two consecutive section meetings, the office can be declared vacant and may be filled by appointment of the Executive Council until the next regularly scheduled section meeting, at which time an election for the vacancy will occur.

5.10 **CHAIR, CHAIR-ELECT, SECRETARY, IMMEDIATE PAST CHAIR.**
5.11 **DUTIES.** The chair shall preside at all section and Executive Council meetings. The chair-elect shall assist the chair and preside at meetings in the absence of the chair or at the chair’s request. The secretary shall cause a record to be made of the proceedings of the meetings of the LGBTQ Health Section and Executive Council. The immediate past chair shall participate in section Executive Council meetings and advise the chair. In the event of an impasse on a vote by the Executive Council, the immediate past chair shall cast a vote to resolve.

For the first Executive Council elected under these operating procedures, the chair-elect of the prior interim Executive Council shall serve as chair. The interim chair shall serve as the immediate past chair. This provision will expire at the conclusion of the first Executive Council’s term and be removed from these operating procedures. This amendment will not require approval by the TMA House of Delegates to become effective.

5.12 **TERM.** Term of office shall be one year. The chair-elect shall be elevated to the office of chair, and the chair shall serve as immediate past chair. The chair, chair-elect, and secretary shall be elected at the section’s annual meeting.

5.13 **VACANCY.** In the event of a vacancy in the position of chair, the chair-elect shall serve as chair and an election shall be held to elect a new chair-elect at the next section meeting. In the event of a vacancy in the office of chair-elect, secretary, or medical student representative, an election shall be held to fill the position at the next section meeting. In the event of a vacancy in the position of TMA delegate or alternate, the chair shall appoint a temporary replacement until the vacant position is filled by election at the next section meeting. The terms of these succeeded, elected, or appointed positions shall fulfill the unexpired terms of the officers replaced.

6.10 **DELEGATE AND ALTERNATE DELEGATE TO TMA HOUSE OF DELEGATES.**

6.11 **DUTIES.** The delegate and alternate delegate shall represent the section in the TMA House of Delegates.

6.12 **TERM.** The term of delegate and alternate delegate shall be two years. Tenure shall not exceed two consecutive terms, except that election to or assumption of an unexpired term shall not be regarded as tenure in office. Delegates and alternate delegates shall be elected at the section’s annual meeting.

For the first Executive Council elected under these operating procedures, the delegate and alternate delegate of the prior interim Executive Council shall continue to serve in those positions for a second year. This provision will expire at the conclusion of the first Executive Council’s term and be removed from these operating procedures. This amendment will not require approval by the TMA House of Delegates to become effective.

6.13 **QUALIFICATION.** Any LGBTQ Health Section member in good standing may be elected to serve as a delegate or alternate delegate from the section.
7.10 **MEDICAL STUDENT REPRESENTATIVE**.

7.11 **DUTIES.** The medical student representative shall represent the LGBTQ Health Section medical student members and have voting rights on the Executive Council.

7.12 **TERM.** The term of the medical student representative shall be one year. Tenure shall not exceed one term, except that election to an unexpired term shall not be regarded as tenure in office.

7.13 **QUALIFICATION.** Any LGBTQ Health Section medical student member who will not graduate from medical school before or during the term of office shall be eligible for election to the medical student representative position.

7.14 **ELECTION.** Election of the medical student representative shall be held at the section’s annual meeting. Approval by a simple majority of the medical student member votes cast, via ballot in person, via email, or by other reliable electronic means, shall be required to elect the medical student representative. Vacancies shall be handled by the procedure set forth in 5.13.

8.10 **MEETINGS.** The section shall meet upon call of its chair, at least once a year. A meeting may be held in person, by telephone conference, or similar means by which all meeting participants can hear each other, or by other electronic communications system, including videoconferencing technology.

A section member vote on any matter may be conducted by mail, by facsimile transmission, by electronic message, by reliable electronic means, or by a combination of these methods. Action may be taken without a meeting if a signed written consent stating the action to be taken is received from a majority of voting members.

9.10 **VOTING AND VOICE.** Any section member may attend, introduce resolutions or reports, debate issues, and, except as set forth in 4.12, vote in elections. At the discretion of the chair, other TMA members may be permitted voice at section meetings. County medical societies are encouraged to send representatives to each meeting.

10.10 **QUORUM.** A simple majority of Executive Council members must be present for the Executive Council or the LGBTQ Health Section to conduct business.

11.10 **RULES OF ORDER.** The deliberations of the section shall be governed by the TMA House of Delegates rules of order.

12.10 **NOTICE OF MEETINGS.** Notice of the meetings shall be provided to section members at least 30 days prior to the meetings. Any business, reports, or resolutions the section is to consider must be submitted in writing to the Executive Council at least 14 days prior to the meeting. Late reports and resolutions must be submitted to the Executive Council for consideration. All such reports and resolutions so presented shall require a two-thirds affirmative vote to be accepted as business to be acted upon by the section.
13.10 **AMENDMENTS.** These operating procedures may be amended by a two-thirds vote of the members present and voting at a section meeting. As provided in the TMA Bylaws, amendments must be approved by the TMA House of Delegates to become effective.
Whereas, Physicians in independent practice experience unique challenges, both financially and legislatively; and

Whereas, Physicians in independent practice comprise a large percentage of the members represented by the Texas Medical Association; therefore be it

RESOLVED, That the Texas Medical Association take steps to create a section dedicated to help meet the unique needs of physicians in private practice who reside in this state.

Fiscal Note: $150,000/year

Related TMA Policy:
None.

Related AMA Policy:
None.
TEXAS MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution 102
2021

Subject: Expansion of the Texas Medical Association Ambassador Program
(Tabled Res 102 2020)

Introduced by: Lone Star Caucus

Referred to: Reference Committee on Financial and Organizational Affairs

Whereas, County medical societies are the backbone of the Texas Medical Association and one of the key reasons for TMA’s strength; and

Whereas, TMA depends on local county medical societies to recruit and retain members to grow the organization and provide more influence with government leaders when advocating on behalf of physicians and patients; and

Whereas, Many county medical societies find attracting good attendance at their meetings – by members and potential members – an increasing challenge; and

Whereas, Many county medical societies have found CME presentations on topics of interest to physicians are a good way to boost meeting attendance; and

Whereas, Such presentations help county medical societies remind members and potential members of benefits of TMA membership; and

Whereas, The Texas Medical Association has helped county medical societies since 2006 through its Ambassador Program, which arranges for speakers to present a variety of CME topics during county medical society meetings without charging a speaker’s fee; and

Whereas, Many county medical societies have found that offering CME presentations through the Ambassador Program at least twice a year is the best way to keep their members active and engaged; therefore be it

RESOLVED, That the Texas Medical Association House of Delegates express its gratitude for the Ambassador Program; and be it further

RESOLVED, That TMA allocate additional resources so the Ambassador Program can add at least two new CME topics each year.

Related TMA Policy:
None.

Related AMA Policy:
None.
TEXAS MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution 103
2021

Subject: A Systematic and Precise Method for AMA Public Endorsements of Proposed Legislation (Tabled Res 103 2020)

Introduced by: Wendell H. Williams III, MD

Referred to: Reference Committee on Financial and Organizational Affairs

Whereas, our national health care system remains a popular subject among politicians, with some advocating for extensive change soon; and

Whereas, some of the proposed reforms conflict directly with Texas Medical Association and American Medical Association policy that health care reform should be evidence-based, responsible, sustainable, and incremental, and preserve freedom of choice and practice, as described in TMA Policy 120.010 and AMA H-165.838; and

Whereas, omnibus health care reform legislation is massive, opaque, and often unproven. Without the benefit of evidence-based policymaking or existing models, the downstream consequences of such legislation are unpredictable and riddled with unintended consequences; and

Whereas, the respected position our AMA holds within the community is derived from its membership of trusted physician-scientists. Given the imperfect, imprecise, and potentially deleterious nature of omnibus legislation, broad public endorsement of legislation by our AMA may be counterproductive, give the impression that all measures within the bill are supported, forfeit leverage in negotiating for further revisions, and ultimately erode the public trust; and

Whereas, having no guiding policy regarding endorsements of omnibus legislation, the American Medical Association has been pressured in the past to publicly support incomplete and imperfect legislation under threat of being left out of negotiations; therefore, be it

RESOLVED, that the Texas Delegation to the American Medical Association introduce a resolution to the AMA House of Delegates that calls upon our AMA to (1) avoid giving general, nonspecific public endorsements of large, omnibus national health care legislation; (2) instead, develop and adopt a more precise endorsement mechanism that can better inform the public of the specific provisions within the proposed legislation, the strength of any underlying evidence, and the AMA position of support or opposition; and (3) maintain an emphasis on the most problematic elements of a bill, present or omitted, that AMA finds likely to be detrimental to the quality or sustainability of our health care system and freedom of choice and practice.

Related TMA Policy:
120.010 Principles for Evaluating Health System Reform

Related AMA Policy:
Health System Reform Legislation H-165.838
Subject: For the Creation of a Physician-Led Public Outreach and Education Organization to Defend the Integrity of the Medical Profession and Advocate for Sustainable, Evidence-Based Health Care Policy (Tabled Res 108 2020)

Introduced by: Harris County Medical Society

Referred to: Reference Committee on Financial and Organizational Affairs

Whereas, Evidence suggests growing support among national politicians and the general public for expansive health care reform. It is feasible that national legislation creating a universal Medicare or single-payer system will be proposed soon; and

Whereas, In the absence of clear and accessible evidence derived from the scientific method and rational skepticism, such reform is driven by anecdotes, assumptions, emotion, and politics; and

Whereas, Despite the aforementioned public support for significant change to our health care system, the implications for patient choice, physician autonomy, and the “rationing of care” are often poorly understood; and

Whereas, Some of the proposed reforms directly conflict with Texas Medical Association and American Medical Association policy – that health care reform should be evidence-based, responsible, sustainable, and incremental, and should preserve freedom of choice and practice, as described in TMA policy 120.010; and

Whereas, An organization with a mission that is entirely focused on public outreach and education can more forcefully and without compromise encourage public support for health care policies that are evidenced-based, effective, and sustainable as well as defend the integrity and trustworthiness of the medical profession; and

Whereas, The startup investment provided by medical societies for the creation of the proposed entity can be structured in the form of a loan to be repaid at a future date. The initial phase of development could include the minimum personnel and resources necessary to create a website, solicit additional sources of funding from individuals and organizations, and recruit essential staff; therefore be it

RESOLVED, That the Texas Medical Association, in collaboration with other medical societies, create and support a permanent, physician-led, independently funded public outreach entity to use multiple media platforms (conventional, online, and social media) to engage the public; share information; promote an educated dialogue; advocate for evidenced-based, incremental, and sustainable health care policy; and defend the integrity of the medical profession; and be it further

RESOLVED, That the Texas Delegation to the American Medical Association carry a similar resolution to the AMA House of Delegates that calls upon AMA to support the aforementioned permanent, physician-led, independently funded public outreach entity.

Fiscal Note: $1.5-$2.5 million/year

Related TMA Policy:
1 60.004 Freedom of Choice
2 110.003 Private Individualized Medical Care
3 110.009 Health Care Coverage
4 120.001 Health Care Reform
5 120.002 Health System Reform Cost Control
6 120.003 Health System Reform Managed Care
7 120.010 Principles for Evaluating Health System Reform
8 145.005 Single Payer Systems
9 145.007 Competitive Insurance Models
10 145.009 Individual Responsibility for Health Care
11 145.012 Health Insurance Individual Ownership
12 145.013 Private Healthcare System, Impact of Uninsured
13 190.032 Medicaid Coverage and Reform
14
15 Related AMA Policy:
16 165.838 Health System Reform Legislation
17 H-165.844 Educating the American People About Health System Reform
18 H-165.888 Evaluating Health System Reform Proposals
19 H-165.904 Universal Health Coverage
20 D-165.935 Protecting Patient Access to Health Insurance Coverage, Physicians, and Quality Health Care
TEXAS MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution 105
2021

Subject: Virtual Option for Delegates at Future Meetings

Introduced by: Lone Star Caucus

Referred to: Reference Committee on Financial and Organizational Affairs

Whereas, The Texas Medical Association House of Delegates represents all Texas physicians and gives all Texas member physicians a voice; and

Whereas, The TMA House of Delegates has seen declining participation in recent years from county medical societies that are outside the “Texas Triangle” (Houston, Dallas-Fort Worth, San Antonio, and Austin); and

Whereas, Lack of participation in the TMA House of Delegates by some county medical societies has led to reduced interest in those counties in TMA advocacy activities, thereby leading to missed opportunities for those physicians to educate their local legislators on the legislative priorities of Texas physicians and their patients; and

Whereas, House of Delegates meetings historically have been held in the Texas Triangle, thereby forcing delegates from West Texas, the Texas Panhandle, the Rio Grande Valley, and northeast Texas to miss more time from their practices and incur greater travel expenses than other delegates (as exemplified by El Paso physicians, who face an 11-hour drive each way to attend sessions in Houston); and

Whereas, Many physicians in remote parts of Texas have felt disenfranchised by TMA due to House of Delegates sessions requiring in-person voting at locations they cannot reach easily; and

Whereas, Some physicians would have been interested in joining TMA and in serving as delegates but are unable to do so because of the travel requirement; and

Whereas, The COVID-19 pandemic has proven that virtual House of Delegates meetings can be effective and can greatly increase participation by delegates from outlying counties; and

Whereas, Last year’s House of Delegates virtual elections were well received by delegates throughout the state and gave TMA members in remote parts of the state a sense that their voices finally could be heard and that TMA election results were a legitimate reflection of all its members; and

Whereas, Return to in-person voting for elections would result in the disenfranchisement of physicians in counties where the distance from the meeting is a significant barrier to participation; and

Whereas, County medical societies within the Texas Triangle also would suffer from a return to in-person voting, as many of these societies would have a much easier time recruiting delegates if virtual attendance is an option because many physicians who are willing to serve are in a specialty or practice setting that prevents them from traveling to an in-person meeting; therefore, be it
RESOLVED, That the Texas Medical Association House of Delegates affirm its commitment to representing all physicians and ensuring that geography, income, specialty, practice type, and health status are not barriers to participation in the TMA House of Delegates; and be it further

RESOLVED, That the TMA House of Delegates, to fulfill this commitment, will make virtual elections a permanent part of House of Delegates meetings rather than a temporary change intended for the duration of the current public health emergency; and be it further

RESOLVED, That the TMA House of Delegates will continue to offer a virtual option during House of Delegates sessions for delegates to give testimony and vote on resolutions if they are unable to attend the meeting in person.

Fiscal Note: $65,000/year

Related TMA Policy:
None.

Related AMA Policy:
None.
WHEREAS, A noncompete agreement, also known as a covenant not to compete, is a contractual provision in a physician’s employment contract that grants an employer unilateral authority to restrict a physician’s ability to practice medicine once the parties’ employment relationship has ended; and

WHEREAS, Preventing a physician from practicing medicine for the commercial advantage and economic benefit of an employer is contrary to the public interest because it may deny patients access to care, particularly in medically underserved areas; disrupt continuity of care; interfere with the patient-physician relationship; limit patient choice; and undermine confidence in the health care system; and

WHEREAS, Noncompete agreements often result from unfair negotiations characterized by disproportionate bargaining power and asymmetrical information that favor employers and burden physicians, particularly new physicians who have few resources, significant debt, and little professional standing or reputational capital; and

WHEREAS, Texas has a long history of attempting to protect patients and physicians from the corporate practice of medicine, while at the same time recognizing and upholding employers’ legitimate business interests; therefore be it

RESOLVED, That the Texas Medical Association establish an ad hoc committee to study noncompete agreements in physician employment contracts and evaluate the impact of noncompete agreements on physicians and patients in Texas; and be it further

RESOLVED, that the ad hoc committee assess whether means other than noncompete agreements might suffice to protect physician employers’ legitimate interests.

Fiscal Note: $2,500

Related TMA Policy:
- 115.017 Protections of Non-employment Physicians Extended to 501 (a)s
- 185.019 Rural Physician Workforce Policy
Whereas, Prior authorization requirements are increasing in number yearly, and this burden is driving administrative costs higher to an estimated $68,274 per physician per year, which equates to $31 billion annually, according to Health Affairs; and

Whereas, Prior authorizations delay care and are obstacles to patients receiving optimal care. A recent American Medical Association survey reported that 91% of physicians said prior authorization had a significant or somewhat negative impact on their patients’ clinical outcome, and 28% said prior authorization intrusion led to a serious adverse event for a patient under their care; and

Whereas, The Texas Medical Association Board of Councilors’ current opinions state that medical necessity determination “is the practice of medicine; it is not a benefit determination”; and

Whereas, The TMA Board of Councilors also opined that physicians who perform prospective and/or concurrent utilization review are “obligated to review the request for treatment with the same standard of care as would be required by the profession in the community in which the patient is being treated”; and

Whereas, Decisions made by insurance medical directors, physicians conducting utilization reviews, and physicians providing peer-to-peer reviews on behalf of insurance companies affect patient care and can lead to adverse outcomes; therefore be it

RESOLVED, That the Texas Medical Association urge physicians to bring their concerns regarding decisions made by physicians working for insurance companies to the attention of the Texas Medical Board and Texas Department of Insurance, as these decisions affect patient outcome, and that TMA create a clearinghouse of all complaints against insurance companies and insurance doctors and aggregate this data; and be it further

RESOLVED, That the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates, urge the AMA House of Delegates to adopt similar policy, and urge the AMA Council on Ethical and Judicial Affairs to devise ethical opinions similar to the TMA Board of Councilors’ opinions on medical necessity determination and utilization review.

Related TMA Policy:

235.034 Authorizations Initiated by Third-Party Payers
235.040 Prior Authorization Approval
235.038 Standardized Electronic Prior Authorization Transactions
160.017 Utilization Review
145.024 Medical Decision Makers Licensed in Texas
1  Related AMA Policy:
2  Utilization Review by Physicians H-320.973
3  Principles of Drug Utilization Review H-120.978
4  Medical Necessity and Utilization Review H-320.942
Subject: Paid Sick Leave Policies

Introduced by: Medical Student Section

Referred to: Reference Committee on Financial and Organizational Affairs

Whereas, The United States is one of only a few developed countries that does not have a national mandate for paid sick leave (PSL), forcing approximately 30% of full-time workers and 80% of part-time and low-income workers to continue to work when ill or injured to avoid losing wages; and

Whereas, Currently, the U.S. federal government provides the Family Medical Leave Act (FMLA), which enables employees who have worked at a qualified employer for more than 1,250 hours in the previous year to take up to 12 weeks of unpaid leave under specific circumstances; and

Whereas, Hispanic, Black, and American Indian/Alaska Native working adults and parents are less likely to be eligible for and able to afford to take FMLA unpaid leave; and

Whereas, Texas does not mandate private-sector employers to provide paid or unpaid sick leave of any kind, though unpaid leave may be considered necessary for employees with disabilities, who are pregnant, or who have medical conditions protected under some other statute; and

Whereas, As of 2017, approximately 40% of the total workforce in Texas lacked PSL, which disproportionately affects lower-wage workers in private industries; and

Whereas, Workers without PSL are more likely to delay or forgo medical care for themselves and their family members to avoid losing wages; and

Whereas, Workers without PSL are more likely to suffer nonfatal occupational injuries than those with PSL; and

Whereas, U.S. health care workers with health insurance and PSL were more likely to use outpatient care services rather than emergency services, which not only saves money for workers but also decreases business health insurance expenditure; and

Whereas, The federal government enacted the Families First Coronavirus Response Act (FFCRA), which required qualified employers in both the private and the public sectors to provide each qualified employee with at least two weeks of PSL to help mitigate the effects of shutdown or quarantine by providing relief for specific reasons related to COVID-19; and

Whereas, Researchers at Cornell University and the KOF Swiss Economic Institute confirmed that the FFCRA helped “flatten the curve” of COVID-19 infection at the time of its enactment; and

Whereas, A 2018 meta-analysis on the economic impacts of PSL concluded that if all U.S. employers offered PSL, they likely would have saved $630 million to $1.88 billion in influenza-related employee absentee costs alone between 2007 and 2014; and
Whereas, PSL provides numerous benefits to businesses, without profit loss, as a result of reduced employee turnover, increased productivity, decreased presenteeism and absenteeism, and employees pursuing timely health care services; and

Whereas, PSL has been shown to promote timely use of health care services among employees; and

Whereas, least 13 states and 22 jurisdictions, including Washington D.C., have implemented PSL laws; and

Whereas, In New York City and Seattle, the enactment of PSL laws increased economic and employer growth respectively; and

Whereas, Connecticut’s 2011 mandatory PSL policy led to a decrease in the aggregate rate of sick leave taken for illnesses; and

Whereas, In states and jurisdictions with existing PSL laws, the majority of employers support the law and report not having to change their policies to be in compliance; and

Whereas, A large national study revealed that Americans widely support enactment of new paid sick and family leave policies and expansion of preexisting policies; therefore be it

RESOLVED, That our Texas Medical Association promote awareness and education for physicians, legislators, and the public on the benefits and barriers of creating and expanding paid sick leave policies in Texas to improve health outcomes and the well-being of our families and workforce; and be it further

RESOLVED, That our TMA support studies on the barriers to expanding paid sick leave in Texas in collaboration with, but not limited to, the Texas Department of State Health Services, Texas Health and Human Services Commission, and state higher education institutions.

Relevant TMA Policy:
Employee Sick Leave 60.001
Parental Leave 260.104

Relevant AMA Policy:
Policies for Parental, Family and Medical Necessity Leave H-405.960
Paid Sick Leave H-440.823

References:


17. The bottom line on earned sick time: In Minnesota, A cost and benefit analysis of earned paid sick days. The Main Street Alliance of Minnesota. Published in 2016.


TEXAS MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution 109
2021

Subject: Physicians’ Salary Survey (Tabled Res 406 2020)

Introduced by: Harris County Medical Society

Referred to: Reference Committee on Financial and Organizational Affairs

Whereas, Physicians now have a variety of contractual arrangements to consider when deciding where to practice; and

Whereas, More physicians are choosing to become employed, by either a hospital, an academic institution, or a large or small physician practice; and

Whereas, Physicians who wish to be employed need the proper tools to help them negotiate a fair salary when seeking employment; and

Whereas, The Texas Medical Association has available a book to assist employed physicians with contract terms; and

Whereas, Individual physician placement firms have salary data on the limited number of their placements; however, an overall survey of all physicians conducted by a respected physician association would provide much more robust, statistically valid results; and

Whereas, As in negotiations with health plans, a physician’s medical association should provide a tool that helps physicians stand up for themselves in employment negotiations; therefore be it

RESOLVED, That the Texas Medical Association work with an established and credible human resources or placement firm to develop, implement, and publish a physicians’ salary survey available to TMA members only that considers a variety of factors that affect salary including, but not limited to, specialty, demographics, practice type and size, geographic location, and different types of contractual payment arrangements.

Fiscal Note: $150,000/year

Related TMA Policy:
None found
Whereas, Telemedicine has existed throughout the United States for years; and

Whereas, Due to the COVID-19 pandemic, physicians’ adoption and use of telemedicine has increased exponentially over the past year, with telemedicine visits increasing by an estimated 154% in March 2020 alone; and

Whereas, The rapid growth of telemedicine users has brought enormous positive change in patient-physician relationships by providing greater access to services, but the lack of oversight of telemedicine products has the potential to increase the existing inequality gap for people with disabilities; and

Whereas, Within the U.S., nearly 61 million people (26% of adults) live with a disability, and prior to the pandemic, people with disabilities who required custom solutions to access medical appointments could seek them in a physical space; and

Whereas, Since the pandemic, state, federal, and local governments have been racing to make telemedicine HIPAA compliant, with little to no focus on its compliance with the Americans with Disabilities Act (ADA), putting patients at risk of going without treatment because of potential barriers posed by telemedicine software; and

Whereas, Some potential barriers are communication barriers for those who are deaf and blind, and infrastructure barriers for those who have manual dexterity or physical mobility disabilities that interfere with their ability to interact during telemedicine visits; and

Whereas, Because the federal Medicaid statute does not recognize telemedicine as a health service distinct from face-to-face physician visits, telemedicine should therefore afford patients the same ADA protections received in a face-to-face physician interaction; and

Whereas, The ADA was passed before the wide proliferation of the internet as a public service, and therefore the law does not outline in legally enforceable terms the standards and scope for accessibility on virtual platforms; and

Whereas, Telemedicine also remains unregulated by the ADA because the standards of accessibility, called W3C recommendations, remain voluntary and unenforceable; and

Whereas, This could leave a large portion of Texans who have disabilities without equal access to health care because telemedicine platforms are all designed differently; and

Whereas, While the National Association of the Deaf has outlined the challenges telemedicine poses and published guidelines for using telemedicine with deaf and hard of hearing patients, the barriers faced by
people with disabilities are not solely faced by individuals with hearing disabilities and these guidelines are not mandatory; and

Whereas, In March of 2019, the National Federation of the Blind sued Epic, a telehealth company, alleging the company’s software was inaccessible to blind employees; and

Whereas, Today, telemedicine appointments are largely replacing in-person appointments without an option for the alternative, and this trend is set to continue even after the pandemic ends; and

Whereas, Without accessibility requirements for virtual platforms, it is imperative that the Texas Medical Association promote following the ADA even in virtual spaces; therefore be it

RESOLVED, That our Texas Medical Association support the compliance of telemedicine platforms with the Americans with Disability Act; and be it further

RESOLVED, That TMA take the position that technology companies that produce telemedicine software/products should be regulated, as they and their software/products should be held to the standards of health care organizations and products; and be it further

RESOLVED, That TMA encourage hospitals and clinics in Texas to adhere to guidelines that maintain ADA standards within telemedicine; and be it further.

RESOLVED, That TMA collaborate with relevant stakeholders to encourage the creation of equally accessible telemedicine services.

Related TMA Policy:
290.007 Telemedicine and Confidentiality
290.005 Telemedicine
290.003 Telemedicine Use As Supportive Mechanism in Delivery of Care
290.008 Telemedicine Use in Protecting the Health and Welfare of Citizens

Related AMA Policy:
1.2.12 Ethical Practice in Telemedicine
The Promotion of Quality Telemedicine H-160.937
COVID-19 Emergency and Expanded Telemedicine Regulations D-480.963

References:


WHEREAS, The Texas Pediatric Society was founded on May 12, 1921 in Dallas, Texas; and

WHEREAS, The Texas Pediatric Society is an organization which deems that the most important resource of the State of Texas is its children; and

WHEREAS, The Texas Pediatric Society pledges its efforts to promote the health and welfare of the children of Texas; and

WHEREAS, The Texas Pediatric Society is an organization whose members’ goal is that all children in the State attain their full potential for physical, emotional, and social health; and

WHEREAS, The Texas Pediatric Society dedicates its talents and resources to ensure that children in Texas are safe and healthy; and

WHEREAS, The Texas Pediatric Society works to ensure that its members are well informed and supported; and

WHEREAS, The Texas Pediatric Society commits to maintaining the fulfilling and economically viable practice of pediatrics in Texas; therefore be it

RESOLVED, That the Texas Medical Association extends its congratulations to the Texas Pediatric Society on the occasion of its one hundredth anniversary; and be it further

RESOLVED, That TMA and its members participate in the year-long opportunity to commemorate, educate, and celebrate the accomplishments of the Texas Pediatric Society; and be it further

RESOLVED, That TMA wishes the Texas Pediatric Society continued success in prioritizing the physical, emotional, and social health of the children of the state of Texas.
WHEREAS, Most clinical scenarios in which treatment withdrawal is a consideration occur in hospital
settings; and

WHEREAS, Hospital ethics committees are tasked with reviewing and making recommendations
regarding the continuation or withdrawal of life-sustaining interventions; and

WHEREAS, Hospital ethics committees may be perceived as being vehicles through which hospital
policy is conducted; and

WHEREAS, Hospitals are anchor institutions for community health and well-being; and

WHEREAS, There are no guidelines in Texas regarding community participation on hospital ethics
committees; therefore be it

RESOLVED, That the Texas Medical Association study and report back to the House of Delegates
regarding the current composition of hospital ethics committees around the state, and be it further

RESOLVED, That TMA collaborate with the Texas Hospital Association and other relevant stakeholders
to draft recommendations for the composition of hospital ethics committees.

Fiscal Note: $25,000

Related TMA Policy:
115.017 Protections of Non-employment Physicians Extended to 501 (a)s
185.019 Rural Physician Workforce Policy
185.020 Principles for Employment Contracts

Related AMA Policy:
Code of Medical Ethics Opinion 10.7
Subject: Noncompete Clauses Within Physician Contracts

Introduced by: Resident and Fellow Section

Referred to: Reference Committee on Financial and Organizational Affairs

Whereas, Noncompete clauses can be defined as “a contract provision in which a physician agrees not to work for a competing practice or hospital within a certain period after leaving a job;” and

Whereas, Exercising of noncompete clauses often affects patient/physician contracts thus limiting or prohibiting patient access to their physician, which can cause patient harm; and

Whereas, the corporate practice of medicine is prohibited in Texas, and

Whereas, noncompete clauses required by health care entities, by limiting or prohibiting patient access to their doctor, influence patient-physician relations; and

Whereas, in smaller communities with a limited number of practitioners in certain specialties, the enforcing of noncompete clauses can cause or contribute to a lack of patient access to these specialists; and

Whereas, the American Academy of Emergency Medicine (AAEM) is opposed to use of noncompete clauses; and

Whereas, an increasing number of states have passed laws prohibiting noncompete clauses, including Massachusetts, Delaware, Colorado and Rhode Island, and for example:

- Oklahoma favors the right of individuals to work in the profession of their choice over the rights of an employer. Most noncompete clauses are simply void in the state
- New Mexico prohibits noncompete clauses that prevent physicians from providing clinical health care services.
- Florida prohibits noncompete clauses between a physician who practices a medical specialty and an entity that employs or contracts with all physicians who practice that specialty in the county; and

Whereas, in many other states, noncompete clauses are generally considered unenforceable; and

Whereas the percentage of employed physicians increased nationally from 4% in 2012 to 8% in 2016, and this percentage will likely continue to increase; and

Whereas, the time and geographic limitations of noncompete clauses can make it financially impossible for a physician to maintain a viable practice. Contracts often contain noncompete clauses because hiring a new physician can require a substantial investment by the health care entity. However, other methods can be used to recoup this investment in the event the health care entity and hired physician sever their relationship; and
Whereas, younger physicians often have great debt from obtaining their education and have few resources, with few options but to enter into contracts with noncompete clauses, resulting in severe financial hardship, as they may be required to move and start over to establish a new patient basis; therefore be it

RESOLVED, That the Texas Medical Association adopt policy in opposition to the use of noncompete clauses in physician contracts, and be it further

RESOLVED, That TMA strongly advocate for the Texas Legislature to prohibit the use of noncompete clauses in physician contracts with any hospital association or other health care entity.

Related TMA Policy:

185.020 Principles for Employment Contracts