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The Final Session Reference Committee having met on Thursday, August 13, 2020, with all members present, submits the following report:

BUSINESS OF
FINANCIAL AND ORGANIZATIONAL AFFAIRS

(1) Board of Trustees Report 9 – Online Communications Policy for TMA Physician Leaders

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that the recommendation in Board of Trustees Report 9 be amended:

This report recommends adopting the following Online Communications Policy for Texas Medical Association Physician Leaders with minor amendments underlined below to ensure the policy applies to any TMA board, council, and committee member:

This policy provides guidance for the Board of Trustees, Board of Councilors, and all other Texas Medical Association board, council and committee members (“TMA physician leaders”) when participating in online communications. Online communications should be broadly understood for purposes of this policy to include personal blogs, wikis, Twitter, microblogs, message boards, chat rooms, electronic newsletters, online forums, social networking sites, medical practice websites, texts, and any other forms of online communications.

Be Conscious of Public Image

- TMA physician leaders should be aware of the effect their actions may have on their image, as well as the image of TMA and Texas physicians in general. Remember, the information posted or published on online communications may be public information and remains there indefinitely.
- TMA physician leaders who create or maintain their own online communications, including their medical practice websites, that reference their leadership role with TMA should include clear disclaimers that the views expressed by the author on his or her social media site or medical practice website are those of the author’s.
- Sometimes social media content generates press and media attention or legal questions involving TMA. TMA physician leaders should refer these inquires to the TMA Division of Communications.

Uphold Confidentiality

TMA physician leaders should not publish, post, or release any TMA information that is considered confidential or not public, such as sensitive company information. Divulging information about TMA’s internal operations and legal matters is prohibited. For additional information, please consult TMA’s confidentiality and disclosure policies before publishing information related to TMA online. If there are questions on what is considered confidential, please check with the TMA vice president and general counsel.

Be Respectful of Others
• TMA physician leaders should be aware that their conduct in online communications may be observed by other Texas physicians, TMA employees, and third parties. TMA physician leaders should use their best judgment and refrain from posting material that is inappropriate or harmful to TMA, TMA’s employees, and TMA’s vendors or suppliers.
• Although not an exclusive list, disrespectful conduct includes posting commentary, content, or images on social media that are defamatory, pornographic, proprietary, harassing, lewd, or libelous, or that create a hostile work environment.
• Any TMA physician leader who personally experiences or witnesses abuse of online communications under this policy should report the situation to TMA’s executive vice president immediately. Pursuant to TMA’s policy, TMA prohibits any form of retaliation for reporting abuse of online communications under this policy.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that the recommendation in Board of Trustees Report 9 be adopted as amended.

Your reference committee received no testimony on this report; reviewed its recommendations and supports its adoption as amended above.

(2) Interspecialty Society Committee Report 1 – Sunset Policy Review

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Interspecialty Society Committee Report 1 be adopted.

This report recommends policy 107.016 be retained as amended.

Your reference committee received testimony in support of this report, citing the need for standards for advertising board certification. The Council on Medical Education testified in support of the recommended changes and the continuation of this policy.

(3) Board of Councilors Report 2 – Emeritus Nominations

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Board of Councilors Report 2 be adopted.

This report recommends that the TMA House of Delegates adopt the recommendation to elect Carlos Hamilton Jr., MD; John D. Oswalt, MD; J. James Rohack, MD; and Nick Nipank Shroff, MD to emeritus membership in TMA.

Your reference committee received no online testimony on this report and discussed its unanimous support of Carlos Hamilton Jr., MD; John D. Oswalt, MD; J. James Rohack, MD; and Nick Nipank Shroff, MD election to emeritus membership in TMA. Therefore, it recommends adoption.
(4) Board of Councilors Report 3 – Honorary Nominations

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Board of Councilors Report 3 be adopted.

This report recommends that the TMA House of Delegates adopt the recommendation to elect Roberto J. Bayardo, MD; Spencer R. Berthelsen, MD; Herbert L. Dupont, MD; and Teodoro A. Saieh, MD to honorary membership in TMA.

Your reference committee received no online testimony on this report and discussed its unanimous support of the election of Roberto J. Bayardo, MD; Spencer R. Berthelsen, MD; Herbert L. Dupont, MD; and Teodoro A. Saieh, MD to honorary membership in TMA. Therefore, it recommends adoption.


RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in the Committee on Physician Health and Wellness Report 2 be adopted.

This report recommends policy 245.018 be retained.

Your reference committee received no testimony on this report and recommends its adoption.

(6) Women in Medicine Section Report 1 – Women in Medicine Operating Procedures Changes

RECOMMENDATION:

Mr. Speaker, your reference committee supports the amendments in the Women in Medicine Section Report 1 and recommends that the report be adopted.

This report recommends adopting the section’s operating procedures and adopting the recommendation to change the section’s name from “Women in Medicine Section” to “Women Physicians Section.” The section’s operating procedures to reflect this change should amend Chapter 3, House of Delegates, Section 3.25, 3.255 Women in Medicine Section, as follows:

3.255 Women Physicians Women in Medicine Section. The House of Delegates shall have a section named the Women Physicians Women in Medicine Section. Any TMA physician member may become a member of the section, and female physicians who are TMA members are members of the section automatically. The section shall have the authority to elect one voting delegate to serve in the House of Delegates. The section shall elect an alternate delegate who may serve as provided in 3.32. The section will 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 Women Physicians Women in Medicine Section.

Your reference committee received no testimony on this report and supports its adoption.
(7) Council on Science and Public Health Report 1 – Recommendation for the Laurance N. Nickey, MD Award

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Council on Science and Public Health Report 1 be adopted.

This report recommends adopting the recommendations that (1) TMA create the Laurance N. Nickey, MD, Lifetime Achievement Award and (2) the recipient be selected by the Council on Science and Public Health and be awarded every three to five years.

Your reference committee received no testimony on this report and enthusiastically supports honoring Dr. Nickey through the creation of the Laurance N. Nickey, MD, Lifetime Achievement Award and its proposed process. Thus, it recommends adoption.

(8) Patient-Advocacy Advocacy Committee Report 2 – Sunset Policy Review

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Patient-Advocacy Advocacy Committee Report 2 be adopted.

This report recommends that polices 165.007 and 175.015 be retained.

Your reference committee received testimony in support of retention of these two policies.

(9) Council on Constitution and Bylaws Report 2 – Amendments to Bylaws Regarding Inactive and Small County Medical Societies

RECOMMENDATION:

Mr. Speaker, your reference committee supports the amendments in Council on Constitution and Bylaws Report 2 and recommends the report be adopted.

This report recommends adopting the following amendments to the TMA Bylaws:

1. Amending Chapter 1 of the Texas Medical Association Bylaws:

   **CHAPTER 1. MEMBERSHIP**

   **1.40 Membership in contiguous society**

   A component county medical society may grant permission for a physician under its jurisdiction to apply for membership in another contiguous component county medical society.

   Permission for a physician to apply for membership in a contiguous component county medical society, and consideration of that application by the contiguous society, shall be denied only for (1) a violation of the constitution and bylaws of TMA or the component county medical society, (2) a violation of the AMA
Principles of Medical Ethics, (3) criminal conduct, or (4) unprofessional conduct likely to deceive, defraud, or injure the public.

Permission to apply for membership in another contiguous component county medical society is not required if (1) the physician is an at-large member; or (2) the county medical society that would otherwise grant permission is an inactive society described under Section 12.113.

2. Amending Chapter 5 of the Texas Medical Association Bylaws:

CHAPTER 5. BOARD OF COUNCILORS

5.20 Duties

5.218 Determine Inactive Societies. The board may determine a county medical society to be an inactive society if the society has failed to comply with the annual report requirement under Section 12.111.

3. Amending Chapter 12 of the Texas Medical Association Bylaws:

CHAPTER 12. COUNTY SOCIETIES

12.11 Activity Status of Society

12.111 Active Society. A county medical society is considered to be active for a calendar year if the society provides an annual report containing the following information to the executive vice president of the association 45 days prior to the annual session of the House of Delegates:

(1) A list of the society’s current elected officers and delegates with their respective terms of office;
(2) A list of the society’s meetings held in the previous calendar year with the recorded attendance at each meeting;
(3) The amount of annual dues levied against a member of the society; and
(4) Evidence of compliance with federal tax reporting obligations for the preceding calendar year.

12.112 Collection of Annual Society Dues on Behalf of Society. The association may, on behalf of an active county medical society under Section 12.111, collect the society’s annual dues and remit to the society. The association may not collect annual dues on behalf of a society that has been determined to be inactive under Section 12.113.

12.113 Inactive Society. If a county medical society fails to submit an annual report in compliance with Section 12.111, the Board of Councilors may designate a county medical society to be inactive without revoking the society’s charter under Section 5.204. A county medical society designated as inactive under this section may be considered an active society subsequently without Board of Councilors review by complying with the reporting requirements under Section 12.111.

12.114 Effect of Inactive Society. The status of a county medical society as active or inactive has no effect on the association membership status of a
member of the county medical society or on the rights and obligations of the county medical society, other than the effect stated in Sections 1.40 and 12.112.

For purposes of Section 1.11 of these Bylaws and Article III, Sec. 1 of the Constitution, an individual who is or is applying to be a member of a county medical society that has been determined to be inactive who, because of the county medical society’s inactivity, is unable to comply with the society’s requirements for membership, including the requirement to pay the appropriate county medical society dues, may nevertheless be considered to be an association member as long the individual complies with all other applicable conditions of association membership.

12.40 Structure

12.42 Officers.

12.424 Duties of the secretary/treasurer. The secretary/treasurer of a component county society shall:

(6) File the annual report required under Section 12.111, on forms the executive vice president provides, showing the officers, delegates, and members of the society as of Dec. 31 of the previous year. The report shall be transmitted to the executive vice president no later than Feb. 1 of each year.

To allow county medical societies with 50 or fewer members to reduce the number of required officers to three: president, president-elect, and secretary/treasurer, the Council on Constitution and Bylaws recommends the following amendments to the TMA Bylaws, Chapters 1, 5, and 12.

4. Amending Chapter 1 of the Texas Medical Association Bylaws:

CHAPTER 1. MEMBERSHIP

1.10 Admission

1.14 Board of Censors examination and report. The boards of censors of component county societies shall examine and report on the qualifications of applicants for membership in their respective organizations.

Within 60 days of the date an application is completed, the Board of Censors shall complete its examination of the applicant’s qualifications; approve or disapprove the application; and provide to the executive board (or to the other officers if there is no executive board) its report on the applicant’s qualifications and on the Board of Censors’ decision to approve or disapprove membership.

The president, president-elect, and secretary/treasurer of a county medical society electing officers in accordance with Section 12.4211 shall perform the examination under this section and are not required to report a recommendation to any other officer or entity. Notwithstanding Section 1.15, upon the examination of the applicant’s qualifications and decision by the majority of the
president, president-elect, and secretary/treasurer to approve the applicant’s
membership, those officers shall declare the applicant a member.

1.15 Approval of membership. Within 10 business days following receipt of the
report of the Board of Censors’ decision to approve membership, or at the next
regularly scheduled meeting, whichever comes first, the executive board (or
other officers if there is no executive board) shall declare the applicant a
member.

1.16 Disapproval of membership. The Board of Censors shall make the initial
decision to disapprove an application for membership. Within 10 business days
of its denial of membership, the Board of Censors shall notify the applicant of
its decision as well as the applicant’s right to appeal the Board of Censors’
denial to the executive board. A copy of the notice to the applicant shall be sent
to the executive board.

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

If the Board of Censors denies the application for membership, the secretary of
the component county medical society shall report promptly to the Board of
Councilors the name of the physician thus denied membership.

For a county medical society electing officers in accordance with Section 12.4211,
the president, president-elect, and secretary/treasurer shall, upon an initial decision to
disapprove an application for membership, notify the applicant of the decision as well
as the applicant’s right to appeal the denial to the councilor of the county medical
society’s district, and the secretary/treasurer shall report promptly to the Board of
Councilors the name of the physician denied membership. A copy of the notice to the
applicant shall also be sent to the applicant’s district councilor and vice councilor by
the secretary/treasurer. The chair of the Board of Councilors shall be notified if the
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. With respect to
the appeals process for membership into a county electing officers in accordance with
Section 12.4211, the councilors act as the executive board.

5. Amending Chapter 5 of the Texas Medical Association Bylaws:

CHAPTER 5. BOARD OF COUNCILORS

5.40 Councilors

5.41 Duties.

(2) Councilors shall receive and, if possible, decide matters that the
county component societies have brought on appeal to the councilor.
Appeals that the councilor cannot decide shall promptly be passed on to the
Board of Councilors. Councilors shall resolve, if possible, complaints made
by members of component county societies or by physicians in the district
who are not members and who feel that they have grievances against a
component county society.

5.44. Recusal. Councilors who decide matters that a component county
medical society brings on appeal to the councilors, including the appeal of
the disapproval of membership under Section 1.16, must recuse themselves
if the appeal is passed on to the Board of Councilors.

6. Amending Chapter 12 of the Texas Medical Association Bylaws:

CHAPTER 12. COUNTY SOCIETIES

12.42 Officers.

12.421 Definition. Except as provided under Section 12.4211, officers [Officers]
shall be a president, a secretary/treasurer, and the members of the board of
censors as set forth in Sections 12.431 and 12.432. No member shall hold more
than one office at the same time. Other officers may be elected as required
including the members of the executive board in incorporated county medical
societies. Officers shall be elected by the county medical society membership.

12.4211. Officers for county medical societies with membership of less than 50.
A county medical society with a membership of less than 50 members may, by
amendment of the society’s bylaws and constitution and after approval by the
Board of Councilors in accordance with Section 5.209, appoint only a president,
president-elect, and secretary/treasurer as the society’s officers.

12.422 Term of office. The term of office for all officers, except [the] 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.

12.423 Duties of a president-elect of certain county medical societies. The
president-elect of a county medical society electing officers in accordance with
Section 12.4211 shall assist the president in the performance of the president’s
duties. The president-elect automatically shall assume the office of president at
the expiration of his or her term as president-elect.

12.43 Board of censors.

12.431 Composition and election. Except as provided under Section 12.4211,
each [Each] component county medical society shall form a board of censors of
those members elected as provided in Section 12.42.

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.
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, and in each subsequent year,
shall annually elect a president-elect and secretary/treasurer. 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.

Your reference committee received no testimony on this report and supports its
recommendations. Therefore, it recommends adoption.

(10) Council on Constitution and Bylaws Report 3 – Amendment to Bylaws and Constitution
Establishing an LGBTQ Health Section

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that the recommendation in Council on
Constitution and Bylaws Report 3 be amended by the addition of a fifth charge as follows:

(5) educate policymakers and advocate for policies addressing the medical spectrum of
gender identity to improve access to quality health care.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that the recommendation in Council on
Constitution and Bylaws Report 3 be adopted as amended.

To establish a LGBTQ Health Section, this report recommends, in accordance with the Council
on Constitution and Bylaws recommendation, adopting the following amendments to TMA
Bylaws, Chapter 3, Subsection 3.25 with the amendment recommended by testimony below, and
that the subsection be renumbered accordingly:

3.252 LGBTQ Health Section. The House of Delegates shall have a section named the
LGBTQ Health Section. The section will address important issues of interest to LGBTQ
medical students, resident and fellows, and physicians. Any TMA physician member may
become a member of the section. The section shall have the authority to elect one voting
delegate to serve in the House of Delegates. The section shall elect an alternate delegate
who may serve as provided in 3.32. The section will 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
LGBTQ Health Section. The LGBTQ Health Section shall (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 LGBTQ patients; and (4) communicate association policy and expertise on
LGBTQ health. (5) educate policymakers and advocate for policies addressing the
medical spectrum of gender identity to improve access to quality health care.
Your reference committee received testimony in strong support of this report from the Council on Constitution and Bylaws. Leadership of the LGBTQ Health Workgroup, the Council on Science and Public Health, and the Council on Constitution and Bylaws testified in strong support of the formation of a LGBTQ Health Section and the addition of the fifth charge to the section’s scope.

The committee recommends adopting the changes to this section as amended by testimony.

(11) Council on Constitution and Bylaws Report 4 – Amendments to Bylaws Governing Sections

RECOMMENDATION:

Mr. Speaker, your reference committee supports the amendments in Council on Constitution and Bylaws Report 4 and recommends the report be adopted.

This report recommends adopting the recommendation establishing guidelines governing the establishment and maintenance of sections within the House of Delegates by amending the TMA Bylaws, Chapter 3, Subsection 3.25, as follows, and renumbering the subsection accordingly:

3.25 Sections Procedure

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 the American Medical Association 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.

3.252 Informational reports. Each section may submit at the annual session an informational report detailing the activities and programs of the section during the previous year. The report(s) shall be submitted to the House of Delegates. The House of Delegates may make such nonbinding
recommendations regarding the report(s) to the sections as it deems appropriate.

3.253 Governing council. There shall be a governing council for each section to direct the programs and the activities of the section. The programs and activities shall be subject to the approval of the House of Delegates as follows:

(1) Qualifications. Members of each section governing council must be members of TMA and of the section.

(2) Voting. Members of each section governing council shall be elected by the voting members of the section present at the business meeting of the section.

(3) Additional requirements. Each section shall adopt rules governing the composition, election, term, and tenure of its governing council.

3.254 Officers. Each section shall select a chair and other necessary and appropriate officers with the following guidelines:

(1) Qualifications. Officers of each section must be members of TMA and the section.

(2) Voting. Officers of each section shall be elected by the voting members of the section.

(3) Additional requirements. Each section shall adopt rules governing the titles, duties, election, terms, and tenure of its officers.

3.255 Delegate and alternate delegate. Each section shall elect a delegate and alternate delegate to represent the section in the House of Delegates, unless otherwise provided in these Bylaws.

3.256 Business meeting. There shall be a minimum of one business meeting of the members of each section per year. Section business meetings shall occur in accordance with the operating procedures of that section. Section chairs may call meetings at any time.

3.256.1 Purposes. The purpose of the business meeting shall be to (1) hear such reports as may be appropriate, (2) consider other business and vote upon such matters as may properly come before the meeting, (3) adopt resolutions for submission by the section to the House of Delegates, and (4) hold elections.

3.256.2 Meeting procedure. The procedures of the business meeting are such that (1) the business meeting shall be open to all members of TMA, (2) only section members who are TMA members shall have the right to vote at the business meeting, and (3) the business meeting shall be conducted pursuant to rules of procedure adopted by the section governing council.
3.257 Rules. All rules, regulations, and procedures adopted by each section shall be subject to the approval of the House of Delegates.

3.258 Establishment of new sections. Through the Board of Trustees, the Committee on Membership may submit a report to the House of Delegates recommending creation of a section. County societies, existing House of Delegate sections, and voting members of the House of Delegates may submit resolutions resolving that a section be created. The report or resolution will contain a defined mission and criteria outlined in Section 3.251.

3.259 Section status. A section must reconfirm its qualifications for continued section status and associated representation in the House of Delegates by demonstrating at least every three years that it continues to meet the mission and criteria adopted by the House of Delegates.

Your reference committee received no testimony on this report and supports adoption of its recommendations.

(12) Council on Constitution and Bylaws Report 5 - Amendment to Bylaws Expanding Committee on Membership Section Representation

RECOMMENDATION:

Mr. Speaker, your reference committee supports the amendments in recommendation in Council on Constitution and Bylaws Report 5 and recommends the report be adopted.

This report recommends adopting the following amendments to the TMA Bylaws, Chapter 10, Subsection 10.60:

10.612 Committee on Membership. The committee shall have 15 members be composed of members appointed to represent county medical societies and House of Delegates sections. One member shall be appointed from each of the eight component county societies with the largest number of members; three members shall be appointed to represent other county societies. The TMA president shall appoint a member from the Young Physician Section, International Medical Graduate Section, Resident and Fellow Section, and Medical Student Section each of the House of Delegates sections.

Your reference committee received no testimony on this report and supports its adoption.


RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Council on Legislation Report 1 be adopted.

This report recommends adopting the recommendation that that Texas Medical Association House of Delegates’ Policy No. 95.034, Legislation to Allow Physicians to Dispense Pharmaceuticals, be reaffirmed in lieu of Resolution 107-A-19.
Your reference committee received no testimony on this report and supports reaffirmation of this policy. Therefore, it recommends the policy be adopted.

TABLED ITEMS

After review by TMA reference committee staff and with consent from the TMA House Steering Caucus, the following items were tabled by action of the TMA Disaster Board through the House Standing Rules – Special Circumstances, received no testimony, and did not undergo reference committee review. These items require a majority vote to be considered untabled and may only be referred to the TMA Board of Trustees, either for study or for action, with report back to the house at 2021.

(14) Board of Trustees Report 10 – Establish a Coalition of Medical Societies to Protect Competition and sustainability in the Health Insurance Marketplace, Resolution 106-A-19

(15) Board of Trustees Report 12 – Physicians in Employed Settings


(17) Council on Constitution and Bylaws Report 1 – Amendments to Constitution, Article V. House of Delegates

(18) Committee on Membership Report 2 – New Telemedicine Dues Category

(19) Resolution 101 – The Creation of an Independent Physician Section

(20) Resolution 102 – Expansion of TMA Ambassador Program

(21) Resolution 103 – A Systematic and Precise Method for AMA Public Endorsements of Proposed Legislation

(22) Resolution 104 – The Term Physician Should Be Used Rather Than Provider

(23) Resolution 105 – Supporting Proportionate Representation of Special Interest Groups

(24) Resolution 106 – Physician and Medical Student Promotion in Exchange for Gifts on Social Media

(25) Resolution 107 – Educating Physicians on the Rights of Immigrant Patients

(26) Resolution 108 – 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 Healthcare Policy
BUSINESS OF August 2020  
MEDICAL EDUCATION AND HEALTH CARE QUALITY

(1) Council on Medical Education Report 1 – Amendment to Policy 185.023 Support of Rural Residency Training and State Grant Program for Promoting Rural Training Tracks

RECOMMENDATION:

Mr. Speaker, your reference committee supports the amendments in Council on Medical Education Report 1 and recommends the report be adopted.

This report recommends amending Texas Medical Association Policy 185.023 to support TMA advocacy for a minimum of $1 million in state funding in the 2022-23 state budget to allow the state’s Rural Resident Physician Grant Program to become operational.

185.023 Support of Rural Residency Training and State Grant Program for Promoting Rural Training Tracks: Texas needs more targeted programs to diminish the persistent shortage of physicians in rural areas. Recognizing the well-established linkage between where a resident trains and where he or she enters practice, it is important to institute residency training programs in rural areas with the resources to support such training. The Texas Medical Association (TMA) recognizes the documented benefits of rural training track programs to rural communities and in preparing physicians for rural practice, as supported by research studies.

Accordingly, the Texas Medical Association TMA supports legislative efforts to establish a state program to provide grants to incentivize the development of rural training tracks and other models of residency training designed for rural settings. TMA should advocate for a minimum of $1 million in state funding to administer the grant program in the 2022-23 state budget. To promote the success of the grant projects, TMA supports the use of eligibility criteria that take into account the likelihood a residency training program will be able to meet and maintain national graduate medical education (GME) accreditation standards and produce physicians who are well prepared for rural practice.

TMA will promote awareness of the grant opportunities among potential applicants. TMA recognizes the stifling effect that Medicare graduate medical education (GME) funding policies have had on GME residency expansions. TMA strongly supports retention of the current federal payment provision that allows urban and rural hospital sponsors of rural training tracks to qualify for an exception to their respective Medicare GME funding caps. It is important for this exception to continue to allow rural training tracks to qualify for both direct and indirect Medicare GME funding (CME Rep. 4-A-17).

Your reference committee received no testimony on this report.

(2) Council on Medical Education Report 2 – Sunset Policy Review

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Council on Medical Education Report 2 be adopted.

This report recommends that: (1) Policies 185.005, 200.036, 205.019, and 295.012 be retained; and (2) policy 200.028 be retained as amended.
Your reference committee received no testimony on this report.

Council on Medical Education Report 3 – Opposition to Diversion of Medicare Funding for Graduate Medical Education From Physicians to Training Programs for Midlevel Practitioners

RECOMMENDATION A:

Mr. Speaker, your reference committee recommends that Council on Medical Education Report 3 be amended.

This report recommends the following be adopted as Texas Medical Association policy and this or a similar policy be carried to the AMA through the Texas Delegation:

Opposition to Diversion of Medicare Funding for Graduate Medical Education to Training Programs for Midlevel Practitioners
The Texas Medical Association (1) strongly opposes reallocating Medicare funding for physician training programs to training programs for advanced practice registered nurses and physician assistants; (2) strongly opposes caps on the funding of graduate medical education programs through Medicare, as mandated by the federal Balanced Budget Amendment of 1997; and (3) vigorously advocates for the Texas congressional delegation to take action to lift the Medicare funding caps for the training of physicians in Texas.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Council on Medical Education Report 7 be adopted as amended.

Your reference committee received testimony recommending (3) be escalated to a demand. The Council on Medical Education responded by recommending advocacy as the most appropriate course. To be responsive to the recommendation for stronger language, the council proposed inserting the word "vigorously." Your reference committee concurs with the council’s recommendation.

Committee on Physician Distribution and Health Care Access Report 1 – Support for Interest-Free Deferment of Education Loans for Residents in Training

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Committee on Physician Distribution and Health Care Access Report 1 be adopted.

This report recommends adopting the following as Texas Medical Association policy:

Support for Interest-Free Deferment of Education Loans for Residents in Training

The Texas Medical Association supports federal legislation to allow student loan borrowers to be eligible for interest-free deferment of loans while physicians are in residency training.

Your reference committee received testimony from the committee chair that provided additional information about the status of a related congressional bill.

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Committee on Physician Distribution and Health Care Access Report 2 be adopted.

This report recommends that: (1) Policies 205.001 and 205.003 be retained; and (2) policies 205.031 and 205.035 be deleted.

Your reference committee received no testimony on this report.


RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Joint Report 1 be adopted.


Your reference committee received no testimony on this report.

(7) Council on Medical Education Report 4 – Amendments to Policy 200.047 Clinical Training Resources for Texas Medical Students

RECOMMENDATION:

Mr. Speaker, your reference committee supports the amendments in Council on Medical Education Report 4 and recommends the report be adopted.

This report recommends amending Texas Medical Association Policy 200.047 Clinical Training Resources for Texas Medical Students as follows:

TMA adopted the following principles as policy regarding clinical training resources for Texas Medical Students:

1. Policies governing the accreditation of U.S. medical education programs specify that core clinical training be provided by the parent medical school; consequently, the Texas Medical Association strongly objects to the practice of substituting clinical experiences provided by U.S. institutions for core clinical curriculum of foreign medical schools. Moreover, our association strongly disapproves of the placement of any medical school undergraduate students in hospitals and other medical care delivery facilities that lack sufficient educational resources for the supervised teaching of clinical medicine.

2. Institutions that accept students for clinical placements should ensure that all such students are trained in programs that meet requirements for curriculum, clinical experiences, and attending supervision as expected for programs accredited by the
Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation.

3. TMA opposes extraordinary payments by any medical school for access to clinical rotations.

4. Foreign medical students should not displace Texas medical students in clinical training positions at Texas health care facilities. Priority should be given to Texas medical students and other health care professionals for clinical training. Texas medical students should not be displaced from clinical clerkship positions at Texas health care facilities by students from medical schools outside of Texas, including other states and countries, or by other health care professionals seeking clinical clerkship training. Top priority for clinical clerkship training in the state should be given to Texas medical students followed by other health care professionals enrolled in Texas programs (CME Rep. 3-A-12).

Your reference committee received no testimony on this report.

(8) Council on Medical Education Report 5 – Amendment of Policy 320.007 Town Gown Medical School Funding

RECOMMENDATION:

Mr. Speaker, your reference committee supports the amendments in Council on Medical Education Report 5 and recommends that the report be adopted.

This report recommends amending Texas Medical Association Policy 320.007 as follows:

Medical School Funding Town Gown Support for Graduate Medical Education
Involvement in Medicaid Managed Care Organization Networks TMA supports the use of state appropriations to medical schools and graduate medical education (GME) programs for their education, work force, and research missions. However, TMA believes that medical schools should refrain from income-generating activities and services that would result in the generation of funds in excess of those needed to support their education, patient care and research missions, and that Texas medical schools should refrain from using their state agency/nonprofit status tax exemptions in advertising and promoting their medical services. TMA strongly supports requiring Medicaid managed care organizations to include any graduate medical education GME training programs located in their geographic coverage areas among their network(s) of providers serving Medicaid enrollees (Board of Trustees, p 18, I-96; amended CSE Rep. 1-A-08; amended CSE Rep. 1-A-18).

Your reference committee received testimony from the immediate-past TMA president who expressed unequivocal support for the council’s recommended changes. Your reference committee supports adoption.

(9) Council on Medical Education Report 7 – Referral of Res. 211-A-19, The Integration of LGBTQ Health Topics into Medical Education

RECOMMENDATION A:
Mr. Speaker, your reference committee recommends that Council on Medical Education Report 7 be amended.

Promoting Education of Sexual Orientation and Gender Identity Health Issues in Academic Health Centers. To reduce health disparities and enhance access to care for diverse patient populations, TMA supports the integration by Texas academic health centers of education on sexual orientation and gender identity health issues in Texas medical education, graduate medical education, and continuing medical education curricula. This includes support for discrete evidence-based educational components; as well as, and the inclusion of appropriate references throughout the basic science, clinical care, and cultural competency curricula for medical education.

RECOMMENDATION B:

Mr. Speaker, your reference committee recommends that Council on Medical Education Report 7 be adopted as amended.

Your reference committee received testimony from the chair of the TMA LGBTQ Task Force that expressed support for the report and recommended a few friendly amendments for improved clarity. Similar testimony was provided by a member of the task force who testified as an individual. The Council on Medical Education offered slight grammatical changes that address the testifier’s concerns. Your reference committee concurred with the council’s recommended changes.

TABLED ITEMS

After review by TMA reference committee staff and with consent from the TMA House Steering Caucus, the following items were tabled by action of the TMA Disaster Board through the House Standing Rules – Special Circumstances, received no testimony, and did not undergo reference committee review. These items require a majority vote to be considered untabled and may only be referred to the TMA Board of Trustees, either for study or for action, with report back to the house at 2021.

(10) Council on Medical Education Report 6 – Referral of Resolution 202-A-18 Addressing Gender Bias in Undergraduate Medical Education and Implicit Bias Training

(11) Resolution 201 – Augmented Intelligence (AI) in Health Care

(12) Resolution 202 – Admission of Deferred Action for Childhood Arrivals (DACA) Students in Texas Medical Schools

(13) Resolution 203 – Supporting Implicit Bias Training for Perinatal Physicians

(14) Resolution 204– Promoting Careers in Geriatrics Among Medical Students

(15) Resolution 205 – Service Animal Assisted Therapy in Healthcare

(16) Resolution 206- Amending the Mental Health Question on Physician Licensure Application to Reflect Current Impairment

RECOMMENDATION:

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

This report recommends that: (1) Policies 55.032, 100.009, and 285.005 be retained; (2) policies 25.010, 95.021, 100.006, 165.006, and 215.020 be retained as amended; and (3) policies 25.002, 25.006, 215.018, and 260.026 be deleted.

Your reference committee received testimony in support of this report. Your reference committee supports the Council on Science and Public Health sunset policy review.


RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Council on Science and Public Health Report 4 be adopted.

This report recommends in lieu of adopting Resolution 304, the following recommendations be adopted instead.

**Recommendation 1:** TMA encourages statewide efforts to increase the general public’s food allergen awareness in all food service establishments, including dissemination of information on the list of major food allergens, the risk of an allergic reaction, methods to prevent cross-contamination in food preparation, and the signs and symptoms associated with anaphylaxis with instructions to call 911.

**Recommendation 2:** TMA supports efforts to strengthen food service employee training provided by the Texas Department of State Health Services on food allergy awareness, and to include information on the list of major food allergens, methods to prevent cross-contamination in food preparation, and the signs and symptoms associated with anaphylaxis with instructions to call 911.

Your reference committee received testimony in strong support of this report. Your reference committee supports the recommendations of the Council on Science and Public Health.

(3) Committee on Cancer Report 1 – Addressing Cancer Health Disparities

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Committee on Cancer Report 1 be adopted.

This report recommends the following:
**Recommendation 1**: Adoption of new Texas Medical Association policy, as follows:

**Addressing Cancer Health Disparities**: The Texas Medical Association: (1) recognizes racial/ethnic, socioeconomic, and geographic cancer health disparities as public health issues that hinder effective cancer screening, diagnosis, treatment, supportive care, and survivorship; (2) supports physician awareness initiatives and education to address cancer health disparities; and (3) encourages research aimed at identifying effective strategies to eliminate disparities in cancer health outcomes in all at-risk populations.

**Recommendation 2**: That TMA convene a cross-component workgroup to study and develop policy on disparities in health care.

Your reference committee received testimony in support of this report. Your reference committee appreciates the important and timely nature of this report and supports the Committee on Cancer recommendations.

(4) Committee on Cancer Report 2 – Sunset Policy Review

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Committee on Cancer Report 2 be adopted.

This report recommends that: (1) Policy 50.009 be retained; (2) policies 50.002, 50.003, 280.034, and 315.000 be retained as amended; and (3) policies 50.001 and 50.005 be deleted.

Your reference committee received testimony in support of this report. Your reference committee supports the Committee on Cancer sunset policy recommendations.

(5) Committee on Child and Adolescent Health Report 2 – Sunset Policy Review

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations from the Committee on Child and Adolescent Health Report 2 be adopted.

This report recommends that: (1) policies 55.005, 55.016, 55.018, 55.019, 55.035, 135.017, and 260.084 be retained as amended; and (2) policies 55.002 and 260.064 be deleted.

This report recommends amending the following policies:

Your reference committee received testimony in support of this report. Your reference committee supports the policy review from the Committee on Child and Adolescent Health.

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

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Committee on Infectious Diseases Report 1 be adopted.

This report recommends that policies 260.060 and 245.019 be retained as amended.
Your reference committee received testimony in support of this report. Your reference committee supports the sunset policy review from the Committee on Infectious Diseases.


RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Joint Report 2 be adopted.

This report recommends the following:

**Recommendation 1:** That the Texas Medical Association develop a policy for electronic scooters like TMA Policy 55.021 Bicycle Helmets.

**Recommendation 2:** That TMA support the use of geofencing in cities where electric scooters are used to reduce speeds and therefore the impact of collisions.

**Recommendation 3:** That TMA develop and support policy that prevents the use of electric scooters while under the influence of drugs or alcohol. Such policy should include holding electric scooter users to motor vehicle blood-alcohol-content standards, making e-scooter users eligible for a driving under the influence charge when applicable, and supporting state or city councils implementation of curfew hours by turning off scooters, for example, from midnight to 5 a.m. on weekends, to prevent riding while intoxicated.

**Recommendation 4:** That TMA support the use of brightly colored, neon, or reflective materials on electric scooters to make them more visible to those operating motor vehicles in the vicinity.

**Recommendation 5:** That TMA expand its opposition to the use of electronic handheld devices while operating a motor vehicle to include electric scooters. Electric scooters should build infrastructure compatible with using an electronic map hands-free if that is a consumer need.

**Recommendation 6:** That TMA support regulating only one rider at a time on scooters to ensure riders can hold the handlebars.

**Recommendation 7:** That TMA support parking fines or impounding when riders block the sidewalk or other pedestrian routes with scooters.

Your reference committee received testimony in support of this report. Your reference committee appreciates the timeliness of this report as well as, the public safety recommendations contained in this report. Your reference committee strongly supports this report.


RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Council on Science and Public Health Report 5 be tabled to TMA House of Delegates 2021.
This report recommends the following:

**Recommendation 1:** That TMA monitor and confer with the Texas Department of State Health Services it convenes the new Food Allergy Ad Hoc Committee, as well as develop and share information for members on the role of this new ad hoc group.

**Recommendation 2:** That TMA members be informed of opportunities to be engaged in, monitor, and contribute to the important work of the standing DSHS Stock Epinephrine Advisory Committee.

**Recommendation 3:** That TMA members be made aware of entities in their communities that may seek physician support in developing standing orders and providing prescriptions for unassigned auto-injectors in various settings.

**Recommendation 4:** That TMA develop communications for physicians on the expansion of access to unexpired auto-injectors in various public settings.

Your reference committee received testimony to refer this report to the board for action. Your reference committee was informed that the Council on Science and Public Health recommended against adoption of Resolution 305 A-19 because Texas legislation has been passed which already allows for non-physician use of Epinephrine Auto Injectors.

(39) Resolution 329 – Flu Vaccinations in Immigrant Holding Facilities at the Border

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the resolve in Resolution 329 be referred for action.

This resolution resolves the following:

1) That the Texas Medical Association support legislation increasing vaccine availability in immigrant holding facilities; and be it further

2) That our TMA acknowledge the importance vaccinations for the health of immigrants in holding facilities on the border, which can also directly affect the health of Texas citizens.

Your reference committee recognizes the urgent nature of this resolution as flu season is approaching and the potential for widespread flu outbreaks in immigrant holding facilities. Your reference committee recommends that this resolution be referred to the board for action.

(41) Resolution 331 – Incorporating Helmet Safety Education to Texas Elementary Schools

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the resolve in Resolution 331 be referred for action.

This resolution resolves the following:
That the Texas Medical Association amend Policy 55.021 Bicycle Helmets to encourage physicians to be informed about the safety of helmet use for elementary school children, promote awareness, and share with local school health and safety advisory committees evidence-based, best practices regarding helmet safety education for schoolchildren.

Your reference committee received testimony supportive of this resolution but a testifier in the online testimony asked that the resolution be referred back to the Committee on Child and Adolescent Health to create a guide or guidelines for the helmet safety education to be shared with the elementary school community. As such, your reference committee recommends referral to the TMA Board of Trustees for action.

TABLED ITEMS

After review by TMA reference committee staff and with consent from the TMA House Steering Caucus, the following items were tabled by action of the TMA Disaster Board through the House Standing Rules – Special Circumstances, received no testimony, and did not undergo reference committee review. These items require a majority vote to be considered untabled and may only be referred to the TMA Board of Trustees, either for study or for action, with report back to the house at 2021.


(11) Resolution 301 – Advocating Against Electronic Nicotine Delivery Systems (ENDS)

(12) Resolution 302 – Elimination of Human Abuse and Persecution

(13) Resolution 303 – Use of Human Tissue for Beneficial Applications

(14) Resolution 304 – Improving Physician Access to Immigrant Detention Facilities

(15) Resolution 305 – Suicide Prevention Education in Medical School

(16) Resolution 306 – Facilitating Brain and other Postmortem Tissue Donation for Research and Educational Purposes

(17) Resolution 307 – Decommissioning Existing and Not Constructing New Wastewater Treatment Plants in or Near Flood Plains and Waterways

(18) Resolution 308 – Recurrent Flooding in Texas Must Be Resolved

(19) Resolution 309 – Education and Action to Arrest the Effects of Climate Change on Health

(20) Resolution 310 – Access to Direct-acting Antiviral Therapy for Texas Medicaid Beneficiaries Infected with Hepatitis C

(21) Resolution 311 – Advocating for the Improvement of Access to Mental Health Services Among Minority Teens
(22) Resolution 312 – Support for the Texas-CARES Program

(23) Resolution 313 – Advocating for Increased Capacity of Local State Mental Health Facilities and Coordination of Behavioral Health Services

(24) Resolution 314 – Required Platelet Products at a Facility in Maternal Levels of Care Designation

(25) Resolution 315 – Designating Texas Hospitals as Sensitive Locations

(26) Resolution 316 – Concurrent Prescribing of Opioid Antagonists with Opioid Prescriptions

(27) Resolution 317 – Employee Rights to Lactation Accommodation

(28) Resolution 318 – Updating Texas Medical Association Teenage Sexual Health Guidelines

(29) Resolution 319 – Supporting an Opt-Out Organ, Eye, and Tissue Donation System in Texas

(30) Resolution 320 – Maternal Health and Postpartum Depression Screening


(32) Resolution 322 – Recommendation for the Use of Low Titer Group O Whole Blood for Hemorrhagic

(33) Resolution 323 – Recognizing the Effect of Climate Change on Public Health

(34) Resolution 324 – Mandatory Waiting Period for Firearm Purchases

(35) Resolution 325 – Promoting and Improving Health Literacy

(36) Resolution 326 – Pediatric Iron Deficiency Anemia Treatment and Diagnosis Guidelines

(37) Resolution 327 – Improving Access to Immediate Postpartum Long-Acting Reversible Contraception for Adolescents

(38) Resolution 328 – Lowering the Legal Age for Minors to Access Contraceptive Services

(40) Resolution 330 – Expanding Access to Regularly-Scheduled Dialysis for All Individuals with ESRD
RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Board of Trustees Report 11 be adopted.

This report recommends 1) That the Texas Medical Association adopt the following Principles for Community-Based Accountable Care Organizations:

**Principles for Community-Based Accountable Care Organizations**

- Require establishment of a community-based board to govern the entity, composed of diverse representatives from primary care and specialty physicians, public and private hospitals, health care providers, social service agencies, faith-based and community organizations, and community members.
- Articulate a clear mission and vision and the ACO’s short-term and long-range community goals.
- Engage local physician leaders with a mix of practice size and employment status in the model’s design and implementation to ensure widespread support and participation.
- Foster transparent governance, decision-making processes, and operations to nurture and sustain trust among all stakeholders and funding entities.
- Implement initiatives to proactively address health disparities, including outreach and engagement of community leaders.
- Partner with local public health departments, state agencies, and social service organizations to address nonmedical factors, such as food and housing insecurity, that contribute to poorer health outcomes and to connect eligible low-income patients to available services.
- Build and maintain robust physician and provider networks that include private practice physicians, employed physicians (e.g., those who work for federally qualified health centers or hospital systems), and other key partners — hospitals, post-acute care providers, and so forth – with any interest in serving the population.
- Establish competitive, fair, and reasonable payment rates for physicians and providers while also using population-health payment models that reward improved patient outcomes and practice transformation.
- Establish realistic, standardized, actionable, and validated performance measures and ensure that measures are periodically reviewed to confirm their continued relevance and utility.
- Leverage all available funding streams to support the ACO, including funding from public and private payers as well as foundation and community grants.
- Engage Medicaid managed care organizations serving Medicaid patients within the community to develop collaborative models. Low-income patients frequently transition between having Medicaid coverage and being uninsured (e.g., Medicaid covers pregnancy for low-income women, but that coverage ends 60 days postpartum), so it is essential they have the opportunity to participate in an organized system of care regardless of insurance status.
- Establish a robust and meaningful health information exchange for both clinical and social service information exchange, using the latest technological tools to ensure...
seamless patient navigation across the network, reduce costs by eliminating redundant tests or procedures, and maintain a high degree of population health metrics and evaluations.

- Ensure primary care is the cornerstone of each ACO network, and locate patient-centered primary care sites in historically medically underserved areas to ensure ready access to services for eligible patients and to address health equity.
- Ensure participating physicians retain their independence to advocate on behalf of their patients’ health needs.
- Incorporate patient risk assessment into the ACO’s essential activities to help participating physicians more quickly identify and address the medical and social needs that impact a patient’s health quality, outcomes, and costs;
- Make care coordination a core function of the ACO to prevent gaps in care by allowing participating physicians and providers to quickly and easily obtain assistance in arranging and coordinating a patient’s medical, social and long-term care services.
- Engage physician practices regardless of their degree of practice transformation, particularly in the early stages of an ACO’s formation, while promoting activities that support practice evolution.

2) That the Texas Medical Association actively promote use of a community-based accountable care organization(s) as the foundation of any future Medicaid 1115 waiver.

Your reference committee received no testimony on this report.

(2) Council on Health Service Organizations Report 2 – Sunset Policy Review

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Council on Health Service Organizations Report 2 be adopted.

This report recommends that: (1) Policies 85.012, 20.005, and 260.001 be retained; and (2) policy 115.010 be retained as amended.

Your reference committee received no testimony on this report.

(3) Council on Socioeconomics Report 2 – Sunset Policy Review

RECOMMENDATION:

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

This report recommends that: (1) Policies 30.007, 145.007, 145.011, 145.013, 145.014, 155.006, 170.007, 180.001, 180.026, 180.027, 190.018, 195.005, 195.030, 195.031, 220.001, 235.032, 240.019, 240.020, 265.010, and 265.01 be retained; and (2) policies 65.009, 110.007, 145.012, 190.019, and 235.030 be retained as amended.

Your reference committee received no testimony on this report.

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Committee on Rural Health Report 1 be adopted.

This report recommends:

1. That the Texas Medical Association reaffirm support for existing TMA policy 190.032 Medicaid Coverage and Reform and redouble its efforts to reduce Texas’ rate of uninsured during the 2021 legislative session.

2. That TMA highly prioritize replenishing funding for the State Physician Education Loan Repayment Program, as 2018-19 budget cuts to this program prevent an estimated 94 physicians from receiving loan repayment funding each year and prevent many underserved communities from benefiting from increased access to physician services.

3. That TMA make a high priority adding $1 million to the state budget for 2022-23 to start the Rural Resident Physician Grant Program, HB 1065.

4. That TMA support step-down hospital formation by expanding the bed capacity and service requirements used to qualify a hospital for Medicaid and Medicare payments.

5. That TMA support elimination of the Medicare physician payment reductions because of sequestration.

6. That TMA support elimination of the Medicare critical access hospital 96-hour condition of payment regulation.

7. That TMA support expansion of Medicare critical access hospital (CAH) designation requirements, increase funding for CAHs, and/or study why CAH designation doesn’t always save rural hospitals.

8. That TMA support increasing funding for Prospective Payment System rural hospitals under Medicare.

Your reference committee received testimony for the recommendations in the report to address hospital closures in rural Texas. When stating their general support, multiple testifiers emphasized being especially supportive of recommendations two and three in the report.


RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendations in Committee on Health Information Technology Report 1 be adopted.

This report recommends that the Texas Delegation to the American Medical Association take a resolution to AMA formally requesting AMA assistance with model contract language and
regulatory relief through electronic health record (EHR) vendor certification that ensures EHR vendors are contractually required to deliver the patient’s complete medical record in a discrete, industry-standardized, nonproprietary format that can be imported into the new EHR at no cost to the physicians by:

1. The development of an exportable AMA-endorsed standard-format database that all EHRs must be able to create electronically for all patients that would be suitable for importing the old EHR data into a new EHR. This must operate at no cost and with minimal effort by physicians and their practices. A Continuity of Care Document (CCD) format, Fast Healthcare Interoperability Resources (FHIR) (as this standard increases in use), or other methodology could be used for discrete data and a document repository for all other information.

2. Regulatory relief that requires EHR vendors to be contractually required to have such a medical-record transfer capability within 18 months of a final rule.

3. Regulatory relief that requires vendors to be contractually required to provide physicians and patients read-only access to and data extraction from (through .pdf, CCD, and FHIR) the old EHR system for the length of time required to meet state legal medical record retention requirements after contract termination or vendor bankruptcy. This should provide time to make electronic transfers and develop alternative methods of accessing information that is not transferred electronically under (A), above. Vendors should be able to transfer fulfillment of this requirement to a third party that can provide the same service. This must operate at no cost and with minimal effort by physicians and their practices.

Your reference committee received no testimony on this report.

(6) Committee on Health Information Technology Report 2 – Sunset Policy Review

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Committee on Health Information Technology Report 2 be adopted.

This report recommends that policy 155.009 be retained as amended.

Your reference committee received no testimony on this report.

(7) Board of Trustees Report 13 – Compensation to Physicians for Activities Other Than Direct Patient Care

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the recommendation in Board of Trustees Report 13 be adopted.

This report recommends that:

The Texas Medical Association advocate for significant legislative and/or regulatory reforms to lessen (1) the negative impact of state-regulated health plan prior authorization
requirements on patients and (2) the burden of state-regulated health plan prior authorization requirements on physician practices.

Your reference committee received no testimony on this report.

(25) Resolution 416 – Interstate Medical Liability Tort Protection for Physicians Treating Patients in Neighboring States

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the resolves in Resolution 416 be referred for action.

This resolution resolves that:

1) The Texas Medical Association recognize that the appropriate forum for medical liability suits against physicians is the state in which care is rendered; and be it further

2) The Texas Delegation to the AMA take this resolution with the added language below to AMA: That our AMA recognize that access to care for patients seen by out-of-state physicians may be diminished when there is uncertainty about the appropriate legal forum for medical liability claims.

Your reference committee received testimony in support of referral to the board for a report back, noting urgency concerns related to the expansion of interstate care during the COVID-19 pandemic and the relaxation of telemedicine regulations during the COVID-19 pandemic.

(28) Resolution 419 – Placing Medicaid Expansion on a Statewide Voting Ballot

RECOMMENDATION:

Mr. Speaker, your reference committee recommends that the resolves in Resolution 419 be referred for study.

This resolution resolves that:

1) That the Texas Medical Association advocate for the inclusion of Medicaid expansion initiatives on a statewide ballot to allow eligible Texas voters to decide; and be it further

2) That TMA encourage a reopened dialogue on the topic of Medicaid expansion as an avenue to reduce the high rate of uninsured individuals in Texas.

Your reference committee received testimony from one physician in support of referral to the board for action, noting that it would be consistent with TMA goals to achieve better health care for all Texans.

TABLED ITEMS

After review by TMA reference committee staff and with consent from the TMA House Steering Caucus, the following items were tabled by action of the TMA Disaster Board through the House
Standing Rules – Special Circumstances, received no testimony, and did not undergo reference committee review. These items require a majority vote to be considered untabled and may only be referred to the TMA Board of Trustees, either for study or for action, with report back to the house at 2021.

(8) Council on Socioeconomics Report 1 – Opposition to New Federal Public Charge Definition

(9) Patient-Physician Advocacy Committee Report 3 – Legislative Changes Regarding Vacating Orders

(10) Resolution 401 – Insurance Coverage Transparency

(11) Resolution 402 – Need for and Funding of Level I and II Trauma Centers

(12) Resolution 403 – Taxes on Medical Billing Services

(13) Resolution 404 – Individual Physicians Be Paid While Awaiting Credentialing Approval

(14) Resolution 405 – Physicians to Retain Payment During Credentialing

(15) Resolution 406 – Physicians’ Salary Survey

(16) Resolution 407 – Compensation to Physicians for Activities Other Than Direct Patient Care

(17) Resolution 408 – Contracted Health Plans Must Apply the Same Level of Benefits Concerning Patient Responsibility

(18) Resolution 409 – School Physicals Should Be Conducted by Physicians or Their Supervised Designee

(19) Resolution 410 – Utilization Review, Medical Necessity Determination, Prior Authorization Decisions

(20) Resolution 411 – Prior Authorizations

(21) Resolution 412 – Step-Edit Therapy Contributes to Denial of Care and Has Not Demonstrated Improved Patient Outcomes or Overall Cost Savings

(22) Resolution 413 – Caps on Insulin Copayments with Insurance

(23) Resolution 414 – Postpartum Maternal Healthcare Coverage Under Children’s Insurance

(24) Resolution 415 – Promotion of LGBTQ+ friendly and Gender-Neutral Options on Medical Documentation and Intake Forms

(26) Resolution 417 – Insurance Promotion of Preventive Care Services via Incentive-Based Programs

(27) Resolution 418 – Paid Parental Leave

(29) Resolution 420 – Training Requirements Imposed by Insurance Companies Preventing Patients’ Access to Quality Medical Care
(30) Resolution 421 – Physician Societies to Create a Self-Funded, Balanced and Nonpartisan Center for the Study of Healthcare Reform

(31) Resolution 422 – Develop Guidelines for Proper Oversight and Collaboration of Mid-Level Providers by Physicians

(32) Resolution 423 – A Push for Mobile-First Design Principles within Medical IOT (Internet of Things) Interfaces

(33) Resolution 424 – Adoption of Principles of Physician Value-Based Decision-Making in Medical Practice and Professionalism

(34) Resolution 425 – Plastic Surgery Board-Certification

(35) Resolution 426 – Results and Regulation of Freestanding Birthing Centers and at Home Birthing Services

(36) Resolution 427 – Adjustments to Hospice Dementia Enrollment Criteria

Respectfully submitted,

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