AGENDA
MEDICAL EDUCATION AND HEALTH CARE QUALITY BUSINESS
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1. Council on Medical Education Report 1 – Amendment to Policy 185.023 Support of Rural
2. Council on Medical Education Report 2 – Sunset Policy Review
3. Council on Medical Education Report 3 – Opposition to Diversion of Medicare Funding for Graduate Medical Education From Physicians to Training Programs for Midlevel Practitioners
4. Committee on Physician Distribution and Health Care Access Report 1 – Support for Interest-Free Deferment of Education Loans for Residents in Training
5. Committee on Physician Distribution and Health Care Access Report 2 – Sunset Policy Review
6. Joint Report 1 – Initial Assessment and Treatment Recommendations by Specialists, Resolution 108-A-19
7. Council on Medical Education Report 4 – Amendments to Policy 200.047 Clinical Training Resources for Texas Medical
8. Council on Medical Education Report 5 – Amendment of Policy 320.007 Town Gown Medical School Funding
9. Council on Medical Education Report 7 – Referral of Res. 211-A-19, The Integration of LGBTQ Health Topics into Medical Education

Agenda Items Tabled to 2021
The following items of business are tabled to the 2021 HOD meeting. However, one may make two motions: *'Referral to the BOT for Action and report back'* (allowing TMA BOT to adopt policy and address the item and report back to the TMA 2021 HOD) or *'Referral to the BOT and report back'* (allowing the BOT to consider the item and report back to the TMA 2021 HOD. Your Speakers strongly encourage the use of referral (of tabled items) be limited to urgent and essential items.

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

REPORT OF COUNCIL ON MEDICAL EDUCATION

C-ME Report 1 2020

Subject: Amendment to Policy 185.023 Support of Rural Residency Training and State Grant Program for Promoting Rural Training Tracks

Presented by: Ronald L. Cook, DO, Chair

Referred to: Reference Committee on Medical Education and Health Care Quality

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TMA Policy 185.023 Support of Rural Residency Training and State Grant Program for Promoting Rural Training Tracks was adopted by the House of Delegates in 2017. The policy supports state legislation for creation of a grant program for the development of rural training tracks. It was determined this program is needed to provide an incentive for urban and rural hospitals to create residency programs specifically designed to train physicians for the unique patient care needs and practice demands of rural medical practice. In 2019, the Texas Legislature passed, and the governor signed, House Bill 1065 to create a state rural training track grant program. However, no funds were appropriated in the state budget for 2020-21 to allow the new program to be established.

Given the state's continuing geographic maldistribution of physicians in many rural areas, as demonstrated by the disparity in the physician to population ratio (per 100,000) of 89.8 for rural areas vs. 201.7 for urban areas, and the degree of medical underservice for many Texans living in rural and isolated communities, the council recognizes the ongoing need for this program. It has been estimated that at least $1 million is needed to provide a sufficient incentive for urban and rural hospitals to partner in the creation of more rural training tracks in the state. For House Bill 1065 to be implemented and the aims of Policy 185.023 to be realized, this amount of state funding is needed.

Recommendation: The council 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).

REPORT OF COUNCIL ON MEDICAL EDUCATION

C-ME Report 2 2020

Subject: Sunset Policy Review

Presented by: Ronald L. Cook, DO, Chair

Referred to: Reference Committee on Medical Education and Health Care Quality

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

The Council on Medical Education recommends retention of the following policies:

185.005 **Physician Shortage:** TMA voted to be of assistance to medical education institutions as they address the issue of furnishing an adequate supply of physicians for the citizens of Texas (Res. 28V, p 193, I-92; amended CME Rep. 6-A-03; reaffirmed Res. 301-A-10).

200.036 **Community-Based Medical Education**: TMA believes that community-based medical education is a viable model that should be evaluated in each community (BOT Rep. 6-I-00; reaffirmed CME Rep. 2-A-10).

205.019 **Instructional Costs for GME:** TMA advocates that the Texas Legislature should provide adequate support for the instructional costs of graduate medical education (CME Rep. 6-A-00; reaffirmed CME Rep. 2-A-10).

295.012 **Medical School Support of Medical Student Involvement in TMA and AMA**: TMA encourages medical school administrations and residency faculty to provide a mechanism through which students and residents may participate in meetings as an excused absence that does not represent allotted vacation time (Res. 101-A-10).

Recommendation 1: Retain.

The Council on Medical Education recommends amending the following policy to reflect recent changes in the state's physician workforce:

200.028 **Medical School Expansion:** Given current physician shortages in ~~some~~ many medical specialties, projected state demographics, ~~the professional liability crisis, and the decreasing numbers of out-of-state physicians moving into the state,~~ and the aging of the physician workforce, ~~Texas is approaching a physician shortage.~~ TMA supports medical school and residency program expansions. This evidence supports a need to consider enhancement of the physician pipeline through expansion of Texas medical school and residency program slots, with more immediate attention needed to expand resident slots. Expansions of student and resident slots should be based on a methodology that seeks to address unmet Texas health care needs. There also is the need to maintain a favorable ~~stabilize the state's~~ physician practice environment to improve recruitment and retention and to promote awareness of specialty shortages among medical students. Further, expansions should not jeopardize the viability of existing programs, and the outcome of any expansion should be to improve the health care of the people of Texas (Substitute Resolution 28D, p 196, A-96; substitute CME Rep. 6-A-03; reaffirmed Res. 301-A-10).

Recommendation 2: Amend.

REPORT OF COUNCIL ON MEDICAL EDUCATION

C-ME Report 3 2020

Subject: Opposition to Diversion of Medicare Funding for Graduate Medical Education to Training Programs for Midlevel Practitioners

Presented by: Ronald L. Cook, DO, Chair

Referred to: Reference Committee on Medical Education and Health Care Quality

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The U.S. General Accounting Office (GAO) released a report on Dec. 18 that examined the possibility of diverting Medicare graduate medical education (GME) funding from residency programs for physicians to training programs for advanced practice registered nurses and physician assistants. Medical schools and teaching hospitals are already greatly challenged to provide the funding needed to support existing residency training positions and to create additional positions needed for the growing number of medical school graduates. Many residency positions in Texas receive no support from the Medicare GME funding program. This is the result of a freeze placed on the number of residency positions Medicare will support as directed by the Balanced Budget Amendment of 1997 (105th Congress). The freeze serves as a direct impediment to the creation of needed GME positions for physicians in response to the high rate of population growth in the state. Recognizing that GAO conducts research on behalf of congressional members, the council is gravely concerned about the possibility of congressional action to divert the already-limited federal support for residency programs to training programs for midlevel practitioners.

Recommendation 1: The council recommends the following be adopted as Texas Medical Association policy:

> 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) advocates for the Texas congressional delegation to take action to lift the Medicare funding caps for the training of physicians in Texas.

Recommendation 2: That Texas Delegation to the American Medical Association take a resolution to the AMA House of Delegates to adopt policy that opposes the diversion of Medicare funding for graduate medical education from physicians to training programs for advanced practice registered nurses and physician assistants.

Related TMA policy:
None.

Related AMA policy:
None

REPORT OF COMMITTEE ON PHYSICIAN DISTRIBUTION AND HEALTH CARE ACCESS

CM-PDHCA Report 1 2020

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

Presented by: Evan G. Pivalizza, MD, Chair

Referred to: Reference Committee on Medical Education and Health Care Quality

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The burden of extraordinarily high education-related debt on young physicians is widely recognized. In recent years, average debt for medical school graduates has steadily increased. The median debt for allopathic medical school graduates who have debt has reached $200,000; for osteopathic graduates, it is above $250,000. Almost 10% of allopathic graduates with debt have median debt above $300,000.

Research studies have determined that high debt can deter the selection of primary care careers. In recognition of this, a physician in training alerted the committee about a federal bill that would qualify residents to halt the accrual of interest on educational loans until completion of residency training. The Resident Education Deferred Interest Act (REDI Act, HR 1554, 116th Congress 2019-20) by U.S. Rep. Brian Babin (R-Texas) would make student loan borrowers eligible for interest-free deferment of loans under the William D. Ford Federal Direct Loan Program if the borrowers are serving in medical or dental internships or residency programs. This legislation would not forgive debt.

Residents living on stipends during their training have average incomes of $60,000 a year. This level of income makes it difficult to cover living expenses and pay back student loans, even if payments are limited to interest charges and not loan principal. The committee determined it was important to support residents in training and to help promote careers in primary care among medical students by promoting measures to reduce education-related debt.

Recommendation: The committee 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.

Related TMA policy:
205.001 Student Loan Deferment

Related AMA policy:
None.

Sources:

1. Rohlfing J, Navarro R, Maniya OZ, Hughes BD, Rogalsky DK. Medical student debt and major life choices other than specialty. *Med Educ Online*. 2014;19:25603
2. Phillips JP, Petterson SM, Bazemore AW, Phillips RL. A retrospective analysis of the relationship between medical student debt and primary care practice in the United States. *Ann Fam Med*. 2014;12(6):542-549.
3. Phillips JP, Weismantel DP, Gold KJ, Schwenk TL. Medical student debt and primary care specialty intentions. *Fam Med*, 2010;42(9):616-22.

REPORT OF COMMITTEE ON PHYSICIAN DISTRIBUTION AND HEALTH CARE ACCESS

CM-PDHCA Report 2 2020

Subject: Sunset Policy Review

Presented by: Evan Pivalizza, MD, Chair

Referred to: Reference Committee on Medical Education and Health Care Quality

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TMA periodically reviews House of Delegates policies in the association's Policy Compendium for relevance and appropriateness.

The Committee on Physician Distribution and Health Care Access recommends retention of the following policies:

205.001 **Student Loan Deferment**: The Texas Medical Association supports deferment of federal medical student loan repayment by residents until completion of their postgraduate training (Committee on Rural Health, p 167, A-90; amended CME Rep. 5-I-00; reaffirmed CME Rep. 2-A-10).

See also the committee's handbook report on support for the REDI Act (CM-PDHCA Report 2 2020 Support for Interest-Free Deferment of Education Loans for Residents in Training).

205.003 **Entry-Level RN Educational Program Funding**: The Texas Medical Association supports the state's entry-level registered nurse educational programs in their activities to seek increased state funding for expansion of faculty and space resources to accommodate qualified applicants (Substitute Res. 27V, p 181C, I-90; reaffirmed CME Rep. 5-I-00; amended CME Rep. 2-A-10).

Recommendation 1: Retain.

The Committee on Physician Distribution and Health Care Access has concluded that the policies below have been accomplished and that other TMA policies support adequate funding for this program. They recommend deletion of the following policies:

205.031 **Restore Funding of Statewide Preceptorship Program:** TMA strongly encourages the Texas Legislature to provide increased funding for the Statewide Preceptorship Program through various state, federal, or other funding mechanisms (Res. 303-A-10).

205.035 **Restore Funding of Statewide Preceptorship Program**: As a top priority, TMA will encourage the 2013 Texas Legislature to restore funding to the Statewide Preceptorship Program and ensure its viability through the remainder of this decade (Res. 208-A-12).

Recommendation 2: Delete.

JOINT REPORT OF COUNCIL ON HEALTH CARE QUALITY
AND INTERSPECIALTY SOCIETY COMMITTEE

Joint Report 1 2020

Subject: Initial Assessment and Treatment Recommendation by Specialists, Resolution 108-A-19

Presented by: Council on Health Care Quality and Interspecialty Society Committee

Referred to: Reference Committee on Medical Education and Health Care Quality

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Background

The 2019 House of Delegates considered Resolution 108-A-19, Initial Assessment and Treatment Recommendation by Specialists, from the Young Physician Section. The resolution pertains to the responsibility of the specialist physician within the context of conducting an initial evaluation of a patient referred from a primary care physician. The resolution expressed concern that nonphysician practitioners do not provide the level of expertise that primary care physicians seek when they refer patients to a physician specialist. The resolution sought to establish TMA policy recognizing "that the best practice of patient care dictates that it is the responsibility of the physician to develop the diagnosis and treatment in the evaluation of a patient, while it is recognized under limited circumstances that an initial evaluation may be conducted by a nurse practitioner or physician assistant." The resolution was presented at the Reference Committee on Financial and Organizational Affairs, which recommended adoption with amendments. However, testimony at the House of Delegates recommended a thorough review of language that would be more appropriate for all physicians, both primary care physicians and physician specialists. Therefore, the House of Delegates recommended referral for study with report back. The resolution was referred to the Council on Health Care Quality and Interspecialty Society Committee for study and consideration.

Discussion

The Council on Health Care Quality and Interspecialty Society Committee reviewed and discussed Resolution 108-A-19 during their meetings held at TMA's fall and winter conferences. Members expressed professional opinions ranging from support of the existing language or amendments to strong opposition for a new policy on the subject. There was concern that TMA should not set policy on the initial assessment and treatment by physician specialists that would interfere with physicians' ultimate authority on how to run their practice and to decide the proper course of care for the individual patient and practice settings. In addition, there was concern that the language as proposed or amended could overreach standard delegation as laid out in the Medical Practice Act. Furthermore, input from the TMA Office of the General Counsel cautioned against using "best practice" in this context, as it could lead to unintended consequences from a legal standpoint. However, given the differing opinions, consensus reached was that with further study several amendments could be made in the "resolved" statement that would be acceptable to all viewpoints. Both councils will meet jointly at the next conference for further discussion and final recommendation.

Recommendation: Refer Resolution 108-A-19, Initial Assessment and Treatment Recommendation by Specialists, for further study to the Council on Health Care Quality and the Interspecialty Society Committee with a report back at TexMed 2021.

REPORT OF COUNCIL ON MEDICAL EDUCATION

C-ME Report 4 2020

Subject: Amendments to Policy 200.047 Clinical Training Resources for Texas Medical Students

Presented by: Ronald L. Cook, DO, Chair

Referred to: Reference Committee on Medical Education and Health Care Quality

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In 2012, the council brought forward TMA Policy 200.047 Clinical Training Resources for Texas Medical Students in response to an effort by the American University of the Caribbean to buy clerkship positions in Texas for its medical students. This policy includes the position that "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." In response to this policy, TMA collaborated with Texas medical schools to gain passage of a law that prohibits medical schools chartered in foreign countries from buying medical student clerkship positions in Texas training institutions.

For some time, medical students from Burrell Osteopathic Medical School, a for-profit medical school in Las Cruces, N.M., have been completing clinical clerkships in El Paso. Additional medical schools in other states have sent students to Texas for clerkships. This raises the question about the adequacy of the clerkship capacity in the state to meet the growing demand from Texas medical students as well as students from medical schools in other states.

The council has concerns about this level of competition and whether Texas has sufficient training capacity for Texas medical students. These concerns are based on several factors:

- No evidence of a surplus of clinical clerkship positions in the state to meet the growing demand from out-of-state students;
- An outdated assessment of medical student clinical clerkship capacity for Texas by the Texas Higher Education Coordinating Board; since its last study was completed in 2013, three medical schools have opened in Texas, two more will open in 2020, and another will open in the near future, raising the state total from 10 to 16;
- A projected increase to 2,300 by 2021 in the total number of first-year students at Texas medical schools, with this number going up by several hundred after full development of the three new medical schools;
- An increased competition for clinical clerkship training space from multiple other health care professions, such as advanced practice registered nurses and physician assistants, many of which are increasing at two to three times the rate of new physicians; and
- A growing shortage of clinical clerkship capacity across the country for physicians and other health care professionals, resulting in ever-greater demands on existing training facilities.

In response to recent events, the council determined TMA Policy 200.047 should be amended to take a position that opposes the displacement of Texas medical students from clerkship positions by students enrolled in medical schools in other states. This would be in addition to the current policy that opposes displacement by students enrolled in medical schools in other countries. The revised policy also would clarify that students enrolled in Texas medical schools should receive first priority for clinical clerkship positions in the state.

Recommendation: Amend 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).

REPORT OF COUNCIL ON MEDICAL EDUCATION

C-ME Report 5 2020

Subject: Amendment of Policy 320.007 Town Gown Medical School Funding

Presented by: Ronald L. Cook, DO, Chair

Referred to: Reference Committee on Medical Education and Health Care Quality

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TMA Policy 320.007 Town Gown Medical School Funding contains a message for academic medical centers in the state that seeks to restrict their business options. This policy states: "The Texas Medical Association (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." The full text of 320.007 is as follows:

> **320.007 Medical School Funding Town Gown**. 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 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).

The council believes all but the last sentence of this policy is outdated, detrimental, and needs to be reevaluated. The last sentence should be retained as TMA policy. In reevaluating the other components of the policy, consideration should be given to the current prevalence of advertising in health care at all levels. The council also questions whether TMA should seek to influence the business practices of academic health centers. No applicable legal restrictions on advertising are known to the council to serve as an underpinning for this policy. The council is uncertain how TMA has or will implement this policy.

It is also important to consider how this policy is viewed by academic physicians. Last year, the council heard concerns about this policy from a medical school dean. Physicians in employed positions, including academic physicians, are particularly challenging to recruit as TMA members. This policy is not expected to be helpful in overcoming those challenges. Rather, this policy is viewed as an impediment to academic membership recruitment and collaboration with medical school leadership.

Prevalence of Advertising in Today's Health Care Market

When 320.007 was adopted in 1996, advertising by physicians and medical centers was not pervasive, but this has changed, and advertising is now widespread throughout the health care market. Many now view advertising as an absolute necessity.

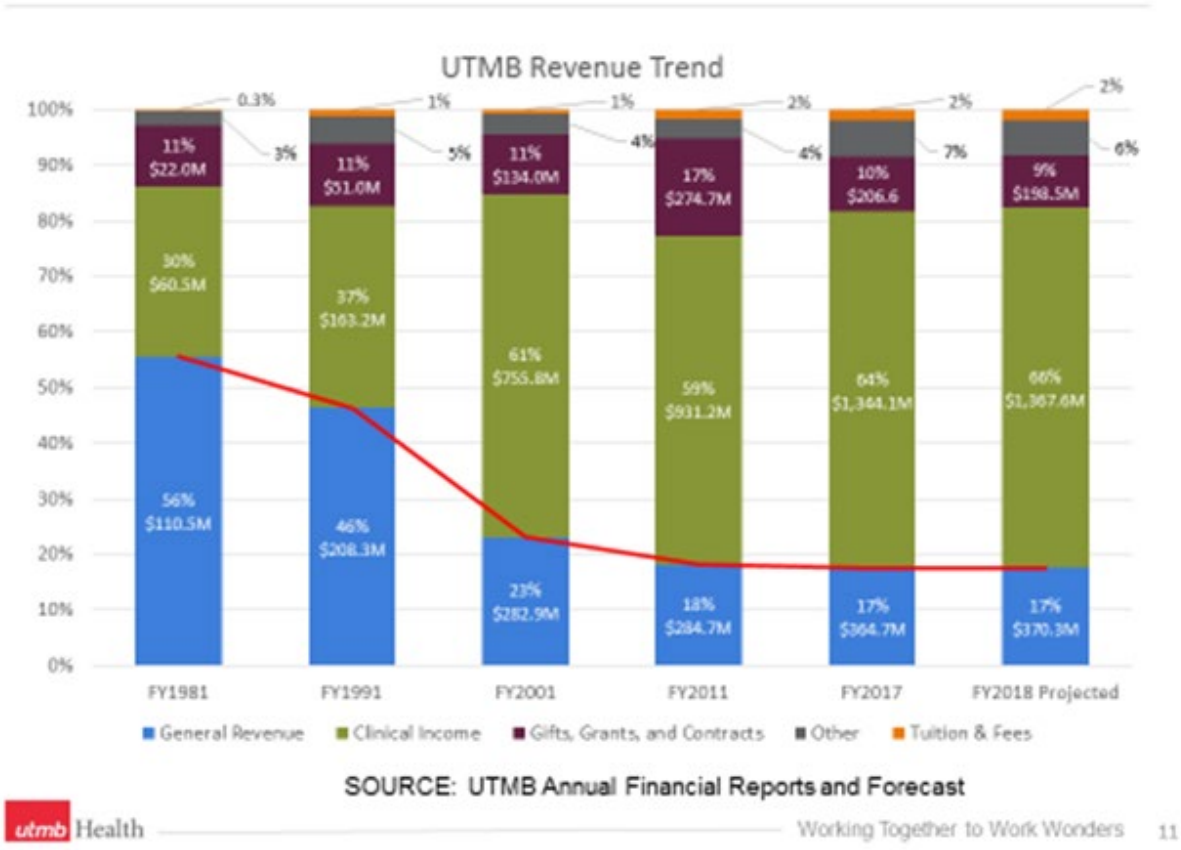
Reductions in State Funding of Academic Medical Centers

The council believes this policy may have been based on a misconception about the amount of public funding provided to academic health centers and teaching hospitals. Teaching institutions have seen a drastic decline in state funding. In recent years, the Texas Legislature has repeatedly directed academic health centers to reduce their dependence on public funding by establishing alternative sources of

revenues. The experience of The University of Texas Medical Branch (UTMB) in Galveston demonstrates the decline in public funding, as shown below.

EXAMPLE: HISTORIC TREND FOR STATE FUNDING OF UTMB

The amount of public funding received by UTMB is considerably less than in prior years, dropping from 56% of revenues in 1981 to 17% in 2017 and 2018. The sharp decline is demonstrated by the red line in the graph.



Texas academic health centers receive a range of an estimated 14% to 19% of their revenues from state appropriations. This clearly demonstrates that public funding is grossly insufficient for maintaining operations. Given the large role of these institutions in the delivery of health care services, their economic strength is of importance to all physicians and residents of Texas.

Shared Goals and Values

The council believes physicians share many common goals, regardless of practice setting:

- All physicians share a common goal of providing the best possible medical care for their patients.
- Academic physicians are TMA members, too, numbering more than 10,000 or 17% of the physician membership.
- TMA members in all practice settings should work together to support academic programs that seek to prepare the next generation of physicians for Texas.
- Although the practice settings may be different, physicians in academic medicine and physicians in private practice share the same work ethic.

- Academic health centers are nonprofit, safety-net institutions for the sickest and poorest Texas residents, serving high numbers of Medicare, Medicaid, underinsured, and uninsured patients. This benefits *all* Texans.
- As educators and trainers, academic health centers produce the health professions workforce for every part of the health care delivery system.

Fiscal Realities

- Texas strives to keep medical school tuition and fees at reasonable levels to promote access to medical education and prevent high debt for future physicians. Consequently, tuition and fees are a miniscule portion of an academic health centers' budget: about 1% to 2%.
- The state does not provide sufficient funding to support the full cost of educating medical students and residents. The medical schools' faculty practice plans are used to fund many residency positions along with basic science and clinical research programs.
- Compensation models for physician faculty are typically predicated on specific performance targets for clinical practice.
- Need for academic health centers to generate clinical revenues is not unique to Texas and is prevalent across the country. As evidence: In 1977, clinical service represented only 20% of medical school revenues in the U.S., and now it is closer to 60%.

The council believes it is more reflective of TMA's values to have policies that display mutual respect between physicians in different practice settings. For all the reasons detailed in this report, the council recommends the following deletions and amendments to this policy.

Recommendation: Amend 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).

REPORT OF COUNCIL ON MEDICAL EDUCATION

C-ME Report 7 2020

Subject: Referral of Res. 211-A-19, The Integration of LGBTQ Health Topics into Medical Education

Presented by: Ronald L. Cook, DO, Chair

Referred to: Reference Committee on Medical Education and Health Care Quality

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Resolution 211-A-19, The Integration of LGBTQ Health Topics into Medical Education (2019), from the TMA Medical Student Section, was referred to the Council of Medical Education and the Council on Science and Public Health for a report back in 2020. This report was prepared by the Council on Medical Education and is supported by the Council on Science and Public Health and the TMA Workgroup on LGBTQ Health.

The resolution sought adoption of the following as TMA policy:

> RESOLVED, That TMA support the integration of LGBTQ health care topics into undergraduate and graduate medical education; and be it further
>
> RESOLVED, That TMA work with the appropriate parties to develop best practices for the integration of LGBTQ health care education into undergraduate and graduate medical education as well as CME.

The reference committee at its TexMed 2019 meeting heard testimony both for and against Res. 211. The council testified that this type of education is covered by current medical school and residency program accreditation standards. The reference committee agreed but determined this was a timely and important issue that warranted additional study. The house concurred and referred the resolution.

Research on Current Teaching of LGBTQ Patient Care in Medical Education

To understand the goals of the resolution, the council invited the author to its meeting on Jan. 24 to speak about his objectives in drafting the resolution. In evaluating its merits, both councils recognized they did not have specific expertise on the teaching of LGBTQ patient care to medical students, residents, and physicians as referenced in the resolution and that few resources were available for measuring this. For this reason, the council researched how this topic is covered in medical education to assess whether resources are already available for identifying best practices. The councils:

- Searched national accreditation standards for medical schools and residency programs,
- Consulted with a member of the TMA Workgroup on LGBTQ Health who is also involved in academic medicine, and
- Reviewed relevant TMA and AMA policies.

The results of these activities are summarized below to assist the house in evaluating this proposal.

Relevant Policies, Accreditation Standards, and Resources

TMA Policy – 265.028 Improving LGBTQ Health Care Access
TMA recognizes that LGBTQ individuals have unique health care needs and suffer significant barriers in access to care that result in health care disparities. TMA will provide educational opportunities for physicians on LGBTQ health issues to increase physician awareness of the importance of building trust so LGBTQ patients feel comfortable voluntarily providing information on their sexual orientation and gender identity, thus improving their quality of care. TMA also will continue to study how best to reduce barriers to care and increase access to physicians and public health services to improve the health of the LGBTQ population. (CSPH Rep. 8-A-18).

AMA Policy – Medical Spectrum of Gender D-295.312
Given the medical spectrum of gender identity and sex, our AMA: (1) will work with appropriate medical organizations and community based organizations to inform and educate the medical community and the public on the medical spectrum of gender identity; (2) will educate state and federal policymakers and legislators on and advocate for policies addressing the medical spectrum of gender identity to ensure access to quality health care; and (3) affirms that an individual's genotypic sex, phenotypic sex, sexual orientation, gender and gender identity are not always aligned or indicative of the other, and that gender for many individuals may differ from the sex assigned at birth.

Liaison Committee for Medical Education Accreditation Standards, 2020-21
7.6 Cultural Competence and Health Care Disparities
The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process. The medical curriculum includes instruction regarding the following:

- The manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments;
- The basic principles of culturally competent health care;
- Recognition of the impact of disparities in health care on medically underserved populations and potential solutions to eliminate health care disparities;
- The knowledge, skills, and core professional attributes (e.g., altruism, accountability) needed to provide effective care in a multidimensional and diverse society.

ACGME Common Program Requirements (Residency)
IV.B.1.a).(1).(e) respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (Core) Effective July 1, 2019.

Compelling Factors
In researching the potential benefits of education on health care for LGBTQ patients, the council identified the following compelling factors. These help quantify the vast numbers of at-risk patients and the potential adverse health conditions for these vulnerable populations.

- An estimated 8 million adults in the U.S. identify as lesbian, gay, or bisexual, and 700,000 identify as transgender.
- Individuals with disorders/differences of sex development (DSD) have "congenital conditions in which development of chromosomal, gonadal, or anatomic sex is atypical," as defined by a 2006 Consensus Statement. They represent 1% of the population and are at increased risk of cancer, infertility, psychosocial distress, and other health care issues.

Other research identified additional health risk factors, including:

- Modifiable risk factors for cardiovascular disease such as mental distress, obesity, hypertension, and abnormal blood glucose levels;
- Breast cancer;
- Substance use disorders;
- Sexually transmitted infections; and
- Mental health disorders.

Healthy People 2020 identified the following potential benefits of addressing health concerns and reducing disparities:

> Eliminating LGBT health disparities and enhancing efforts to improve LGBT health are necessary to ensure that LGBT individuals can lead long, healthy lives. The many benefits of addressing health concerns and reducing disparities include:
> - Reductions in disease transmission and progression;
> - Increased mental and physical well-being;
> - Reduced health care costs; and
> Increased longevity.

Current Resources for Best Practices

A major objective of the resolution was to establish policy directing TMA to develop best practices for the integration of LGBTQ health care education into medical education. In evaluating this proposal, the councils made the following determinations:

- Neither of the two TMA councils have the expertise to draft best practices for developing the curricula or delivering this type of education to medical students, residents, and physicians; and
- Curricular content is already readily available.

Current Resources for Medical School Curriculum

The Association of American Medical Colleges (AAMC) offers an extensive catalogue of resources to help medical schools prepare students to provide medical care to LGBTQ patients. In 2014, AAMC's Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development published a competency-based report, *Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals who are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators*. This is designed to help medical schools mitigate educational barriers by offering multimodal approaches and best practices for U.S. and international medical programs.

This report served as a framework for a pilot developed by the University of Louisville School of Medicine to "implement these competencies as part of an integrative curriculum revision that could be modeled by other programs." This resulted in the development of the *eQuality Toolkit*. Although it was designed for use in educating medical students, it is readily accessible at no cost and may be beneficial for residents, physicians in practice, and other health care professionals. It is intended for broad distribution, and experts point to this educational model as an excellent resource. This relieves individual medical schools from having to develop their own curriculum.

TMA Survey of Texas Medical School Curriculum Deans

To understand the integration of this education at Texas medical schools, the council in mid-December conducted an email survey of curriculum deans at each Texas medical school. The schools were asked to respond to the following survey questions:

1. Does your medical school curriculum have specific content intended to prepare students to provide health care that meets the unique medical needs of LGBTQ patients?
2. If so, how is it integrated into the curriculum? Is it longitudinal? Is it a discrete component of the curriculum, such as the *eQuality Toolkit* prepared by the University of Louisville School of Medicine, or integrated more broadly into other topics?
3. If it is a discrete component, please estimate how much of the curriculum is dedicated to this activity, such as percentage of the course/activity.
4. If it is integrated into other topics, please identify those topics.

Through the survey, the council learned that six of the seven responding schools (out of 12 surveyed) have integrated this education into their curriculum: Baylor College of Medicine, Texas Tech University Health Sciences Center (TTUHSC) Lubbock, TTUHSC Paul L. Foster School of Medicine, The University of Texas at Austin Dell Medical School; McGovern Medical School at UTHealth, UT Health San Antonio Long School of Medicine; and UT Southwestern Medical School. Only one responding school, the University of North Texas Health Science Center, Texas College of Osteopathic Medicine, reported the curriculum does not include this topic. It was also reported that individual students at this school have been active in various educational activities on the topic.

Most schools reported that this education represents 2% to 3% of the overall curriculum. Some courses are discrete components while others are woven into broader subjects and clerkships. Examples: Society, Community, and the Individual; Sexual Orientation and Gender Identity; Determinants and Social Health of Populations; Unconscious Bias in Healthcare; Reproductive Medicine; and Endocrine and Female Reproductive Health.

Developing Best Practices for Residency Program Curricula

Res. 211 also sought best practices for the inclusion of this education in residency training. The council did not have expertise on curricula used by residency programs and determined it was not feasible to collect this information through a survey, for the following reasons:

1. Texas has 668 residency programs accredited by the Accreditation Council for Graduate Medical Education and 41 designated institutional officials responsible for those programs. It was not practical for TMA to survey the residency programs in the same manner as the curriculum deans for the medical schools to assess curricular content for residency training. The council recognized, however, that the accreditation requirements for residency programs require programs to show "respect and responsiveness to diverse patient populations, including diversity in sexual orientation."
2. Given the specificity of residency training, it would be difficult for TMA to develop best practices that would be applicable for all specialties.

Developing Best Practices for CME

As previously noted, the council identified a multitude of CME courses on this topic that are readily available to physicians, including a course produced by TMA, as listed below.

- TMA's on-demand webinar, Inclusive Health Care for LGBTQ Patients, was released in 2019 and is free of charge to TMA members.
- More than 60 CME programs are available at no charge at the National LGBT Health Education Center, a program of the Fenway Institute.
- Additional information on CME programs is provided in the *eQuality Toolkit*.
- Many other sources of CME on this topic were identified for physicians.

Simplification of Nomenclature
As part of this research, the council learned that the American Medical Association made a determination in November that the term "LGBTQ" may not represent individuals who are "nonbinary," and that leaving the language open to sexual orientation and gender identity may be more inclusive. In response, the council incorporated these terms in its policy recommendation.

Summary
The council determined that some Texas medical schools have integrated LGBTQ health teaching into their curricula. The Council on Medical Education and the Council on Science and Public Health support this activity at Texas medical education institutions and recommend the adoption of new TMA policy that reflects this support. It was further determined that TMA does not have the expertise or resources to develop best practices to be offered for use by the medical schools. And, finally, the council's research identified ample resources for use by the schools.

Recommendation: Adopt as new policy in lieu of Resolution 211-A-19:

> **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 medical education, graduate medical education, and continuing medical education curricula. This includes support for discrete evidence-based educational components as well as the inclusion of appropriate references throughout the basic science, clinical care, and cultural competency curricula for medical education.

References
- Adam MP. Emerging issues in disorders/differences of sex development (DSD). *American Journal of Medical Genetics*. June 3, 2017.
- Association of American Medical Colleges. AAMC Videos and Resources about LGBT Health and Health Care.
- Gates GJ. How many people are lesbian, gay, bisexual, and transgender? The Williams Institute, University of California, Los Angeles School of Law. April 2011. Source:
- Healthy People 2020. Lesbian, Gay, Bisexual, and Transgender Health.
- University of Louisville School of Medicine. Undergraduate Medical Education Office. eQuality.
- Weingartner LA, Noonan EJ, Holthouser A, Potter J, Steinbock S, Kingery S, Sawning S. *The e eQuality Toolkit: Practical Skills for LGBTQ and DSD-Affected Patient Care.* Lexington, KY: University Press of Kentucky; 2019.
- WomenSport International. Disorders of Sexual Differentiation (DSD): A Consensus Statement. Aug. 23, 2010.

TABLE

REPORT OF COUNCIL ON MEDICAL EDUCATION

C-ME Report 6 2020

Subject: Referral of Resolution 202-A-18 Addressing Gender Bias in Undergraduate Medical Education and Implicit Bias Training

Presented by: Ronald L. Cook, DO, Chair

Referred to: Reference Committee on Medical Education and Health Care Quality

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Resolution 202-A-18, Addressing Gender Bias in Undergraduate Medical Education and Implicit Bias Training (Medical Student Section) was referred to the Council on Medical Education by the house in 2018. Referral was recommended due to conflicting testimony both for and against. Also, requests were also made to expand the scope to include training on implicit bias related to race/ethnicity in addition to gender. To evaluate the merits of the resolution, the council conducted extensive research on implicit bias and held extensive discussions over various meetings. The decision was not unanimous, but there was consensus in support of bias training for learners, faculty, and staff at academic health centers. In addition to gender, the council determined the training should include racial/ethnic biases. The council also reached a consensus in support of mentorships at the academic health centers and/or teaching hospitals for medical students in medical specialties for which medical schools recognize there is a significant degree of underrepresentation by gender and/or race/ethnicity within the physician workforce. An example is women in surgical specialties.

The resolution proposed that TMA (1) support the implementation of implicit bias training for all Texas medical school faculty, and (2) advocate for the creation and implementation of formal mentorship programs at medical schools between residents, fellows, or attending physicians and female medical students for specialties in which women are underrepresented.

Results of Council's Research

The council started by reviewing existing TMA policy and identified the following related policies:

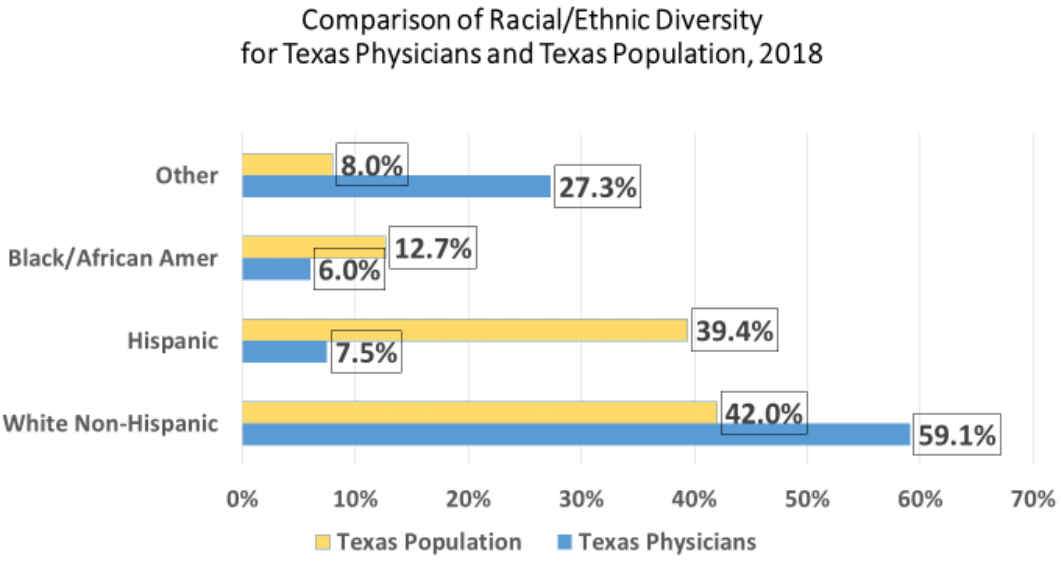
> **TMA Policy 60.008 Rejection of Discrimination**: TMA does not discriminate, and opposes discrimination, based on race, religion, disability, ethnic origin, national origin, age, sexual orientation, sex, or gender identity. TMA supports physician efforts to encourage that the nondiscrimination policies in their practices, medical schools, hospitals, and clinics be broadened to include "race, religion, disability, ethnic origin, national origin, age, sexual orientation, sex, or gender identity" in relation to patients, health care workers, and employees (CSPH Rep. 1-A-18).

Policy 185.012 supports greater diversity in the state's physician workforce, with the goals of improving the geographic maldistribution of physicians and reducing potential health disparities:

> **TMA Policy 185.012 Physician Recruitment:** TMA supports expanded efforts by Texas medical schools to recruit and retain students and residents from underrepresented race/ethnic groups as well as underrepresented geographic areas of the state to enhance the diversity of the state's physician workforce, affect geographic maldistribution, and reduce potential health disparities (Committee on Physician Distribution and Health Care Access, p 76, I-95; substitute CME Rep. 2-A-06; reaffirmed CME Rep. 2-A-16).

In addition, Resolution 112 Equal Pay for Equal Work (Dallas County Medical Society), adopted by the house in 2019, included a directive for TMA to create implicit bias training for both male and female TMA members. TMA's Council on Practice Management Services has been working to identify an appropriate CME program on implicit bias training for TMA members in response to this policy.

In the 24 years since TMA Policy 185.012 on the recruitment of a diverse physician workforce was adopted, little has improved in racial/ethnic diversity among the state's physicians. Currently, far less diversity exists among Texas physicians than among the Texas population, as shown in the graph below.



The following statistics help to demonstrate how the state's population is far more diverse than the state's physician workforce:

Race/Ethnicity

- **Five times more** Hispanic Texans than Hispanic physicians,
- **Twice as many** black/African American Texans than among physicians, and
- **1.5 times more** white Texas physicians than white Texans.

Gender

- Women make up 50.3% of Texans, but only 34% of Texas physicians.
- In academic medicine in the U.S., women represent:
    - 16% of permanent deanship positions,
    - 15% of department chairs,
    - 21% of full professors,
    - 34% of associate professors, and
    - 38% of full-time medical school faculty.

    (Note: Data were not available at the state level.)

In researching the potential for bias in medicine, the council identified numerous prominent research studies that found:

- Although multiple federal laws such as the 1964 Civil Rights Act and the 1965 Medicare and Medicaid Act legislate against *overt* discrimination in health care, a large body of research identified disparities in health care in the U.S. based on gender and racial/ethnic status.
- Unconscious bias can exist, and most individuals are unaware of their own biases and how they are manifested.
- When individuals are made aware of unconscious biases, change is possible.
- There is a positive association in racial/ethnic concordance between patients and their physician.
- Diversity of faculty, administration, and medical school enrollments is an important component of learning.
- There are specific examples of how training programs on implicit bias at academic health centers have caused institutional changes that resulted in greater diversity in hiring and in student admissions.

As proposed in Resolution 202, the council supports mentorship for women and underrepresented minorities during medical education and residency training, as well as women and minorities working in academic medicine. The goal for this type of mentorship is to promote greater diversity in medicine.

Recommendation: Adopt new Texas Medical Association policy as follows in lieu of Resolution 202-A-18:

> **Support of Bias Training for All Texas Medical School Students, Resident Physicians, Staff, and Faculty of Academic Health Centers.** The Texas Medical Association supports bias training for all Texas medical school students and resident physicians, as well as staff and faculty at academic health centers. TMA supports providing evidence-based educational programs at medical schools that help residents, fellows, and attending physicians mentor medical students in medical specialties for which medical schools recognize there is a significant degree of underrepresentation by gender and/or race/ethnicity within the physician workforce.

TABLE

TEXAS MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution 201
2020

Subject: Augmented Intelligence (AI) in Health Care

Introduced by: Bexar County Medical Society

Referred to: Reference Committee on Medical Education and Health Care Quality

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Whereas, From 2010 to 2018, there were 79,936 patent applications filed in the United States involving augmented intelligence (AI), of which nearly one-third were in health care; and

Whereas, AI will have a growing role in health care; and

Whereas, The statutory and regulatory framework around AI in Texas may evolve rapidly, providing physicians an opportunity for input; and

Whereas, Physicians will require education and guidance on AI-related matters such as liability and clinical validation; and

Whereas, Because the quadruple aim in health care includes provider satisfaction, physicians stand to inform the use of AI in patient care towards this goal; therefore be it

RESOLVED, That the Texas Medical Association Council on Socioeconomics, TMA Committee on Health Information Technology, and TMA Council on Medical Education collaboratively study the effects of augmented intelligence (AI) on health care in Texas; and be it further

RESOLVED, That TMA ensure this effort includes guidance on how physicians may be affected and how physicians may prepare for the challenges and the opportunities AI creates.

Related TMA Policy:
None

Related AMA Policy:
Augmented Intelligence in Health Care H-480.940
Augmented Intelligence in Medical Education H-295.857

TABLE

TEXAS MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution 202
2020

Subject: Admission of Deferred Action for Childhood Arrivals (DACA) Students in Texas Medical Schools

Introduced by: Medical Student Section

Referred to: Reference Committee on Medical Education and Health Care Quality

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Whereas, In 2012, the U.S. Department of Homeland Security established the Deferred Action for Childhood Arrivals (DACA) program, which provides temporary legal status to young, undocumented immigrants brought to the U.S. as children by their guardians; and

Whereas, The DACA program allows this population to receive work permits; and

Whereas, The DACA program currently has 700,000 recipients nationwide and 115,290 (16% of all recipients) in Texas alone; and

Whereas, Despite political debate over this policy, the DACA program is currently active, and recipients can renew their status for the foreseeable future; and

Whereas, Seventy-three percent of Americans, including majorities of both Democrats and Republicans, support permanent U.S. legal status for DACA recipients; and

Whereas, Since 2001, undocumented students in Texas are considered Texas residents for purposes of admission to Texas public institutions of higher education and are eligible for in-state tuition and state financial aid; and

Whereas, The Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine support protections for DACA medical students due to their role in diversifying the physician workforce, treating underserved communities, and reducing physician shortages; and

Whereas, Of the 141 medical schools granting MD degrees in the U.S., 73 report willingness to admit DACA students; and

Whereas, Of the 34 medical schools granting DO degrees in the U.S., seven report willingness to admit DACA students; and

Whereas, Only one of 12 Texas medical schools (The University of North Texas Health Science Center Texas College of Osteopathic Medicine) reports willingness to admit DACA students; and

Whereas, Anecdotal evidence indicates at least one case of multiple Texas medical schools rescinding acceptances from a Texas DACA student after discovering his immigration status; therefore be it

RESOLVED, That the Texas Medical Association encourage Texas medical schools to implement admissions policies that allow admission of DACA students, for as long as the DACA program is intact.

Relevant TMA Policy:
200.022 Medical Education Admissions
200.031 Medical School Admissions
200.040 Joint Admission Medical Program
205.018 Hopwood v Texas
185.012 Physician Recruitment

Relevant AMA Policy:
D-350.986 Evaluation of DACA-Eligible Medical Students, Residents and Physicians in Addressing Physician Shortages
D-200.982 Diversity in the Physician Workforce and Access to Care
H-350.960 Underrepresented Student Access to US Medical School

TABLE

TEXAS MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution 203
2020

Subject: Supporting Implicit Bias Training for Perinatal Physicians

Introduced by: Medical Student Section

Referred to: Reference Committee on Medical Education and Health Care Quality

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Whereas, The World Health Organization defines maternal mortality as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes"; and

Whereas, Although maternal mortality in most of the world has been declining, in the United States it has more than doubled since 1987, from 7.2 deaths per 100,000 live births to 16.7 deaths per 100,000 live births in 2016; and

Whereas, Maternal mortality and morbidity rates in Texas are even higher than the national average, at 18.5 per 100,000 births; and

Whereas, A study by the Centers for Disease Control and Prevention found that approximately three in five pregnancy-related deaths were preventable; and

Whereas, There is a disproportionate number of pregnancy-related deaths among women of color, as African American and Native American/Alaska Native women are three to four times more likely to die from pregnancy-related issues than Hispanic and white non-Hispanic women; and

Whereas, Implicit bias refers to the "attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner"; and

Whereas, Implicit bias can affect the quality of care given by physicians providing perinatal care; and

Whereas, Implicit bias training brings unconscious biases to one's conscious attention; and

Whereas, In a longitudinal case study with physicians and nurses, it was shown that implicit bias recognition provoked critical questioning and awareness, allowing for reflection on biases and leading to explicit behavioral changes; and

Whereas, Precedent for implicit bias training legislation has been established, such as in California Senate Bill No. 464, California Dignity in Pregnancy and Childbirth Act; and

Whereas, Implicit bias training for perinatal physicians will allow for improved health outcomes for women and their newborns through access to more informed, sensitive, and empathic care; therefore be it

RESOLVED, That the Texas Medical Associate advocate for and support the use of implicit bias training for perinatal physicians in order to improve maternal health outcomes.

Related TMA Policy:
330.015 Physician-Led Initiatives to Address Maternal Mortality and Morbidity

Related AMA Policy:
Racial and Ethnic Disparities in Health Care H-350.974

References:

1. World Health Organization. Maternal mortality ratio (per 100,000 live births).
2. Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System.
3. Price S. Maternal Deaths: First U.S. Data Since 2007 Shows Serious Problems Persist. *Texas Medicine*. Jan. 30, 2020. www.texmed.org/TexasMedicineDetail.aspx?id=52424.
4. CDC. Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017. *MMWR*. 2019 May 10;68(18):423-429
5. CDC. Racial/Ethnic Disparities in Pregnancy-Related Deaths – United States, 2007-2016. *MMWR*. 2019 Sep 5; 68(35):762-765.
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7. Neighmond, P. (2019, May 10). Why Racial Gaps In Maternal Mortality Persist. NPR. May 10, 2019.
8. Milne A, Teunissen PW, Lingard L, Watling C. Adaptive reinventing: implicit bias and the co-construction of social change. *Adv Health Sci Ed.* 2018 Feb 17; 23(5):587-599.
9. SB-464 California Dignity in Pregnancy and Childbirth Act. Oct. 8, 2019.

TABLE

TEXAS MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution 204
2020

Subject: Promoting Careers in Geriatrics Among Medical Students

Introduced by: Medical Student Section

Referred to: Reference Committee on Medical Education and Health Care Quality

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Whereas, The United States has 49 million people older than age 65, and individuals over 65 account for 12.6% of the Texas population; and

Whereas, The number of individuals over age 65 will continue to increase each year, thereby requiring more physicians and resources to care for this population; and

Whereas, Up to 30% of these individuals will need the expertise of a geriatrician to manage their care; and

Whereas, There were only 405 board-certified geriatricians in the Texas as of 2018, for nearly 3.5 million individuals; and

Whereas, The Texas Medical Association and the American Medical Association do provide support for primary care specialties, TMA does not specifically have a policy that supports including geriatric medicine in medical student education; and

Whereas, TMA already supports preceptorship programs for some primary care specialties as a way to encourage medical student involvement in these specialties but has not expanded these efforts to include geriatrics; therefore be it

RESOLVED, That the Texas Medical Association recognize and support the need for more geriatricians by providing medical students educational information concerning geriatrics and its opportunities to encourage them to become involved in geriatrics; and it be further

RESOLVED, That TMA support the efforts of medical schools in fostering interest in geriatrics through interest groups and shadowing opportunities.

Related TMA Policy:
185.002 Physician Workforce – Primary Care and Specialty Training
185.022 Promoting Careers in Psychiatry Among Medical Students
255.002 Primary Care
255.003 Undergraduate Medical Education

Related AMA Policy:
Geriatric Medicine H-295.981
Geriatric and Palliative Care Training For Physicians D-295.969
Principles of and Actions to Address Primary Care Workforce H-200.949
Definition of Primary Care H-200.969

References:

1. U.S. Administration for Community Living. *Profile of Older Americans*. April 2018.
2. U.S. Census Bureau. QuickFacts: Texas. (n.d.).
3. Geriatrics Workforce By the Numbers at www.americangeriatrics.org/geriatrics-profession/about-geriatrics/geriatrics-workforce-numbers. (n.d.).
4. American Geriatrics Society. Current Number of Board Certified Geriatricians by State at www.americangeriatrics.org/sites/default/files/inline-files/Current Number of Board Certified Geriatricians by State 8 1 19.pdf. Updated August 2019.

TABLE

TEXAS MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution 205
2020

Subject: Service Animal Assisted Therapy in Health Care

Introduced by: Medical Student Section

Referred to: Reference Committee on Medical Education and Health Care Quality

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Whereas, The Americans With Disabilities Act (ADA) defines a service animal as one individually trained to perform tasks for people with disabilities; and

Whereas, The ADA and Texas Human Resources Code Section 121.002 require public places, such as health care facilities, to permit service animals to accompany qualifying individuals; and

Whereas, Mixed-model analyses showed a decrease in the symptoms of post-traumatic stress disorder from a baseline level after the use of service animals compared with standard care; and

Whereas, People with epilepsy who have service animals experience an improved quality of life and fewer seizures; and

Whereas, The American Medical Association supports public education about service animals; and

Whereas, The Texas Medical Association has no policies with regard to service animals and emotional support animals; therefore be it

RESOLVED, That the Texas Medical Association encourage physicians to use Americans With Disabilities Act material concerning service animals in their inpatient and outpatient settings as a part of their patients' therapeutic plans; and be it further

RESOLVED, That our TMA support the provision of resources in the community to individuals with service animals to inform them how their service animals can be part of a therapeutic plan to better treat their medical needs.

Related TMA Policy:
None.

Related AMA Policy:
Service Animals, Animal-Assisted Therapy, and Animals in Healthcare H-90.966

References:

1. U.S. Department of Justice, Civil Rights Division. ADA Requirements: Service Animals. July 12, 2011. Accessed Feb. 4, 2020.
2. Id. Frequently Asked Questions about Service Animals and the ADA. July 20, 2015. Accessed Feb. 4, 2020.
3. U.S. Health and Human Services, Office of the Assistant Secretary for Preparedness and Responses. Understanding How to Accommodate Service Animals in Healthcare Facilities. Jan. 2, 2013. Accessed Feb. 4, 2020.

4. Office of the Texas Governor. Texas Disability Law – Service Dogs. (n.d.) Accessed Feb. 4, 2020.
5. Texas Workforce Commission, Vocational Rehabilitation Services. Rights and Responsibilities of People Using Service Animals. September 2017.
6. Guerin L, Nolo. Texas Laws on Service Dogs and Emotional Support Animals. Accessed Feb. 4, 2020.
7. Texas Human Resources Code §121 Participation in Social and Economic Activities.
8. O'Haire ME, Rodriguez KE. Preliminary efficacy of service dogs as a complementary treatment for posttraumatic stress disorder in military members and veterans. *J Consult Clin Psychol.* 2018 Feb; 86(2), 179-188.
9. Catala A, Cousillas H, Hausberger M, Grandgeorge M. Dog alerting and/or responding to epileptic seizures: A scoping review. *PloS one*, 2018;*13*(12), e0208280.

TABLE

TEXAS MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution 206
2020

Subject: Amending the Mental Health Question on the Physician Licensure Application to Reflect Current Impairment

Introduced by: Medical Student Section

Referred to: Reference Committee on Medical Education and Healthcare Quality

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Whereas, Any person applying for a medical license in Texas is required to report all mental health diagnoses and treatment in the past five years, which may require students who receive psychiatric treatment while in medical school to report this on their initial licensure application; and

Whereas, Current Texas licensure applications include questions related to mental illness likely in violation of Title II of the Americans With Disabilities Act (ADA); and

Whereas, There is a substantial prevalence of mental illness among physicians and medical students, with 11.3% of physicians in one study reporting moderate to severe depression and another study estimating the rate of depression in medical students at 27.2%; and

Whereas, Three-quarters (75%) of surgeons who experienced suicidal thoughts within one year of being surveyed reported they had not sought help because they were concerned that doing so would affect their ability to renew their license; and

Whereas, Medical students with depression cited lack of confidentiality (37%), stigma associated with using mental health services (30%), and fear of documentation on academic record (24%) as barriers to receiving treatment; and

Whereas, Physicians working in a state where the mental health question/s violate ADA standards were 20% more likely to be reluctant seeking help, with 40% of those surveyed reporting reluctance to seek formal medical care for their mental health conditions; therefore be it

RESOLVED, That the Texas Medical Association support policy change as it relates to the Texas Medical Board licensure process, such that only current or active mental health conditions need be reported; and

RESOLVED, That TMA support policy and judicial decisions in line with the American Medical Association, such that physicians are not required to disclose previous treatment for mental health conditions but are evaluated solely on performance and current impairment.

Relevant TMA Policy:
None

Relevant AMA Policy:
Licensure Confidentiality H-275.970
Depression and Physician Licensure D-275.974

References:

1. Jones JT, North CS, Vogel-Scibilia S, Myers MF, Owen RR. Medical Licensure Questions About Mental Illness and Compliance with the Americans With Disabilities Act. *J Am Acad Psychiatry Law*. 2018 Dec; 46(4), 458-471.
2. Schwenk TL, Gorenflo DW, Leja LM. A survey on the impact of being depressed on the professional status and mental health care of physicians. *J Clin Psychiatry*. 2008 Apr;69(4), 617-620.
3. Rotenstein LS, Ramos MA, Torre M, et al. Prevalence of depression, depressive symptoms, and suicidal ideation among medical students: a systematic review and meta-analysis. *JAMA.* 2016 Dec 6; 316(21), 2214-2236.
4. Shanafelt TD, Balch CM, Dyrbye L, et al. (2011). Special report: suicidal ideation among American surgeons. *Arch Surg*. 2011 Jan;146(1), 54-62.
5. Givens JL, Tjia J. (2002). Depressed medical students' use of mental health services and barriers to use. *Acad Med.* 2002 Sep;77(9), 918-921.
6. Dyrbye, LN, West CP, Sinsky CA., et al. (2017, October). Medical licensure questions and physician reluctance to seek care for mental health conditions. *Mayo Clin Proc.* 2017 Oct;92(10):1486-1493.