

**REFERENCE COMMITTEE ON
MEDICAL EDUCATION AND HEALTH CARE QUALITY**

May 2018

1 The Reference Committee on Medical Education and Health Care Quality, having met on Friday, May 18,
2 2018, with all members present, submits the following report:

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4 (1) Council on Health Care Quality Report 2 – Policy Review

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6 RECOMMENDATION:

7
8 Madam Speaker, your reference committee recommends that the recommendation in Council on
9 Health Care Quality Report 2 be adopted.

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11 This report recommends that Policy 225.010 be retained as amended.

12
13 Your reference committee heard limited but favorable testimony in support of the report.

- 14
15 (2) Council on Medical Education Report 2 – Policy Review

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17 RECOMMENDATION:

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

21
22 This report recommends that:

23
24 (1) Policies 30.026, 85.011, 200.027, 205.016, 205.017, 205.028 be retained, and

25
26 (2) Policies 185.014, 205.011, 205.018, and 245.016 be retained as amended.

27
28 Your reference committee heard favorable testimony on this report.

- 29
30 (3) Council on Medical Education Report 3 – Aligning Future Graduate Medical Education Capacity
31 With Target Enrollments of New Texas Medical Schools

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33 RECOMMENDATION A:

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35 Madam Speaker, your reference committee recommends that recommendation 1 in Council on
36 Medical Education Report 3 be adopted.

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38 RECOMMENDATION B:

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40 Madam Speaker, your reference committee recommends that recommendation 2 in Council on
41 Medical Education Report 3 be amended on page 2, line 8, as follows:

42
43 TMA believes it is in the best interest of the state that any medical school operating in the state,
44 public or private, should plan for the GME needs of its graduates and that its plans should focus
45 on the GME capacity needed for the school's target class size, with an emphasis on expanding
46 care for patients by creating new GME positions rather than displacing GME programs already in
47 existence.

1 RECOMMENDATION C:
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3 Madam Speaker, your reference committee recommends that the recommendations in Council on
4 Medical Education Report 3 be adopted as amended.

5
6 This report recommends that the following be adopted as TMA policy on Aligning Future
7 Graduate Medical Education Capacity With Target Enrollments of New Texas Medical Schools:
8

9 (1) That the Texas Medical Association support an amendment to state law that would stipulate
10 that public medical schools are required to submit a plan to meet the graduate medical education
11 (GME) needs for the school's planned target class size. The GME plan is to be submitted to the
12 Texas Higher Education Coordinating Board as part of its application for approval to offer a
13 program leading to an MD or DO degree.
14

15 If at any time a medical school substantially increases its class size after approval from the Texas
16 Higher Education Coordinating Board to offer a program leading to an MD or DO degree, the
17 Texas Medical Association believes the medical school then should be required to provide an
18 updated GME plan to the board that reflects the subsequent increase in class size. TMA believes
19 the Texas Higher Education Coordinating Board should make a determination as to what
20 constitutes a substantial increase in class size for the purposes of this reporting requirement.
21

22 (2) TMA believes it is in the best interest of the state that any medical school operating in the
23 state, public or private, should plan for the GME needs of its graduates and that its plans should
24 focus on the GME capacity needed for the school's target class size.
25

26 Your reference committee heard testimony from several testifiers in support of this report. A
27 representative from Harris County Medical Society expressed support but noted the importance of
28 further clarifying that new residency positions should not displace those already in existence. The
29 chair of the Council on Medical Education was supportive of this addition.
30

31 (4) Council on Medical Education Report 4 – Physician Representation on Texas Higher Education
32 Coordinating Board
33

34 RECOMMENDATION:
35

36 Madam Speaker, your reference committee recommends that the recommendation in Council on
37 Medical Education Report 4 be adopted.
38

39 This report recommends that the following be adopted as TMA policy on Physician
40 Representation on the Texas Higher Education Coordinating Board:
41

42 Recognizing the influential role of the Texas Higher Education Coordinating Board in the
43 development and funding of new medical schools and other health professions programs in the
44 state, the Texas Medical Association strongly supports the appointment of at least one if not more
45 physicians to the Texas Higher Education Coordinating Board and policies that would prevent
46 extended gaps in physician representation.
47

48 Your reference committee received testimony in support of this report from the council chair and
49 no opposing testimony.

1 (5) Committee on Continuing Education Report 2 – Policy Review

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3 RECOMMENDATION:

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5 Madam Speaker, your reference committee recommends that the recommendation in Committee
6 on Continuing Education Report 2 be adopted.

7
8 This report recommends that Policies 70.004, 70.007, and 70.009 be retained as amended.

9
10 Your reference committee heard testimony supporting the policy changes from the chair of the
11 Council on Medical Education.

12
13 (6) Committee on Physician Distribution and Health Care Access Report 2 – Policy Review

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15 RECOMMENDATION A:

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17 Madam Speaker, your reference committee recommends that recommendation 1 in Committee on
18 Physician Distribution and Health Care Access Report 2 be amended by addition and deletion, as
19 follows:

20
21 55.027 **Public School Education:** With the goal of improving the public school system
22 through active participation, TMA members are encouraged to become involved with
23 the public school system in their areas to the degree possible, including mentoring
24 students and joining in community/school partnership programs, where available. In
25 addition, TMA encourages its members to work with local school systems to establish
26 advanced placement and enrichment programs in ~~mathematics and science~~ Science,
27 Technology, Engineering, and Math (STEM) with special emphasis on encouraging
28 participation of disadvantaged students in these programs (Council on Medical
29 Education, p 92, A-98; reaffirmed CM-PDHCA Rep. 2-A-08).

30
31 290.005 **Telemedicine:** ~~The Texas Medical Association supports the use of telecommunications~~
32 ~~in clinical proctoring and training of physicians, nurses, and allied health personnel~~
33 ~~within current standards for higher education, undergraduate and graduate medical~~
34 ~~education, preceptorships, and continuing medical education.~~

35
36 TMA defines telemedicine as clinical and diagnostic services delivered via
37 telecommunications technology; the use of telecommunication technology to facilitate
38 health care delivery; the application of telecommunications and information resources
39 to the health field to facilitate delivery of medical information to physicians,
40 practitioners, patients, and the general public; the process by which electronic, visual,
41 and audio communications are used to provide medical care, enhance skills and
42 knowledge, and provide diagnostic and consultative support to physicians and health
43 care providers at distant sites.

44
45 RECOMMENDATION B:

46
47 Madam Speaker, your reference committee recommends that Committee on Physician
48 Distribution and Health Care Access Report 2 be adopted as amended.

1 This report recommends that:

2
3 (1) Policy 55.027 be retained, and (2) Policy 290.005 be retained as amended.

4
5 Your reference committee heard only testimony in support of this report and feels minor editing
6 is needed to reflect current terminology and to ensure TMA policies do not refer to physicians as
7 “practitioners” or “providers.” Testimony was also provided that called attention to the stalling
8 tactics of the U.S. Drug Enforcement Agency in writing administrative rules to allow
9 psychiatrists to prescribe Schedule II drugs and the need for action by the American Medical
10 Association to remove this obstacle.

11
12 (7) Council on Practice Management Services Report 1 – Reducing Errors in Pharmacy (Resolution
13 307-A-17)

14
15 RECOMMENDATION:

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

19
20 This report recommends that the Texas Medical Association:

21
22 (1) support improving quality and patient outcomes through the collection and analysis of e-
23 prescribing mishaps through reporting in a transparent and non-punitive manner.

24
25 (2) participate in the National Council for Prescription Drug Program (NCPDP) to influence
26 national standards for pharmacies and the e-prescribing process.

27
28 (3) provide education specific to e-prescribing best practices so that pharmacies receive accurate
29 prescriptions the first time, reducing callbacks to the physician’s office.

30
31 Your reference committee heard only supportive testimony on the report.

32
33 (8) Council on Practice Management Services Report 2 – HIT Policy Review and New Cyber
34 Security Policy

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36 RECOMMENDATION:

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

40
41 This report recommends:

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43 (1) amending Policies 95.029 and 265.012 to align with TMA’s overall policy goals on the
44 subject of HIT;

45
46 (2) deleting Policies 265.021 and 115.019; and

47
48 (3) extracting a portion of Policy 265.012 on health information exchange as new stand-alone
49 policy titled Health Information Technology – Health Information Exchange.

1 (4) adopting new policy on Health Information Technology – Cyber Security. Recognizing that
2 cyber crimes, such as use of ransomware and malware, are a threat to patient care and to
3 physician practice operations, Texas Medical Association supports education, policies, and tools
4 that help physicians protect patient health information and electronic resources. Further, TMA
5 supports HIPAA privacy and security education, policies, and tools that help physicians maintain
6 HIPAA policies and procedures, including cyber security precautions, to reduce the risk of
7 attacks and other unauthorized access against a computer system and the information it contains.
8

9 Your reference committee heard favorable testimony from council and committee chairs in
10 support of these policy changes and new policy.

- 11
12 (9) Resolution 201 – Incorporating High-Value Care into Undergraduate and Graduate Medical
13 Education in Texas (Medical Student Section)

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15 RECOMMENDATION A:

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17 Madam Speaker, your reference committee recommends that Resolution 201 be amended by
18 deletion of the second resolve.

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20 RECOMMENDATION B:

21
22 Madam Speaker, your reference committee recommends that Resolution 201 be adopted as
23 amended.

24
25 This resolution resolves that TMA:

26
27 (1) support the inclusion and integration of topics of health care value in medical education; and

28
29 (2) work with the appropriate parties to make the *Choosing Wisely* U.S. Students and Trainees
30 Advocating for Resource Stewardship (STARS) curriculum or a similar curriculum more widely
31 available to TMA members.

32
33 Your reference committee heard only favorable testimony for the first resolve, however, the
34 preponderance of testimony was against adoption of the second resolve. The chair of the Council
35 on Medical Education noted that distribution of the *Choosing Wisely* U.S. Students and Trainees
36 Advocating for Resource Stewardship (STARS) curriculum is in the early stages and is being
37 administered by a Texas medical school which has made a commitment to making it available to
38 other medical schools. The timing is not right for TMA to interrupt this activity. An academic
39 physician also noted that high-value care is already required to be part of a medical school's
40 curriculum by national accreditation bodies.

- 41
42 (10) Resolution 202 – Addressing Gender Bias in Undergraduate Medical Education With Implicit
43 Bias Training (Medical Student Section)

44
45 RECOMMENDATION:

46
47 Madam Speaker, your reference committee recommends that Resolution 202 be referred.

1 This resolution resolves that TMA:

2
3 (1) support the implementation of implicit bias training for all Texas medical school faculty; and

4
5 (2) advocate for the creation and implementation of formal mentorship programs at medical
6 schools between residents, fellows, or attending physicians and female medical students for
7 specialties in which women are underrepresented.

8
9 Your reference committee heard considerable testimony on this resolution. Academic physicians
10 testified that this training is already required at educational institutions. Although there was
11 support for new policy on gender bias, several testifiers asked for an expansion of this resolution
12 to include other forms of bias and discrimination. Given the complexity and current societal focus
13 on the implications of implicit bias on patient care, your reference committee believes this
14 resolution should be referred for further study.

15
16 (11) Resolution 203 – Freedom from Maintenance of Certification (Ori Z. Hampel, MD)

17
18 RECOMMENDATION A:

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20 Madam Speaker, your reference committee recommends that Resolution 203 be amended by the
21 insertion of a fourth resolve, as follows:

22
23 Resolved, that the Texas Medical Association be actively and immediately engaged in the rule-
24 making process of SB 1148.

25
26 RECOMMENDATION B:

27
28 Madam Speaker, your reference committee recommends that Resolution 203 be adopted as
29 amended.

30
31 This resolution resolves that TMA take the position in its advocacy efforts that:

32
33 RESOLVED, That the Texas Medical Association take the position in its advocacy efforts that all
34 requirements for maintenance of board certification in medical staff bylaws for Texas health-
35 related facilities, institutions, and programs that fall within the differentiation prohibition of
36 Senate Bill 1148 (2017) should be considered null and void effective Jan. 1, 2018; and be it
37 further

38
39 RESOLVED, That TMA take the position in its advocacy efforts that any requirements for
40 maintenance of board certification in medical staff bylaws for Texas health-related facilities,
41 institutions, and programs that fall within the differentiation prohibition of Senate Bill 1148
42 (2017) require the vote of the medical staff (or satisfaction of another exception under the law);
43 and be it further

44
45 RESOLVED, That TMA take the position in its advocacy efforts that any vote for requiring
46 maintenance of board certification in medical staff bylaws for Texas health-related facilities,
47 institutions, and programs that fall within the differentiation prohibition under Senate Bill 1148
48 taken before the effective date of the bill should be considered null and void effective Jan. 1,
49 2018.

1 Your reference committee heard only supportive testimony. A representative from Harris County
2 Medical Society offered a fourth resolve that would direct TMA to become engaged in the
3 rulemaking process to be undertaken by the Texas Medical Board for the implementation of
4 Texas Senate Bill 1148. The addition was favorable to the author of the resolution and there was
5 broad support.

- 6
7 (12) Resolution 204 – Creating a Non-Profit Texas Board of Medical Specialties (Smith County
8 Medical Society)

9
10 RECOMMENDATION:

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12 Madam Speaker, your reference committee recommends that Resolution 204 not be adopted.

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14 This resolution resolves that the Texas Medical Association cause to be created a TMA-endorsed
15 501(c)(3) non-profit Texas Board of Medical Specialties to serve the purpose of certifying
16 physicians practicing in Texas.

17
18 Your reference committee heard considerable testimony on this resolution, including a high
19 degree of opposition. Concerns were expressed about the hefty expense, applicability to Texas
20 only, the potential loss of TMA membership, and the heavy task of developing initial board
21 certification and continued certification processes for a broad array of specialties. Several
22 testifiers questioned the necessity of such a program given the passage of far-reaching state
23 legislation last year that limits the use of Maintenance of Certification (MOC) in the state, as well
24 as the current availability of alternative MOC programs.

- 25
26 (13) Resolution 205 – Graduate Associate Physician (International Medical Graduate Section)

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28 RECOMMENDATION:

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30 Madam Speaker, your reference committee recommends that Resolution 205 not be adopted.

31
32 This resolution resolves that TMA:

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34 (1) delete Policy 30.036; and

35
36 (2) draft a legislative bill and advocate for its passage during the 2019 state legislative session to
37 establish a licensing program for qualified U.S. medical school graduates and ECFMG-certified
38 international medical graduates with specific U.S. legal status who have not entered residency
39 training due to a shortage of residency positions. The license would be limited to medical care
40 provided under the supervision of a physician in a specialty for which there is a physician
41 shortage in the state; be in good standing; and have a minimum of five years post-residency
42 patient care experience.

43
44 Your reference committee heard impassioned testimony that was overwhelmingly against
45 adoption of this resolution. Concerns were expressed that this would create a two-tier medical
46 education system, through the addition of a new education model that did not require residency
47 training. It was emphasized that this would likely hurt TMA's advocacy efforts for maintaining
48 state support for the creation of new residency positions. Testifiers noted that this licensing
49 pathway would hamper TMA's scope battles by classifying physicians for the first time as equal
50 to mid-level practitioners. There was also opposition expressed by several testifiers to the repeal
51 of TMA Policy 30.036 and to establishing a lower standard for underserved areas.

1 A representative of the Board of Trustees expressed gratitude for bringing this resolution forward
2 and reassured those present that the board is well aware of the shortage of residency positions and
3 continues to work on behalf of all physicians to implement needed changes due to this deficit.
4

5 Respectfully submitted,

6 Deborah A. Fuller, MD, chair

7 Ann E. Ranelle, DO

8 Belda Zamora, MD

9 Mammen A. Sam, MD

10 Manish Rungta, MD

11 Rajeev Suri, MD

12 Samuel E. Mathis, MD (resident)
13