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

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

RECOMMENDATION:

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

This report recommends that Policy 225.010 be retained as amended.

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

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

RECOMMENDATION:

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

This report recommends that:

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

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

Your reference committee heard favorable testimony on this report.

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

RECOMMENDATION A:

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

RECOMMENDATION B:

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

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

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

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

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

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

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

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

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

RECOMMENDATION:

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

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

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

Your reference committee received testimony in support of this report from the council chair and no opposing testimony.
(5) Committee on Continuing Education Report 2 – Policy Review

RECOMMENDATION:

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

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

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


RECOMMENDATION A:

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

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

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

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

RECOMMENDATION B:

Madam Speaker, your reference committee recommends that Committee on Physician Distribution and Health Care Access Report 2 be adopted as amended.
This report recommends that:

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

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


RECOMMENDATION:

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

This report recommends that the Texas Medical Association:

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

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

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

Your reference committee heard only supportive testimony on the report.


RECOMMENDATION:

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

This report recommends:

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

2. deleting Policies 265.021 and 115.019; and

3. extracting a portion of Policy 265.012 on health information exchange as new stand-alone policy titled Health Information Technology – Health Information Exchange.
adapting new policy on Health Information Technology – Cyber Security. Recognizing that cyber crimes, such as use of ransomware and malware, are a threat to patient care and to physician practice operations, Texas Medical Association supports education, policies, and tools that help physicians protect patient health information and electronic resources. Further, TMA supports HIPAA privacy and security education, policies, and tools that help physicians maintain HIPAA policies and procedures, including cyber security precautions, to reduce the risk of attacks and other unauthorized access against a computer system and the information it contains.

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

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

RECOMMENDATION A:

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

RECOMMENDATION B:

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

This resolution resolves that TMA:

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

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

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

Resolution 202 – Addressing Gender Bias in Undergraduate Medical Education With Implicit Bias Training (Medical Student Section)

RECOMMENDATION:

Madam Speaker, your reference committee recommends that Resolution 202 be referred.
This resolution resolves 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.

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

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

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

RESOLVED, That TMA take the position in its advocacy efforts that any vote for requiring maintenance of board certification in medical staff bylaws for Texas health-related facilities, institutions, and programs that fall within the differentiation prohibition under Senate Bill 1148 taken before the effective date of the bill should be considered null and void effective Jan. 1, 2018.
Your reference committee heard only supportive testimony. A representative from Harris County Medical Society offered a fourth resolve that would direct TMA to become engaged in the rulemaking process to be undertaken by the Texas Medical Board for the implementation of Texas Senate Bill 1148. The addition was favorable to the author of the resolution and there was broad support.

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

RECOMMENDATION:

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

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

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

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

RECOMMENDATION:

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

This resolution resolves that TMA:

(1) delete Policy 30.036; and

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

Your reference committee heard impassioned testimony that was overwhelmingly against adoption of this resolution. Concerns were expressed that this would create a two-tier medical education system, through the addition of a new education model that did not require residency training. It was emphasized that this would likely hurt TMA’s advocacy efforts for maintaining state support for the creation of new residency positions. Testifiers noted that this licensing pathway would hamper TMA’s scope battles by classifying physicians for the first time as equal to mid-level practitioners. There was also opposition expressed by several testifiers to the repeal of TMA Policy 30.036 and to establishing a lower standard for underserved areas.
A representative of the Board of Trustees expressed gratitude for bringing this resolution forward and reassured those present that the board is well aware of the shortage of residency positions and continues to work on behalf of all physicians to implement needed changes due to this deficit.

Respectfully submitted,

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