

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

- 3  
4 (1) CSPH Report 2 – Addressing the Diaper Gap (Resolution 305-A-17)

5  
6 RECOMMENDATION:

7  
8 Madam Speaker, your reference committee recommends that the recommendations in Council on  
9 Science and Public Health Report 2 be adopted.

10  
11 This report recommends that TMA:

- 12  
13 (1) Encourage physicians to screen for social and economic risk factors in order to support  
14 care plans and to direct patients to appropriate local social support resources;  
15  
16 (2) Provide information to members on community resources related to free and low-cost  
17 diapers and other basic material needs; and  
18  
19 (3) Recognize diapers, especially for adults, are a basic and essential health care necessity  
20 that helps to mitigate disease and illness and enables many to remain at home, and support  
21 efforts to remove the state sales tax applied to diapers.  
22

23 Your reference committee heard testimony in support of this report. There was no opposition.

- 24  
25 (2) Council on Science and Public Health Report 3 – Vitamin D<sub>3</sub> Supplementation (Resolution 320-  
26 A-17)

27  
28 RECOMMENDATION:

29  
30 Madam Speaker, your reference committee recommends that the recommendation in Council on  
31 Science and Public Health Report 3 be adopted.

32  
33 This report recommends that TMA adopt new policy on Appropriate Supplementation of Vitamin  
34 D that TMA will:

- 35  
36 (1) Support continued research on vitamin D, particularly long-term studies that address the  
37 benefits, adverse outcomes, and potential confounders across all life-stage groups;  
38  
39 (2) Support monitoring of the evolving science of vitamin D and its impact on health and the  
40 development of resources for physicians about vitamin D for patients; and  
41  
42 (3) Encourage physicians to consider measuring the serum concentration of 25-hydroxyvitamin  
43 D in patients at risk of vitamin D deficiency and counsel those with deficient or insufficient  
44 levels on ways to improve their vitamin D status.  
45

46 Your reference committee heard testimony in support of this report. There was no opposition.  
47

- 1 (3) Council on Science and Public Health Report 4 – Implementing a Sugar-Sweetened Beverage  
2 Tax in Texas (Resolution 311-A-17)

3  
4 RECOMMENDATION:

5  
6 Madam Speaker, your reference committee recommends that the recommendations in Council on  
7 Science and Public Health Report 4 be adopted.

8  
9 This report recommends:

- 10  
11 (1) That TMA collaborate with the public health community to promote and support evidence-  
12 based interventions that will reduce obesity and its complications. These evidence-based  
13 interventions should include providing information and resources for physicians to support  
14 obesity screening and diagnostic tools for use in the primary care setting, physician payment  
15 for the evaluation and management of patients with obesity, and research on culturally  
16 appropriate education and public awareness to address obesity and its complications.

- 17  
18 (2) Amend TMA Policy 260.095 as follows:

19  
20 **Eligibility of Sugar-Sweetened Beverages for the Supplemental Nutrition Assistance**  
21 **Program and Counseling:** The Texas Medical Association 1) will ~~publish an~~ develop  
22 educational materials for educating physicians to support their efforts to inform and counsel  
23 parents and their children about the effects of sugar-sweetened beverages (SSBs), and high-  
24 fat, -salt, or -carbohydrate foods on obesity and overall health, and encourage them to educate  
25 their patients in turn; 2) encourages the Texas Health and Human Services Commission  
26 (HHSC) to include educational materials about nutrition and healthy food and beverage  
27 choices in routine materials that are currently sent to Supplemental Nutrition Assistance  
28 Program (SNAP) recipients along with the revised eligible foods and beverages guidelines  
29 and to extend local programs that multiply value for the purchase of fresh fruits and  
30 vegetables under SNAP; and 3) will work with both the Texas Legislature and the HHSC to  
31 remove SSBs from SNAP (Amended Res. 302-A-13).

- 32  
33 (4) Council on Science and Public Health Report 5 – Policy Review

34  
35 RECOMMENDATION:

36  
37 Madam Speaker, your reference committee recommends that the recommendations in Council on  
38 Science and Public Health Report 5 be adopted.

39  
40 This report recommends that: (1) Policy 45.011, County Contracts to Recover Tissue in Texas,  
41 and Policy 95.018, Physician Pharmacy Interactions be retained; and (2) Policies 20.0016,  
42 Alzheimer’s Disease and Other Dementia; 260.015 Firearms, 260.058; Labeling of Ephedrine  
43 Products; 265.018, Evidence-based Medicine; 280.033, Hypothermia for Successful Out-of-  
44 Hospital Resuscitation; and 280.034, Pain Management, be retained as amended; and (3) Policies  
45 30.027, Physical Therapy Services; 95.028, Multiple Schedule II Drug Prescriptions; and  
46 260.057, Regulation of Ephedrine Products, be deleted.

47  
48 Your reference committee heard testimony in support of this report. There was no opposition.  
49

- 1 (5) Science and Public Health Report 6 – Physician Role in Increasing Vaccination for HPV  
2 Resolution 310 – Community Health Workers and HPV Vaccination (Medical Student Section)

3  
4 RECOMMENDATION A:

5  
6 Madam Speaker, your reference committee recommends that the recommendations in Council on  
7 Science and Public Health Report 6 be amended by insertion of Recommendation 1 d as follows:

8  
9 This report recommends that the following be adopted as new TMA policy:

10  
11 Physician Role in Increasing Vaccination for HPV: In an ongoing effort to reduce the burden of  
12 preventable cancers associated with human papillomavirus (HPV) in Texas, TMA will:

- 13  
14 (1) Continue to educate physicians, monitor, and support implementation of interventions to  
15 improve the rate of HPV vaccination per Centers for Disease Control and Prevention (CDC)  
16 Advisory Committee on Immunization Practices (ACIP) recommendations using the  
17 following evidence-based strategies:

- 18  
19 a. educate physicians, families, and patients on the key message that the HPV vaccine  
20 prevents cancer safely in women and men,  
21 b. recognize that physicians are leaders within the community and are critical in  
22 improving HPV vaccination rates,  
23 c. communicate that strong physician recommendation is the most important  
24 determinant of vaccine acceptance,  
25 d. strengthen communication through the utilization of the principles of successful  
26 management of vaccine hesitancy, HPV cancer survivor stories, and local/regional  
27 champions; including trained community health workers,  
28 e. establish consistency in the messaging over the HPV vaccine’s importance,  
29 effectiveness, and safety among all clinical/practice physicians and staff,  
30 f. utilize effective vaccine delivery strategies, which include reviewing the vaccine  
31 status of all patients at all visits, and using standing orders, simultaneous  
32 administration, i.e., “bundling” the vaccine with other vaccines, and school-based  
33 clinics,  
34 g. track the progress of vaccine delivery through the utilization of EMR functions,  
35 surveillance/monitoring systems, regular performance reviews, and maintaining  
36 knowledge of the trends in the rates of HPV vaccine coverage and HPV-associated  
37 cancer;

- 38  
39 (2) Support the continued testing, development, improvement, and dissemination of effective  
40 HPV vaccine intervention research and reviewing and editing policy recommendations  
41 accordingly;

- 42  
43 (3) Continue active collaborations with the Texas Department of State Health Services to  
44 optimize the use of the state immunization registry with the goal of having it be fully  
45 functional, as defined by the CDC, and utilized by physicians in order to have a reliable  
46 method to measure HPV immunization coverage rates in the state. TMA will encourage  
47 development of data sharing agreements among groups that are collecting valid HPV vaccine  
48 coverage rate data until a fully functional immunization registry is implemented; and

- 49  
50 (4) Continue to collaborate both internally and externally with health stakeholders to leverage  
51 and improve HPV vaccination rates in Texas.  
52

1 RECOMMENDATION B:

2  
3 Madam Speaker, your reference committee recommends that Resolution 310 be not adopted.

4  
5 Resolution 310 resolves that the Texas Medical Association: (1) in cooperation with other  
6 interested parties, investigate the potential impact of community health workers on initiation and  
7 completion rates of human papillomavirus vaccination (HPV) in underserved populations, such as  
8 inner-city and rural populations; (2) urge the Texas Department of State Health Services and/or  
9 local bodies governing community health workers to expand the training and role of community  
10 health workers in promoting HPV vaccination; and (3) urge counties and communities to address  
11 HPV vaccination through more programs carried out by community health workers dedicated to  
12 education and navigation of the vaccination process.

13  
14 Your reference committee heard testimony in support of CSPH Report 6 from the Council on  
15 Science and Public Health and the Committee on Cancer. There was also testimony supporting  
16 the intent of Resolution 310 on the potential benefits of using community health workers in  
17 educating and expanding HPV vaccination in Texas such as among inner city, rural, and  
18 underserved populations. Your reference committee recognizes the value community health  
19 workers have in navigating the vaccination process but believes the resolves in Resolution 310  
20 are more fully addressed in CSPH Report 6.

21  
22 RECOMMENDATION C:

23  
24 Madam Speaker, your reference committee recommends that CSPH Report 6 be adopted as  
25 amended.

- 26  
27 (6) Council on Science and Public Health Report 7 – Evidence-Based Management of Substance Use  
28 Disorders

29  
30 RECOMMENDATION:

31  
32 Madam Speaker, your reference committee recommends that the recommendations in Council on  
33 Science and Public Health Report 7 be adopted.

34  
35 This report recommends (1) approval of new policy on the chronic disease of substance use  
36 disorders as follows and (2) deleting current Policy 25.008, Alcoholism:

37  
38 The Texas Medical Association believes that substance use disorders are complex diseases with  
39 biological, psychological, and sociological components, and that these disorders should be  
40 recognized and treated as are all other diseases. TMA believes that effectively addressing  
41 substance use disorders requires major initiatives for prevention, risk reduction, and treatment,  
42 inclusive of the following strategies for physician education and for improving public health  
43 programming to address these disorders in Texas.

- 44  
45 1. Physician education on:  
46 a. The evidence-based prescription of addicting medications, especially  
47 benzodiazepines and opiates;  
48 b. The increased public- and private-sector access to nonpharmacological management  
49 of pain and anxiety;  
50 c. The goal of universal screening of adolescents and adults including pregnant and  
51 postpartum women for substance use disorders as part of their preventive and  
52 primary care; and

1 d. Improving public- and private-sector access to evidence-based medication-assisted  
2 treatment for all substance use disorders for which such an intervention is clinically  
3 indicated.  
4

5 2. Public health programming to:

6 a. Improve public- and private-sector access to evidence-based treatment of substance  
7 use disorders, and aggressive, early linkage of patients in need;

8 b. Support public health policymaker commitments to financing improved data  
9 collection on drug overdoses and fatalities and to a robust public health response to  
10 the data;

11 c. Increase the availability of harm reduction measures for current users, including  
12 access to clean syringes, naloxone, and Housing-First recovery models; and

13 d. Continue federal and local efforts to interrupt access to illegally obtained drugs.  
14

15 Your reference committee heard only supportive testimony from the Council on Science and  
16 Public Health and others. The Chair of the Task Force on Behavioral Health noted that TMA does  
17 not have policy related to the management of substance use disorders and the recommendations  
18 reflect current guidance.  
19

- 20 (7) Council on Science and Public Health Report 8 – Improving Electronic Health Records, Health  
21 Information Exchange, and other Health Information Technology Products to Address Issues of  
22 Sex and Gender  
23 Resolution 304 – Improving the LGBTQI+ Patient Health Care Experience (Medical Student  
24 Section)  
25

26 RECOMMENDATION A:  
27

28 Madam Speaker, your reference committee recommends that the recommendation in Council on  
29 Science and Public Health Report 8 be adopted as amended in Recommendation 1 and by  
30 deletion of the term “transsexual” and insertion of the term “transgender” in the recommendations  
31 as follows:  
32

33 CSPH Report 8 recommends:  
34

- 35 (1) That TMA work with the American Medical Association and leaders in the field of lesbian,  
36 gay, bisexual, ~~transsexual~~ transgender, queer, or questioning (LGBTQ) health such as the  
37 World Professional Association for Transgender Health and the Gay and Lesbian Medical  
38 Association to develop requirements for electronic health records (EHRs), health information  
39 exchanges (HIEs), and other health information technology (HIT) products reflecting best  
40 practices that include the ability to support, capture, and provide easy use by physicians of  
41 the following information:

42 a. Current gender identity,

43 b. Gender assigned at birth,

44 c. Sexual orientation,

45 d. Name (or names) and pronoun preference,

46 e. Indicated health screenings,

47 f. Appropriate clinical decision support tools, and

48 g. History of gender-affirming surgery or treatment as part of past medical or surgical  
49 history, and

50 h. Sex assigned at birth.  
51

1 These products also should incorporate effective privacy attributes, particularly for adolescents,  
2 and enable physician use of a longitudinal view of changes in demographics, gender identity,  
3 sexual preference, medical and surgical history, and past interventions.  
4

5 (2) That TMA and AMA continue to advocate for the rapid incorporation of best practice  
6 requirements into EHRs, HIEs, and other HIT products.  
7

8 (3) That TMA adopt the following policy opposing increased costs to physicians and patients for  
9 required updates of EHR and HIT systems:  
10

11 Costs to Update EHR and HIT Systems: The Texas Medical Association believes that neither  
12 physicians nor patients should incur additional costs when electronic health records (EHRs)  
13 or health information technology (HIT) systems are updated to reflect the latest in regulatory  
14 requirements or evidence-based medical care in the area of lesbian, gay, bisexual, ~~transsexual~~  
15 transgender, queer, or questioning health.  
16

17 (4) That TMA adopt the following policy on increasing physician awareness and removing  
18 barriers to LGBTQ health care access:  
19

20 Improving LGBTQ Health Care Access: The Texas Medical Association recognizes that  
21 lesbian, gay, bisexual, ~~transsexual~~ transgender, queer, or questioning (LGBTQ) individuals  
22 have unique health care needs and suffer significant barriers in access to care that result in  
23 health care disparities. TMA will provide educational opportunities for physicians on  
24 LGBTQ health issues to increase physician awareness of the importance of building trust so  
25 LGBTQ patients feel comfortable voluntarily providing information on their sexual  
26 orientation and gender identity, thus improving their quality of care. TMA also will continue  
27 to study how best to reduce barriers to care and increase access to physicians and public  
28 health services to improve the health of the LGBTQ population.  
29

30 RECOMMENDATION B:

31  
32 Madam Speaker, your reference committee recommends that Resolution 304 be not adopted.  
33

34 This resolution resolves that the Texas Medical Association: (1) advocate for the use of lesbian,  
35 gay, bisexual, and transgender (LGBT)-friendly language in medical intake forms like the use of  
36 gender-inclusive pronouns such as, but not limited to, they/them and zhe/zhem rather than the  
37 standard male/female pronouns; (2) oppose any law that protects discrimination against patients  
38 on the basis of gender, gender identity, or sexual orientation; and (3) with the Gay and Lesbian  
39 Medical Association and other appropriate parties to find ways to improve the LGBT patient  
40 experience.  
41

42 RECOMMENDATION C:

43  
44 Madam Speaker, your reference committee recommends that CSPH Report 8 be adopted as  
45 amended.  
46

47 Your reference committee heard testimony in wide support of CSPH Report 8. Harris County  
48 Medical Society offered amendments to two resolves in Resolution 304. The author of the  
49 resolution testified that the intent of the resolves in the resolution were strongly aligned with the  
50 CSPH Report 8 recommendations.  
51

- 1 (8) Committee on Cancer Report 1 – Policy Review

2  
3 RECOMMENDATION:

4  
5 Madam Speaker, your reference committee recommends that the recommendation in Committee  
6 on Cancer Report 1 be adopted.

7  
8 This report recommends that Policy 50.004, Skin Cancer Prevention be retained.

9  
10 Your reference committee heard only supportive testimony.

- 11  
12 (9) Committee on Child and Adolescent Health Report 1 – Policy Review

13  
14 Madam Speaker, your reference committee recommends that the recommendation in Committee  
15 on Child and Adolescent Health Report 1 be adopted.

16  
17 This report recommends that: Policies 55.052, Child Psychiatrists in State Agency Policymaking  
18 Positions and 260.034, Lead Poisoning be retained.

19  
20 Your reference committee heard only supportive testimony.

- 21  
22 (10) Committee on Child and Adolescent Health Report 2 – Referred 2017 Resolutions Relating to  
23 Concussions and Head Injuries

24  
25 RECOMMENDATION:

26  
27 Madam Speaker, your reference committee recommends that the recommendations in Committee  
28 on Child and Adolescent Health Report 2 be adopted.

29  
30 This report recommends that:

- 31  
32 (1) Policy 260.094, Cheerleading Head Injuries and Concussion be amended and retained as  
33 follows:

34  
35 **260.094 ~~Cheerleading~~ Health Injuries and Sport-Related Concussion (SRC):** The Texas  
36 Medical Association 1) advocates for stronger University Interscholastic League (UIL)  
37 oversight of ~~cheer~~ student athletic programs in Texas. Oversight should include requirements  
38 for safety training and certification for coaches and safety and technique training for  
39 ~~cheerleaders~~ athletes in line with national guidelines; 2) will work with external groups,  
40 including UIL, to strengthen injury surveillance in Texas including monitoring ~~cheerleading~~  
41 injuries sport-related concussion and identify high-risk activities; 3) promotes educational  
42 programming for students, coaches, and physicians on sport-related concussions and injury  
43 prevention; and 4) encourages physicians to get involved in local development of policies and  
44 strategies focusing on 13 injury prevention through the school health advisory councils. TMA  
45 will continue to monitor developments on sport-related concussions; offer continuing medical  
46 education in various formats on concussions as indicated; and encourage physicians to  
47 contribute to and support updates of pediatric guidelines, providing the most recent  
48 information to TMA members (CCAH and CSPH Joint Rep. 2-A-17 13).  
49

1 (2) TMA create a network in which TMA members could provide and receive consultations on  
2 concussions with one another, and possibly link physicians with specialists in sports  
3 medicine, as the best way to share information on concussion protocol, current knowledge on  
4 how to manage patients, and information for patients.  
5

6 (3) TMA start an education and awareness campaign directed toward athletes to ensure education  
7 and timely information is shared directly with students.  
8

9 Your reference committee heard from a number of testifiers in support of the recommendations.  
10 Several also inquired as to how this would apply to other students such as those involved in other  
11 school activities like marching band or color guard, as these students may also be at risk of head  
12 trauma.  
13

14 (11) Committee on Infectious Diseases Report 1 – Policy Review  
15

16 RECOMMENDATION:  
17

18 Madam Speaker, your reference committee recommends that the recommendation in Committee  
19 on Infectious Diseases Report 1 be adopted.  
20

21 This report recommends that Policies 95.019, Needle Exchange Programs; 135.007,  
22 Immunization Guidelines; and 135.016, Influenza Vaccine Recommendations for Health Care  
23 Workers, be retained as amended.  
24

25 Your reference committee supports this report.  
26

27 (12) Committee on Reproductive, Women’s, and Perinatal Health Report 1 – Evaluation and  
28 Management of Stillbirth  
29

30 RECOMMENDATION:  
31

32 Madam Speaker, your reference committee recommends that the recommendations in Committee  
33 on Reproductive, Women’s, and Perinatal Health Report 1 be adopted.  
34

35 This report recommends that TMA:  
36

37 (1) Promote physician awareness of the comprehensive process for evaluation and management of  
38 stillbirth including current clinical management guidelines developed by the American  
39 College of Obstetricians and Gynecologists.  
40

41 (2) Work with the relevant state health and human service agencies, public and private insurance  
42 organizations, and health care associations to explore opportunities to incorporate fetal death  
43 data into quality improvement initiatives addressing maternal and infant health and explore the  
44 costs and benefits associated with the evaluation and management of stillbirths.  
45

46 (3) Delete the following Policy 140.009 in favor of the comprehensive recommendations provided  
47 within this report: 140.009 Perinatal Autopsies Following Stillbirth: The Texas Medical  
48 Association encourages the provision and reporting of results of fetal autopsies following  
49 stillbirth (CM-MPH Rep. 5-A-06).  
50



1 Your reference committee heard testimony from a member of the committee recognizing the need  
2 for TMA policy on the comprehensive evaluation and management of stillbirth. There was no  
3 opposition.  
4

- 5 (13) Resolution 301 – Synthetic Cannabis Educational Resources for Providers (Medical Student  
6 Section)

7  
8 RECOMMENDATION A:

9  
10 Madam Speaker, your reference committee recommends that Resolution 301 be amended as  
11 follows.

12  
13 This resolution resolves that the Texas Medical Association: ~~(1) support evidence based~~  
14 ~~strategies that will help treat synthetic cannabinoid overdose and reduce synthetic cannabinoid~~  
15 ~~use; (2) support (1) advocate for research on the prevalence, effects, and implications of~~  
16 ~~synthetic cannabinoid use; and (3) identify encourage the development and circulation of~~  
17 ~~evidence-based educational materials on synthetic cannabinoids for physicians to share with~~  
18 ~~patients.~~

19  
20 RECOMMENDATION B:

21  
22 Madam Speaker, your reference committee recommends that Resolution 301 be adopted as  
23 amended.

24  
25 Your reference committee heard testimony from the author of the resolution on the growing  
26 public health concern with the use of cannabinoids such as synthetic marijuana which are  
27 associated with an increase in overdoses in Texas. The Council on Science and Public Health  
28 supported the amendments to the resolves.

- 29  
30 (14) Resolution 302 – Appropriate Physician Oversight of EMS Medical Practices (Travis County  
31 Medical Society)

32  
33 RECOMMENDATION A:

34  
35 Madam Speaker, your reference committee recommends that Resolution 302 be amended as  
36 follows.

37  
38 This resolution resolves that the Texas Medical Association recommend Texas emergency  
39 medical services (EMS) systems adopt ~~these~~ physician oversight ratios to support safe oversight  
40 of EMS medical practices: ~~one full-time equivalent (FTE) physician per 500 basic life support~~  
41 ~~providers; one FTE physician per 300 intermediate life support providers; one FTE physician per~~  
42 ~~100 advanced life support providers, and; two FTE nonphysician support personnel for each~~  
43 ~~physician to ensure appropriate support for management of the EMS medical practice.~~

44  
45 RECOMMENDATION B:

46  
47 Madam Speaker, your reference committee recommends that Resolution 302 be adopted as  
48 amended.

49 Your reference committee heard extensive testimony that acknowledged how uneven and  
50 underfunded EMS systems are throughout the state – which can have an impact on patient safety.  
51 The Council on Science and Public Health recommended against specific physician oversight  
52 ratios as outlined in the original resolution.

- 1 (15) Resolution 303 – “Bathroom” Bills (Harris County Medical Society)

2  
3 RECOMMENDATION:

4  
5 Madam Speaker, your reference committee recommends that Resolution 303 be adopted.

6  
7 This resolution resolves that the Texas Medical Association oppose any efforts to prevent a  
8 transgender person from accessing basic human services and public facilities in line with one’s  
9 gender identity, including, but not limited to, the use of restrooms.

10  
11 Your reference committee heard extensive and overwhelmingly supportive testimony.

- 12  
13 (16) Resolution 305 – Addressing Food Deserts in Texas (Medical Student Section)

14  
15 RECOMMENDATION:

16  
17 Madam Speaker, your reference committee recommends that Resolution 305 be not adopted.

18  
19 This resolution resolves that the Texas Medical Association: (1) advocate for increased access to  
20 grocery stores and fresh foods for impoverished communities and areas with limited access to  
21 healthy foods; and (2) support increased education and promotion of food literacy for individuals  
22 living in communities with limited access to healthy foods as a means to enable them to choose  
23 and consume healthier foods sustainably.

24  
25 Your reference committee heard mixed testimony on this resolution including concerns about the  
26 future of grocery stores and existing TMA policy on healthy foods. In spite of the good intentions  
27 of this resolution, the reference committee felt the resolves duplicated existing TMA policy.

- 28  
29 (17) Resolution 306 – Addressing HB3859 – A Misstep in the Protection of Foster Care Children  
30 (Medical Student Section)

31  
32 RECOMMENDATION:

33  
34 Madam Speaker, your reference committee recommends that Resolution 306 be referred.

35  
36 This resolution resolves that the Texas Medical Association: (1) support legislation and other  
37 efforts to improve access to health care resources for children in the foster care system; (2)  
38 support legislation that protects of the rights of foster care children to receive evidence-based  
39 care; and (3) oppose any legislation that allows for discrimination against adolescent patients  
40 seeking contraception.

41  
42 Your reference committee heard testimony on the intent of the resolves but there was no  
43 consensus supporting all three resolves. The resolution author agreed to strike the first two  
44 resolves but as the remaining resolve addressed contraception, it was then inconsistent with the  
45 subject of the resolution. Your reference committee recommends referral to develop a more  
46 comprehensive review of reproductive health care access in the foster care system.

- 1 (18) Resolution 307 – Restrictions of Provisions of HB 261 to Schedule II Drugs (Bexar County  
2 Medical Society)

3  
4 RECOMMENDATION:

5  
6 Madam Speaker, your reference committee recommends that Resolution 307 be not adopted.

7  
8 This resolution resolves that: the Texas Medical Association work to limit enforcement of HB  
9 2561 to only the prescribing of drugs found in Schedule II of the Texas Controlled Substances  
10 Act.

11  
12 Your reference committee heard mostly negative testimony regarding this resolution. Patient  
13 safety concerns were raised by the majority of testifiers who opposed this resolution.

- 14  
15 (19) Resolution 308 – Texas Prescription Drug Monitoring Program Data Integration Into Electronic  
16 Health Record Technology (Medical Student Section)

17  
18 RECOMMENDATION:

19  
20 Madam Speaker, your reference committee recommends that Resolution 308 be adopted as  
21 amended.

22  
23 This resolution resolves that: the Texas Medical Association advocate for integration of real-time  
24 prescription drug monitoring program data into Texas electronic health record systems and  
25 electronic prescribing systems.

26  
27 Your reference committee heard testimony from the author and others on the benefits of real time  
28 data from prescription drug monitoring program. A testifier from Harris County spoke to the  
29 concern of wanting to make sure any additional fixes to the prescription drug monitoring program  
30 should be at no additional cost to the physician.

- 31  
32 (20) Resolution 309 – Implementing Blood Glucose Screening in Texas Schools (Medical Student  
33 Section)

34  
35 RECOMMENDATION:

36  
37 Madam Speaker, your reference committee recommends that Resolution 309 be not adopted.

38  
39 This resolution resolves that the Texas Medical Association: (1) support the incorporation of  
40 blood glucose screening tests into the Texas school systems, and (2) work with the Texas State  
41 Board of Education to incorporate blood glucose screening tests into the annual health-related  
42 requirements for school.

43  
44 Your reference committee heard testimony only in opposition to the resolution.  
45

- 1 (21) Resolution 311 – Encouraging Unstructured Playtime in School (Medical Student Section)

2  
3 RECOMMENDATION:

4  
5 Madam Speaker, your reference committee recommends that Resolution 311 be adopted.

6  
7 This resolution resolves that the Texas Medical Association: (1) encourage daily physical activity  
8 for children as a means to prevent childhood obesity and promote physical and mental health; (2)  
9 recognize the importance of unstructured playtime in addition to the current physical education  
10 requirements to encourage physical, cognitive, and emotional development; and (3) support the  
11 development of a recess policy to encourage each school district to have unstructured playtime in  
12 addition to physical education at each elementary school campus.

13  
14 Your reference committee heard limited but supportive testimony.

- 15  
16 (22) Resolution 312 – Identification Bracelets for Patients With Hearing Loss (Tarrant County  
17 Medical Society)

18  
19 RECOMMENDATION:

20  
21 Madam Speaker, your reference committee recommends that Resolution 312 be referred.

22  
23 This resolution resolves that the Texas Medical Association adopt as policy a recommendation for  
24 medical care settings, especially hospitals and emergency departments, to provide identification  
25 bracelets on patients with hearing loss indicating their hearing status.

26  
27 Your reference committee heard testimony from the author on how hearing loss is a major risk  
28 factor for dementia and falls. Several testified on the unintended confusion resulting from a  
29 patient having multiple wrist bands. The Council on Science and Public Health noted that in  
30 addition to hearing loss, many patients face other challenges in communicating with health care  
31 providers. The Council asked that this be referred for additional study.

- 32  
33 (23) Resolution 313 – Raising the Minimum Purchase Age for All Guns to 21

34  
35 RECOMMENDATION:

36  
37 Madam Speaker, your reference committee recommends that Resolution 313 be adopted.

38  
39 This resolution resolves that TMA support federal and state bills that raise the purchase age for all  
40 guns to be in line with the current minimum age for handguns, which is 21 years.

41  
42 Your reference committee heard overwhelming testimony in support of the resolution.

- 43  
44 (24) Resolution 314 – Extreme Risk Protection Orders and Gun Violence

45  
46 RECOMMENDATION;

47  
48 Madam Speaker, your reference committee recommends that Resolution 313 be referred.

49  
50 This resolution resolves that TMA advocate for legislation permitting extreme risk protection  
51 orders in Texas.

