CONTENTS OF SUPPLEMENT
TO THE HANDBOOK FOR DELEGATES
2019 Annual Session

At General Information Tab:
   Replace What To Do When with Revised What To Do When
   Insert Seating chart in front of TEXMED 2019 Texas Caucus Meetings page

At Elections Tab:
   Replace the first page of the 2019 Elections Chart with Revised 2019 Elections Chart
   Insert AMA Alternate Delegate Ezequiel “Zeke” Silva III, MD, after AMA Alternate Delegate Bryan G. Johnson, MD.

At Audit Trail Tab:
   Replace Audit Trail with Revised Audit Trail

At Agendas Tab:
   Replace Order of Business with Revised Order of Business.

At Informational Reports Tab:
   Replace Informational Reports page with Revised Informational Reports page

At Financial and Organizational Affairs Tab:
   Replace agenda with Revised agenda

At Medical Education and Health Care Quality Tab:
   Replace agenda with Revised agenda
   Remove Resolution 204-A-19

At Socioeconomics Tab:
   Replace agenda with Revised agenda
   Remove CME Report 2-A-19
WHAT TO DO WHEN

FRIDAY, May 17

6:30-7:30 am
TexMed Orientation: Tower Lobby, Topaz
New members of the house meet for breakfast to review procedures.

7 am-6 pm
Registration: Tower Lobby, Expo Hall

8 am
House of Delegates convenes: Tower Lobby, Chantilly Ballroom

Immediately Following Opening Session
Reference committees meet in rooms off the Tower Lobby:
- Financial & Organizational Affairs: Topaz Room
- Medical Education & Health Care Quality: Senator’s Lecture Hall
- Science & Public Health: Governor’s Lecture Hall
- Socioeconomics: Sapphire Room

Noon-1 pm Sponsored by the Texas Beef Council
Free Networking Lunch: Tower Lobby, Expo Hall

12:30-2 pm
Candidate Forum: Tower Lobby, Sapphire Room
Learn about the candidates running for TMA offices. Candidates will answer questions from the audience. This year’s forum also will feature an interactive strategy session featuring TMA’s legislative advocacy leaders. Any member who attends will be entered into a drawing for an Amazon gift card. Must be present to win.

3:30-5 pm Sponsored by TMLT
Opening General Session: Tower Lobby, Expo Hall
Wendy Sue Swanson, MD, MBE
How Technology is Transforming Health Care and the Physician-Patient Relationship

5-6 pm Sponsored by TMLT
Welcome Reception: Tower Lobby, Expo Hall

6-7 pm Sponsored by TMAIT
2019-20 TMA/TMAA Presidents’ Reception: Tower Lobby, Topaz Room

7-10:30 pm
TMA Foundation’s 26th Annual Gala, Grand Atrium, Grand Ballroom
Ticket required. Your attendance supports a Healthy Now and a Healthy Future and award-winning TMA health improvement and education initiatives like Be Wise — ImmunizeSM and Hard Hats for Little Heads, all supported by TMAF.

SATURDAY, May 18

6 am-1:30 pm
Registration: Tower Lobby, Expo Hall

8:30 am
House of Delegates meets: Tower Lobby, Chantilly Ballroom

12:30-1:30 pm Sponsored by Texas Prescription Monitoring Program
Free Expo Lunch: Tower Lobby, Expo Hall

1:30-2:30 pm
Closing General Session: Tower Lobby, Expo Hall
Lipi Roy, MD, MPH
The Opioid Crisis: How Did We Get Here and How Do We Get Out?

Caucus Meetings
- Bexar County Medical Society
  Saturday, 6:30 am, West Wing, De La Salle
- Dallas County Medical Society
  Saturday, 6:30 am, West Wing, Coronado D
- Harris County Medical Society
  Saturday, 6:30 am, West Wing, Cortez A
- Lone Star Caucus
  Friday, 6:30 am, West Wing, Metropolitan
  Saturday, 6:30 am, West Wing, Coronado A
- Tarrant County Medical Society
  Saturday, 6:30 am, West Wing, Cortez D
- Travis County Medical Society
  Saturday, 7 am, West Wing, Coronado B
- Medical Student Section
  Saturday, 6:30 am, Tower Mezzanine Level, Manchester

NOTES
- Availability of Reference Committee Reports: We will post final reports on the TMA House of Delegates webpage as early as possible. Printed report packets will be available by 6 am on Saturday in the West Wing, De Soto A.
- Caucuses: Don't forget to pick up your packets!
- Reminder: The Handbook for Delegates refers only to items being considered by the house. Reports and resolutions in the handbook and posted on the website are working drafts; they should not be considered as expressing Texas Medical Association views and programs until the house acts on them.
- Clarification: ONLY the Recommendation portions of reports and the Resolve portions of resolutions are considered by the House of Delegates; the Whereas portions are informational and explanatory.
- Wi-Fi: The free wireless network is TexMed and the password is texmed19.
# ELECTIONS
## May 2019

## OFFICERS

<table>
<thead>
<tr>
<th>Office</th>
<th>Incumbent</th>
<th>Eligible for Election</th>
<th>Term of Position</th>
<th>Candidates Announced as of April 26</th>
</tr>
</thead>
<tbody>
<tr>
<td>President-Elect</td>
<td>David C. Fleeger</td>
<td>No</td>
<td>2019-20</td>
<td>Diana L. Fite Harris</td>
</tr>
<tr>
<td>Speaker, House of Delegates</td>
<td>Susan M. Strate</td>
<td>Yes</td>
<td>2019-20</td>
<td>Arlo F. Weltge Harris</td>
</tr>
<tr>
<td>Vice Speaker, House of Delegates</td>
<td>Arlo F. Weltge</td>
<td>Yes</td>
<td>2019-20</td>
<td>Bradford W. Holland McLennan</td>
</tr>
<tr>
<td>Two Trustees*</td>
<td>Diana L. Fite</td>
<td>Yes</td>
<td>2019-22</td>
<td>Diana L. Fite Harris</td>
</tr>
<tr>
<td></td>
<td>Sue S. Bornstein</td>
<td>Yes</td>
<td></td>
<td>Sue S. Bornstein</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dallas</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cynthia A. Jumper</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lubbock</td>
</tr>
</tbody>
</table>

General officers listed serve one-year terms except trustee which is a three-year term.

House policy also provides that the names of candidates seeking election or reelection be distributed in advance. However, nominations will be accepted on the floor of the house whether or not prior notification of intent to seek election has been received or published.

If you wish to announce your candidacy or a candidate for election or reelection, please notify Marti Francisco, executive coordinator, Office of the EVP, at marti.francisco@texmed.org or (800) 880-1300, ext. 1307.

*Trustee positions are “at large,” not slotted. TMA Bylaws provide that all nominees for trustee will be listed on a single ballot.
# COUNCILOR AND VICE COUNCILOR ELECTIONS
## May 2019

## COUNCILORS

<table>
<thead>
<tr>
<th>Office</th>
<th>Incumbent</th>
<th>Eligible for Election</th>
<th>Term of Position</th>
<th>Candidates Announced as of April 26</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 3</td>
<td>Carlos Rizo-Patron</td>
<td>No</td>
<td>2019-22</td>
<td>Harry E. Hall</td>
</tr>
<tr>
<td>District 4</td>
<td>Vacant</td>
<td>Yes</td>
<td>2019-21</td>
<td></td>
</tr>
<tr>
<td>District 5</td>
<td>Donald J. Gordon</td>
<td>Yes</td>
<td>2019-22</td>
<td>Donald J. Gordon</td>
</tr>
<tr>
<td>District 6</td>
<td>Mario R. Anzaldua</td>
<td>Yes</td>
<td>2019-22</td>
<td>Mario R. Anzaldua</td>
</tr>
<tr>
<td>District 12</td>
<td>Roland A. Goertz</td>
<td>Yes</td>
<td>2019-22</td>
<td>Roland A. Goertz</td>
</tr>
<tr>
<td>District 15</td>
<td>Louis J. Kirk III</td>
<td>Yes</td>
<td>2019-22</td>
<td>Louis J. Kirk III</td>
</tr>
</tbody>
</table>

## VICE COUNCILORS*

<table>
<thead>
<tr>
<th>Office</th>
<th>Incumbent</th>
<th>Eligible for Election</th>
<th>Term of Position</th>
<th>Candidates Announced as of April 26</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 3</td>
<td>Harry E. Hall</td>
<td>No</td>
<td>2019-22</td>
<td>Jack E. DuBose</td>
</tr>
<tr>
<td>District 5</td>
<td>K. Ashok Kumar</td>
<td>Yes</td>
<td>2019-22</td>
<td>K. Ashok Kumar</td>
</tr>
<tr>
<td>District 4</td>
<td>Vacant</td>
<td>Yes</td>
<td>2019-21</td>
<td></td>
</tr>
<tr>
<td>District 6</td>
<td>Sandra Esquivel</td>
<td>Yes</td>
<td>2019-22</td>
<td>Sandra Esquivel</td>
</tr>
<tr>
<td>District 7</td>
<td>Vacant</td>
<td>Yes</td>
<td>2019-20</td>
<td>Jeffrey M. Apple</td>
</tr>
<tr>
<td>District 11</td>
<td>Vacant</td>
<td>Yes</td>
<td>2019-21</td>
<td>Brenda M. Vozza</td>
</tr>
<tr>
<td>District 12</td>
<td>Alisa M. Berger</td>
<td>Yes</td>
<td>2019-22</td>
<td>Alisa M. Berger</td>
</tr>
<tr>
<td>District 15</td>
<td>Cindy R. Porter</td>
<td>Yes</td>
<td>2019-22</td>
<td>Cindy R. Porter</td>
</tr>
</tbody>
</table>

District elections are held for vice councilors and names are forwarded to the House of Delegates for confirmation. Terms are three years, unless filling an unexpired term. See map in this section for councilor districts.

*As provided in TMA Bylaws, nominations for vice councilor positions are determined by district elections and confirmed by the House of Delegates. Should you have a nomination for vice councilor, please notify Ann Arnett, assistant to the Board of Councilors, at ann.arnett@texmed.org or (800) 880-1300, ext. 1340.
AMA Alternate Delegate
(Vote for two)

Ezequiel “Zeke” Silva III, MD

The Bexar County Medical Society (BCMS) proudly nominates Ezequiel “Zeke” Silva III, MD, for TMA alternate delegate to the AMA. Dr. Silva has been a member of the Texas Medical Association for more than 25 years and has been engaged in organized medicine for more than 15 years. He has been a private-practice diagnostic and interventional radiologist since 2002. In addition, he is an adjunct professor of radiology at UT Health San Antonio, a fellow of the American College of Radiology (ACR), the Society of Interventional Radiology (SIR), and the Radiology Business Management Association.

Dr. Silva’s candidacy is an extension of the value he sees in TMA, and his enthusiasm and willingness to contribute. He is the immediate past president of the Texas Radiological Society (TRS), where his leadership agenda included promoting greater contribution by radiologists to the TMA and AMA. In his roles with the TRS, Dr. Silva has testified before the legislature on balanced billing-related matters and met with the Texas Health and Human Services Commission on Medicaid-related matters. Dr. Silva has been an active participant in the TMA Interspecialty Society Committee, the TMA Council on Socioeconomics and the TMA Advocacy Retreat.

His contributions to the AMA are noteworthy. He has been involved with the Relative Value Scale Update Committee (RUC) for more than a decade, eight as advisor for the ACR, and the last three as a member of the RUC Panel. He has served on the RUC Practice Expense Subcommittee and currently chairs the RUC Research Subcommittee. He is also a member of the RUC Health Care Professionals Advisory Committee. In these roles, he helps the AMA and CMS determine appropriate physician payment across all specialties. He is co-chair of the AMA Digital Medicine Payment Advisory Group, translating his knowledge of payment systems into clinical and policy solutions across the rapidly evolving digital medicine space. This includes telemedicine, digital therapeutics, and augmented intelligence applications.

Dr. Silva serves on the ACR Board of Chancellors as Chairman of the Commission on Economics. Previously, he served as chair of the Society of Interventional Radiology (SIR) Economics Committee, and as editor of the SIR Coding Guide. Each of these roles has required extensive collaboration across the house of medicine on issues of common interest.
Dr. Silva is a leader in San Antonio. He is the director of radiology at the Methodist Texan Hospital and the Methodist Ambulatory Surgery Hospital. He serves on the Methodist Healthcare System’s Committee for Unified Professional Excellence. He previously served as chair of Radiology at Southwest General Hospital and as director of Interventional Radiology at the South Texas Radiology Imaging Centers.

Personal Statement: “I have the good fortune of representing radiology at a national and state level. These positions require collaboration with other medical specialties, which makes me realize that I can be more effective as a delegate representing ALL physicians. I have the sincere desire to represent all Texas physicians and help address the challenges we and our patients face.”

PROFI LE
Name: Ezequiel “Zeke” Silva III, MD
Specialty: Diagnostic and Interventional Radiology
Medical School (with year graduated): Baylor College of Medicine, 1996
Residency Program: Baylor College of Medicine, Internship, 1996-1997, Residency, 1997-2001
Massachusetts General Hospital, Fellowship, 2001-2002
Board Certifications(s): American Board of Radiology, 2001, lifetime certificate
Primary Residence: San Antonio, Texas
Practice Type/Employment Status: Direct patient care-large group practice (over 20 members), 100 percent
Primary Practice/Employment Location: South Texas Radiology Group, San Antonio, Texas
Do you expect to maintain your current employment status and location through your term in office? Yes
Does your current employment situation(s) require you to work outside of Texas? No
Including the past five years, list all other organizations from which you have received payment, reimbursement, or financial consideration for consulting, advisory, or leadership responsibilities exceeding $1,000 per year in excess of actual expenses: None
Have you been convicted of a felony or is your medical license restricted? Please explain. No
What TMA positions have you held?
Frequent Attendee and Contributor to the:
- Interspecialty Society Committee
- Council on Socioeconomics (Nominated for term starting in 2019)
- TMA Advocacy Retreat
2018 AUDIT TRAIL

Action Items Adopted or Referred by the
Texas Medical Association House of Delegates

Awards/nominations, amendments to the Constitution and Bylaws, and policy review recommendations are not included.

FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS:


**REFERRED TO:** Council on Constitution and Bylaws and Office of the EVP

**STATUS:** The Council on Constitution and Bylaws reviewed the report and the recommendations do not contravene the TMA Bylaws. On Recommendation 1, CCB revised the TMA Balloting Procedures resource document to reflect amendments to TMA Bylaws Chapter 7, Elections, Section 7.42, Balloting, Subsection 7.421, First ballot, and Subsection 7.422, Run-off ballot which were adopted at the 2018 annual session. The TMA Balloting Procedures resource document was posted to the TMA website and will be published in the Handbook for Delegates at each annual session.

Speakers Report 2 – Election of TMA Board of Trustees Members, Filling Vacancies by Special Election (Resolution 101-A-17): That: (1) each at-large and ex-officio member of the TMA Board of Trustees elected prior to TexMed 2018 continue to abide by the term of office and length of tenure provisions specified in the TMA Bylaws at the time the member first was elected to the board, regardless of future amendments to these bylaws provisions; and (2) TMA Policy 295.013, Election Process be amended. **Adopted.**

**REFERRED TO:** Council on Constitution and Bylaws and Office of the EVP

**STATUS:** The Council on Constitution and Bylaws reviewed the report and the recommendations do not contravene the TMA Bylaws. Amended 295.013 Election Process in TMA Policy Compendium.

Board of Trustees Report 12 – Sunset Review of TMA Standing Committees: That: (1) the following components be continued for three years: Interspecialty Society Committee, Committee on Membership, Committee on Physician Health and Wellness, Committee on Continuing Education, Committee on Physician Distribution and Health Care Access, Committee on Cancer, Committee on Child and Adolescent Health, Committee on Emergency Medical Services and Trauma, Committee on Infectious Diseases, and Committee on Reproductive, Women’s, and Perinatal Health, Committee on Medical Home and Primary Care and the Committee on Rural Health; (2) the charge of the Patient-Physician Advocacy Committee be amended in Section 10.532 of the TMA Bylaws; and (3) the Patient-Physician Advocacy Committee, as amended, be continued for three years. **Adopted.**

**REFERRED TO:** Council on Constitution and Bylaws and Office of the EVP

**STATUS:** Updated TMA Bylaws to reflect amendments adopted by the house.
Board of Trustees Report 14 – TMA 2025: That TMA’s 2025 strategic plan be approved. **Adopted.**

**REFERRED TO:** Division of Communication and Division of Membership and Business Development

**STATUS:** Updated and communicated.


**REFERRED TO:** Council on Science and Public Health


Texas Delegation to the AMA Report 3 – Texas Delegation Operating Procedure Changes: That Section 3.0, Officers and Elected Positions, in the delegation’s Operating Procedures be amended. **Adopted.**

**REFERRED TO:** Office of the EVP

**STATUS:** Texas Delegation Operating Procedures have been updated to reflect the amendments adopted by the house.

Medical Student Section Report 1 – Medical Student Section Operating Procedures Update: That the recommended amendments to the Medical Student Section Operating Procedures be approved. **Adopted.**

**REFERRED TO:** Office of the EVP

**STATUS:** Medical Student Section Operating Procedures have been updated to reflect amendments adopted by the house.

Young Physician Section Report 1 – Young Physician Section Operating Procedures Update: That the TMA Young Physician Section Operating Procedures be amended with necessary updates to clarify the election process and streamline meeting scheduling. **Adopted.**

**REFERRED TO:** Office of the EVP

**STATUS:** Young Physician Section Operating Procedures have been updated to reflect amendments adopted by the house.

Council on Science and Public Health Report 1 – Rejection of Discrimination (Resolution 304-A-17): That the Texas Medical Association does not discriminate, and opposes discrimination, based on race, religion, disability, ethnic origin, national origin, age, sexual orientation, sex, or gender identity; and (2) 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. **Adopted as amended.**

**REFERRED TO:** Add to TMA Policy Compendium

**STATUS:** Added 60.008 Rejection of Discrimination to TMA Policy Compendium.
Resolution 101 – Patient-Centered Medical Record Responsibilities (Webb-Zapata-Jim Hogg County Medical Society): That the Texas Medical Association: (1) encourage appropriate organizations, e.g., disaster preparedness agencies, utility companies, and county health departments, to educate Texans on the importance of having access to or possession of an accurate summary of their medical record whenever and wherever it is needed, and (2) support a legislative proclamation that designates the Texas Medical Record Checkup Day at the beginning of hurricane and tornado season to encourage Texans to have access to or possession of an accurate summary of their medical record should it be needed. Referred with a report back at A-19.

REFERRED TO: Council on Practice Management Services, Ad Hoc Committee on HIT and Division of Public Affairs


Resolution 103 – Internet-Based Notification of Patients When a Physician is Closing or Leaving a Practice (Travis County Medical Society): That the Texas Medical Association formally recommend to the Texas Medical Board amendment of the current provisions of 22 Texas Administrative Code §165.5(b)(2) as follows: “Notification shall be accomplished by: (A) posting a notice on the website of the physician, to be kept available for two years, or publishing notice in the newspaper of greatest general circulation in each county in which the physician practices or practiced; (B) placing a written notice in the physician’s office; or (C) sending an email notice or postal letters to patients seen in the last two years notifying them of discontinuance of practice.” Adopted as amended.

REFERRED TO: Office of the General Counsel and add to TMA Policy Compendium

STATUS: Added 245.022 Notification of Physician Closing or Leaving Practice to TMA Policy Compendium. TMA will work to ensure the development of a more timely and technology-based solution exist for physicians notifying their patients when closing or leaving a practice. TMA sent a letter to TMB requesting it review 22 Texas Admin Code, section 165.5(b)(2), and consider the recommendations found in Resolution 103.

Resolution 104 – Clarification of Guidelines for Online Prescribers in Texas (Travis County Medical Society): That: (1) the Texas Medical Association support national efforts to amend federal law and federal Drug Enforcement Administration regulations to allow for the e-prescribing of a medication, including a controlled substance, needed by a patient with a mental health or behavioral health diagnosis when an appropriate patient-physician relationship has been established through telemedicine and in accordance with state law and accepted standards of care; and (2) our Texas Delegation to the American Medical Association take this, or a similar, resolution to the AMA House of Delegates for consideration. Adopted.

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 95.044 Online Prescriber Guidelines to TMA Policy Compendium.

Resolution 105 – Revision of Section 165.155 (a) of the Texas Occupations Code, Solicitation of Patients (Bexar County Medical Society): That the Texas Medical Association work to pass legislation that would rewrite Section 165.155 of the Texas Occupations Code, in particular, part (a) of the section, in order to eliminate the great potential for selective regulatory abuse, to eliminate any competitive burdens that are now placed on some groups of physicians, and to eliminate the present situation where physicians are unknowingly breaking the law. Referred for decision.
REferred to: Board of Trustees

Status: Since this subject matter is closely tied to medical ethics and implicates current TMA Board of Councilors ethics opinions and TMA Bylaws provisions regarding fee splitting, the board approved a recommendation to refer Resolution 105-A-18 to the TMA Board of Councilors. See BOT Report 10-A-19.

Resolution 106 – Creation of a TMA Ad Hoc Committee on the Power and Influence of the Texas Non-Profit Health Corporation (NPHC)/501A Organization (Bexar County Medical Society): That the Texas Medical Association study and make legislative recommendations on the effects of nonprofit health corporations (NPHCs)/5.01(a) organizations on the patients and physicians of Texas. Adopted as amended with a report back at A-19.

Referred to: Council on Legislation and Office of the General Counsel

Status: TMA is pushing legislation (HB 1532 (Meyer)/SB 1985 (Hughes)) which would establish a process at Texas Medical Board (TMB) to handle complaints of corporate interference and retaliatory practices.

Resolution 107 – Physician Protections When Reporting Violations of Nonprofit Health Corporations (Harris County Medical Society): That: (1) that the Texas Medical Association: (1) develop legislation that forbids retaliation by a nonprofit health corporation (NPHC) against any person working for the NPHC who files a complaint or reports a suspected violation of state or federal law; (2) develop legislation, or ask the Texas Medical Board (TMB) to adopt more robust rules providing TMB authority to accept, process, and dispose of complaints against a licensed NPHC; and (3) ask the Texas Medical Board to develop a complaint form to facilitate filing complaints against NPHCs. Adopted as amended.

Referred to: Council on Legislation and Office of the General Counsel

Status: TMA is pushing legislation (HB 1532 (Meyer)/SB 1985 (Hughes)) which would establish a process at Texas Medical Board (TMB) to handle complaints of corporate interference and retaliatory practices.

Resolution 108 – Inclusion of Medical Students in Good Samaritan Laws and Policies for Disaster Settings (Medical Student Section): That the Texas Medical Association: (1) support medical students volunteering inside of their institutional affiliations during times of disaster and emergency, due to both the need for and the competency of medical students, as demonstrated by previous research and disaster situations; and (2) study the involvement of medical students in natural disaster and emergency situations in order to develop TMA policy regarding medical student roles in disaster situations. Adopted as amended.

Referred to: Council on Medical Education and Office of the General Counsel

Status: Council on Medical Education conducted a study in conjunction with the Office of General Counsel and a report containing policy proposals was submitted to the house for consideration. See C-ME Report 5-A-19.

Resolution 109 – Liability Exemptions for Volunteer Medical Health Workers (Harris County Medical Society): That the Texas Medical Association develop legislation that establishes a statewide medical liability exemption for physicians and health care providers who work under the supervision of a physician who respond to a call for medical volunteers from a state or local governmental or medical entity. Adopted as amended.
REFERRED TO: Council on Legislation and Office of the General Counsel

STATUS: HB 1353 (Oliverson)/SB 752 (Huffman) provides additional liability protection for physicians that are volunteering their services to patients in times of disaster.

FROM REFERENCE COMMITTEE ON MEDICAL EDUCATION AND HEALTH CARE QUALITY:

Council on Medical Education Report 3 – Aligning Future Graduate Medical Education Capacity With Target Enrollments of New Texas Medical Schools: That TMA adopt new policy Aligning Future Graduate Medical Education Capacity With Target Enrollments of New Texas Medical Schools to read: (1) The Texas Medical Association supports 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, with an emphasis on expanding care for patients by creating new GME positions rather than displacing GME programs already in existence. Adopted as amended.

REFERRED TO: Council on Legislation and add to TMA Policy Compendium

STATUS: TMA drafted language for SB 1378 (Buckingham, R-Lakeway)/HB 4039 (Turner, D-Grand Prairie) to implement this policy and advocated in support of the passage of this legislation during the 2019 Legislative Session. Added 200.052 Aligning Future Graduate Medical Education Capacity with Target Enrollments of New Texas Medical Schools to TMA Policy Compendium.


REFERRED TO: Add to TMA Policy Compendium, Division of Public Affairs and Department of Medical Education

STATUS: Added 200.053 Physician Representation on the Texas Higher Education Coordinating Board to TMA Policy Compendium. TMA continues to work with state leadership to advocate for appointment of a physician to the board.

Council on Practice Management Services Report 1 – Reducing Errors in Pharmacy (Resolution 307-A-17): 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; and (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. Adopted.
REferred to: Council on Practice Management Services and Ad Hoc Committee on HIT

Status: (1) TMA continues its support of ECRI as a member of its Partnership for Health IT Patient Safety and is affiliated with The Alliance for Quality Improvement and Patient Safety. These organizations focus on activities based on aggregated data collection to reduce errors in all health care settings, including the pharmacy. (2) Physicians have volunteered to work on NCPDP’s task groups related to e-prescribing regulatory issues and the implementation of structured and codified sig. Staff attended the NCPDP conference in February to establish relationships and seek additional avenues of participation and influence. (3) TMA updated its e-prescribing page (www.texmed.org/e-prescribe) to include information on prescription quality; TMA developed an educational webinar on e-prescribing quality that is available free for members; and TMA will continue to develop resources related to e-prescribing quality to enhance patient safety.

Council on Practice Management Services Report 2 – HIT Policy Review and New Cyber Security Policy: That the Texas Medical Association: (1) amend Policies 95.029 and 265.012 to align with TMA’s overall policy goals on the subject of HIT; (2) delete Policies 265.021 and 115.019; (3) extract a portion of Policy 265.012 on health information exchange as new stand-alone policy titled Health Information Technology – Health Information Exchange; and (4) adopt new TMA Policy: Health Information Technology – Cyber Security. Adopted.

Referred to: Add to TMA Policy Compendium


Resolution 201 – Incorporating High-Value Care into Undergraduate and Graduate Medical Education in Texas (Medical Student Section): That the Texas Medical Association support the inclusion and integration of topics of health care value in medical education. Adopted as amended.

Referred to: Council on Medical Education and add to TMA Policy Compendium

Status: Council sent a letter to the medical school deans to communicate TMA’s support for incorporating topics of health care value in medical education and residency training. Added 200.054 Incorporating High-Value Care into Undergraduate and Graduate Medical Education in Texas to TMA Policy Compendium.

Resolution 202 – Addressing Gender Bias in Undergraduate Medical Education With Implicit Bias Training (Medical Student Section): That the Texas Medical Association: (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. Referred.
RESOLVED: 

Resolution 203 – Freedom from Maintenance of Certification (Ori Z. Hampel, MD): That the Texas Medical Association: (1) 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; (2) 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 of Senate Bill 1148 (2017) require the vote of the medical staff (or satisfaction of another exception under the law); (3) 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; and (4) be actively and immediately engaged in the rule-making process of SB 1148. Adopted as amended.

REFERRED TO: Council on Legislation, Council on Health Service Organizations and add to TMA Policy Compendium

STATUS: Added 175.025 Freedom from Maintenance of Certification to TMA Policy Compendium. TMA has been working with Senator Buckingham on S.B. 1882 (companion bill HB 4258 by Rep. Murphy) in the current legislative session specifically on these issues.

Resolution 205 – Graduate Associate Physician (International Medical Graduate Section): That the Council on Medical Education study the issue of unmatched candidates for U.S. residency programs and to report back in 2019. Adopted as substituted.

REFERRED TO: Council on Medical Education


FROM REFERENCE COMMITTEE ON SCIENCE AND PUBLIC HEALTH:

Council on Science and Public Health Report 2 – Addressing the Diaper Gap (Resolution 305-A-17): That the Texas Medical Association: (1) encourage physicians to screen for social and economic risk factors in order to support care plans and to direct patients to appropriate local social support resources; (2) provide information to members on community resources related to free and low-cost diapers and other basic material needs; and (3) recognize diapers, especially for adults, are a basic and essential health care necessity that helps to mitigate disease and illness and enables many to remain at home, and support efforts to remove the state sales tax applied to diapers. Adopted.

REFERRED TO: Council on Science and Public Health and add to TMA Policy Compendium

STATUS: Added 260.108 Addressing the Diaper Gap to TMA Policy Compendium. An update was provided to the Council on Science and Public Health on the approved policy. TMA is monitoring the legislation filed on taxation of essential personal products including diapers.
That the Texas Medical Association adopt new policy on Appropriate Supplementation of Vitamin D.
Adopted.

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 260.109 Vitamin D3 Supplementation to TMA Policy Compendium.

That the Texas Medical Association: (1) collaborate with the public health community to promote and support evidence-based interventions that will reduce obesity and its complications. These evidence-based interventions should include providing information and resources for physicians to support obesity screening and diagnostic tools for use in the primary care setting, physician payment for the evaluation and management of patients with obesity, and research on culturally appropriate education and public awareness to address obesity and its complications; and (2) amend TMA Policy 260.095. Adopted.

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 260.110 Implementing a Sugar-Sweetened Beverage Tax in Texas to TMA Policy Compendium; amended 260.095 Eligibility of Sugar-Sweetened Beverages for SNAP and Counseling.

Council on Science and Public Health Report 6 – Physician Role in Increasing Vaccination for HPV:
That new TMA policy on Physician Role in Increasing Vaccination for HPV be adopted to read: In an ongoing effort to reduce the burden of preventable cancers associated with human papillomavirus (HPV) in Texas, TMA will: (1) Continue to educate physicians, monitor, and support implementation of interventions to improve the rate of HPV vaccination per Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommendations using the following evidence-based strategies: a. educate physicians, families, and patients on the key message that the HPV vaccine prevents cancer safely in women and men, b. recognize that physicians are leaders within the community and are critical in improving HPV vaccination rates, c. communicate that strong physician recommendation is the most important determinant of vaccine acceptance, d. strengthen communication through the utilization of the principles of successful management of vaccine hesitancy, HPV cancer survivor stories, and local/regional champions including trained community health workers, e. establish consistency in the messaging over the HPV vaccine’s importance, effectiveness, and safety among all clinical/practice physicians and staff, f. utilize effective vaccine delivery strategies, which include reviewing the vaccine status of all patients at all visits, and using standing orders, simultaneous administration, i.e., “bundling” the vaccine with other vaccines, and school-based clinics, g. track the progress of vaccine delivery through the utilization of EMR functions, surveillance/monitoring systems, regular performance reviews, and maintaining knowledge of the trends in the rates of HPV vaccine coverage and HPV-associated cancer; (2) Support the continued testing, development, improvement, and dissemination of effective HPV vaccine intervention research and reviewing and editing policy recommendations accordingly; (3) Continue active collaborations with the Texas Department of State Health Services to optimize the use of the state immunization registry with the goal of having it be fully functional, as defined by the CDC, and utilized by physicians in order to have a reliable method to measure HPV immunization coverage rates in the state. TMA will encourage development of data sharing agreements among groups that are collecting valid HPV vaccine coverage rate data until a fully functional immunization registry is implemented; and (4) Continue to collaborate both internally and externally with health stakeholders to leverage and improve HPV vaccination rates in Texas. Adopted as amended.
**Council on Science and Public Health Report 7 – Evidence-Based Management of Substance Use Disorders:** That the Texas Medical Association (1) approve new policy on the chronic disease of substance use disorders; and (2) delete current TMA Policy 25.008, Alcoholism. **Adopted.**

**REFERRED TO:** Add to TMA Policy Compendium

**STATUS:** Added 95.045 Evidence-Based Management of Substance Use Disorders to TMA Policy Compendium; deleted 25.008 Alcoholism from TMA Policy Compendium. A workgroup of the Task Force on Behavioral Health has been convened to develop a CME on substance use disorders.

**Council on Science and Public Health Report 8 – Improving Electronic Health Records, Health Information Exchange, and other Health Information Technology Products to Address Issues of Sex and Gender:** That TMA work with the American Medical Association and leaders in the field of lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) health such as the World Professional Association for Transgender Health and the Gay and Lesbian Medical Association to develop requirements for electronic health records (EHRs), health information exchanges (HIEs), and other health information technology (HIT) products reflecting best practices that include the ability to support, capture, and provide easy use by physicians of the following information: a. Current gender identity, b. Gender assigned at birth, c. Sexual orientation, d. Name (or names) and pronoun preference, e. Indicated health screenings, f. Appropriate clinical decision support tools, and g. History of gender-affirming surgery or treatment as part of past medical or surgical history, and h. Sex assigned at birth. These products also should incorporate effective privacy attributes, particularly for adolescents, and enable physician use of a longitudinal view of changes in demographics, gender identity, sexual preference, medical and surgical history, and past interventions; (2) that TMA and AMA continue to advocate for the rapid incorporation of best practice requirements into EHRs, HIEs, and other HIT products; (3) that TMA adopt the following policy opposing increased costs to physicians and patients for required updates of EHR and HIT systems: Costs to Update EHR and HIT Systems: The Texas Medical Association believes that neither physicians nor patients should incur additional costs when electronic health records (EHRs) or health information technology (HIT) systems are updated to reflect the latest in regulatory requirements or evidence-based medical care in the area of lesbian, gay, bisexual, transgender, queer, or questioning health; and (4) That TMA adopt the following policy on increasing physician awareness and removing barriers to LGBTQ health care access: Improving LGBTQ Health Care Access: The Texas Medical Association recognizes that lesbian, gay, bisexual, transgender, queer, or questioning (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. **Adopted as amended.**

**REFERRED TO:** (1) and (2) to Council on Practice Management Services and Ad Hoc Committee on HIT; (3) and (4) Add to TMA Policy Compendium
STATUS: (1) and (2) See C-PMS Report 2-A-19 (3) Added 265.027 Costs to Update Health Information Technology Products to Address Issues of Sex and Gender (4) Added 265.028 Improving LGBTQ Health Care Access to TMA Policy Compendium. A continuing medical education program on LGBTQ health will be presented at TexMed 2019.

Committee on Child and Adolescent Health Report 2 – Referred 2017 Resolutions Relating to Concussions and Head Injuries: That the Texas Medical Association: (1) amend and retain policy 260.094; (2) create a network in which TMA members could provide and receive consultations on concussions with one another, and possibly link physicians with specialists in sports medicine, as the best way to share information on concussion protocol, current knowledge on how to manage patients, and information for patients; and (3) start an education and awareness campaign directed toward athletes to ensure education and timely information is shared directly with students. Adopted.

REFERRED TO: (1) Add to TMA Policy Compendium; (2) Committee on Child and Adolescent Health; (3) Council on Health Promotion

STATUS: (1) Amended 260.094 Head Injuries and Sport-Related Concussions (SRC) in TMA Policy Compendium. (2) The Committee on Child and Adolescent Health established a workgroup to explore feasibility of establishing a network for consultation, as well as alternatives to provide information and practice resources to members. (3) The Council on Health Promotion discussed the topic and directed staff to develop an educational campaign for student athletes. The plan for that campaign is under review.

Committee on Reproductive, Women’s, and Perinatal Health Report 1 – Evaluation and Management of Stillbirth: That the Texas Medical Association: (1) promote physician awareness of the comprehensive process for evaluation and management of stillbirth including current clinical management guidelines developed by the American College of Obstetricians and Gynecologists; (2) work with the relevant state health and human service agencies, public and private insurance organizations, and health care associations to explore opportunities to incorporate fetal death data into quality improvement initiatives addressing maternal and infant health and explore the costs and benefits associated with the evaluation and management of stillbirths; and (3) delete policy 140.009 Perinatal Autopsies Following Stillbirth. Adopted.

REFERRED TO: (1) and (2) to Committee on Reproductive, Women’s and Perinatal Health; (3) Delete from TMA Policy Compendium

STATUS: (1) and (2) The Committee on Reproductive, Women’s, and Perinatal Health established a workgroup to develop written continuing medical education materials to promote best practices in the evaluation and management of stillbirth. A second workgroup met with representatives from state agencies, health plans, and associations and determined that there are no current opportunities to develop quality improvement initiatives at this time. (3) Deleted 140.009 Perinatal Autopsies Following Stillbirth from TMA Policy Compendium.

Resolution 301 – Synthetic Cannabis Educational Resources for Providers (Medical Student Section): That the Texas Medical Association: (1) advocate for research on the prevalence, effects, and implications of synthetic cannabinoid use; and (2) encourage the development and circulation of evidence-based educational materials on synthetic cannabinoids for physicians to share with patients. Adopted as amended.
REFERRED TO: Council on Science and Public Health

STATUS: A one-page overview of this issue has been developed and prepared for publication to TMA Communications, and is in the process of being disseminated to physicians.

Resolution 302 – Appropriate Physician Oversight of EMS Medical Practices (Travis County Medical Society): That the Texas Medical Association recommend Texas emergency medical services (EMS) systems adopt these physician oversight ratios to support safe oversight of EMS medical practices: one full-time equivalent (FTE) physician per 500 basic life-support providers; one FTE physician per 300 intermediate life-support providers; one FTE physician per 100 advanced life support-providers, and; two FTE nonphysician support personnel for each physician to ensure appropriate support for management of the EMS medical practice. Referred.

REFERRED TO: Committee on EMS and Trauma


Resolution 303 – “Bathroom” Bills (Harris County Medical Society): That the Texas Medical Association oppose any efforts to prevent a transgender person from accessing basic human services and public facilities in line with one’s gender identity, including, but not limited to, the use of restrooms. Adopted.

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 60.009 “Bathroom” Bills to TMA Policy Compendium

Resolution 306 – Addressing HB3859 – A Misstep in the Protection of Foster Care Children (Medical Student Section): That the Texas Medical Association: (1) support legislation and other efforts to improve access to health care resources for children in the foster care system; (2) support legislation that protects of the rights of foster care children to receive evidence-based care; and (3) oppose any legislation that allows for discrimination against adolescent patients seeking contraception. Referred.

REFERRED TO: Council on Legislation and Committee on Child and Adolescent Health

STATUS: Several pieces of legislation have been filed that provide an assumption that all parents (including those in the foster care system) are fit. Certainly this is not reality. However, it leads to the question of whether TMA should be positioning physicians to wrest control of health care decisions of children away from parents who have not had their rights revoked by the court. TMA is monitoring many pieces of foster care legislation and is working with the Texas Pediatric Society and other groups on these issues. The Committee on Child and Adolescent Health reviewed the resolution, existing policies, and after further discussion with the authors, recommended that the resolution not be adopted. See CM-CAH Report 1-A-19.

Resolution 307 – Restrictions of Provisions of HB 2561 to Schedule II Drugs (Bexar County Medical Society): That the Texas Medical Association work to limit enforcement of HB 2561 to only the prescribing of drugs found in Schedule II of the Texas Controlled Substances Act. Adopted.

REFERRED TO: Council on Legislation
STATUS: HB 3284 (Sheffield) proposes to alter the mandated PMP check to only Schedule II drugs in four classes – opioids, benzodiazepines, barbiturates, and carisoprodol. SB 2316 (Hinojosa) pushes the mandate off from September 1, 2019 to March 1, 2020 to allow the process of electronic integration to further develop. It retains the current requirements of drugs to be checked and does not limit it to Schedule II.

Resolution 308 – Texas Prescription Drug Monitoring Program Data Integration Into Electronic Health Record Technology (Medical Student Section): That the Texas Medical Association advocate for integration of real-time prescription drug monitoring program data into Texas electronic health record systems and electronic prescribing systems should be at no cost to the physician. Adopted as amended.

REFERRED TO: Council on Legislation

STATUS: About $6 million in funding in both House and Senate supplemental budgets is earmarked for the Board of Pharmacy to begin the process of electronic integration between the PMP and EMR systems. This funding allows the Board of Pharmacy to purchase the licenses from the vendor, Appriss Health, for all prescribers and pharmacists. That is probably the most expensive part of doing a one off integration deal. There may be charges from the EMR vendor but we are working with their industry groups to minimize the additional charges.

Resolution 311 – Encouraging Unstructured Playtime in School (Medical Student Section): That the Texas Medical Association: (1) encourage daily physical activity for children as a means to prevent childhood obesity and promote physical and mental health; (2) recognize the importance of unstructured playtime in addition to the current physical education requirements to encourage physical, cognitive, and emotional development; and (3) support the development of a recess policy to encourage each school district to have unstructured playtime in addition to physical education at each elementary school campus. Adopted.

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 55.060 Encouraging Unstructured Playtime in School to TMA Policy Compendium.

Resolution 312 – Identification Bracelets for Patients With Hearing Loss (Tarrant County Medical Society): That the Texas Medical Association adopt as policy a recommendation for medical care settings, especially hospitals and emergency departments, to provide identification bracelets on patients with hearing loss indicating their hearing status. Referred.

REFERRED TO: Council on Health Service Organizations


Resolution 313 – Raising the Minimum Purchase Age for All Guns to 21 (Ryan Van Ramshorst, MD, Texas Pediatric Society): That the Texas Medical Association support federal and state bills that raise the purchase age for all guns to be in line with the current minimum age for handguns, which is 21 years. Referred for study with a report back.

REFERRED TO: Council on Science and Public Health and Council on Legislation

Resolution 314 – Extreme Risk Protection Orders and Gun Violence (Ryan Van Ramshorst, MD, Texas Pediatric Society): That the Texas Medical Association advocate for legislation permitting extreme risk protection orders in Texas. **Referred.**

**REFERRED TO:** Council on Legislation and Council on Science and Public Health

**STATUS:** See C-SPH Report 1-A-19.

FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

**President’s Report 1 - Physician-Led Initiatives to Address Maternal Mortality and Morbidity:** That the Texas Medical Association: (1) Pursue legislation authorizing the Texas Health and Human Services Commission to: (a) submit a federal Medicaid 1115 demonstration waiver requesting approval to design and implement a tailored health benefits program for eligible uninsured women of childbearing age that provides 12 months’ continuous coverage for preventive, primary, and specialty care coverage, including behavioral health services, to women before, during and after pregnancy; (b) ensure adolescents aging out of the Children’s Health Insurance Program (CHIP) are seamlessly enrolled into Healthy Texas Women; (c) ensure women losing CHIP-Perinatal are seamlessly connected to the Family Planning Program to avoid gaps in preventive health care; and (d) implement initiatives that improve early-entry prenatal care, including a statewide campaign on the importance of prenatal care during the first trimester, expediting Medicaid eligibility and enrollment for pregnant women, promoting use of telemedicine for routine prenatal care, and reforming the Medicaid transportation program to ensure pregnant women with young children can travel with their children to obtain preventive services; (2) Develop a continuing medical education program for physicians that covers: information on publicly funded support services for women with substance use disorders (SUDs); guidelines for the prescribing of opioids and pain management; efforts to better connect SUD treatment physicians and providers with women’s health physicians and providers to ensure women undergoing treatment for these disorders are able to obtain preventive health care services; and diagnosis and treatment of behavioral health issues such as anxiety and depression; (3) Develop legislation to allocate sufficient state resources to resolve red tape and payment barriers preventing widespread adoption of long-acting reversible contraceptives (LARCs), including ensuring the state pays physicians, hospitals, and clinics their full LARC acquisition costs so women can obtain a LARC according to clinical best practice; ensure availability of LARCs immediately following delivery to women enrolled in the Children’s Health Insurance Program (CHIP)-Perinatal; and remove roadblocks preventing teens from simultaneously enrolling in CHIP and Healthy Texas Women to obtain contraceptive services with parental consent; (4) Develop a continuing medical education program, in partnership with the American College of Obstetricians and Gynecologists District XI (Texas Chapter), Texas Association of Obstetricians and Gynecologists, and Texas Academy of Family Physicians, designed to increase patients’ and physicians’ awareness of long-acting reversible contraceptives as the most effective form of contraception; (5) Develop continuing medical education programs on quality-based initiatives with standardized protocols and best practices to improve prenatal, labor and delivery and postpartum health outcomes; and implementation of hospital-based quality improvement initiatives that reduce maternal mortality and morbidity, based on best practice and standardized protocols; (6) Introduce legislation to improve the quality of health data records for women of reproductive age to support patient health, the quality of maternal death records, and the exchange of health information for women of reproductive age. The legislation should encompass: (a) support of comprehensive efforts to improve the state’s surveillance of maternal mortality and ensuring Texas’ maternal death records have accurate information on the factors associated with maternal deaths; (b) mandates to the Texas Department of State Health Services to develop training and educational materials for physicians and other medical certifiers to accurately report maternal deaths; and (c) mandates to electronic health record systems to improve the interoperability of health records, including resolution of barriers that are preventing the exchange of health information critical to providing quality maternal and postpartum care; (7) Develop a public campaign to increase awareness of the importance of early and timely maternal health care and
promote existing community based efforts; and (8) That the Texas Medical Association adopt as formal
policy the goals of eliminating maternal mortality in Texas. **Adopted as amended.**

**REFERRED TO:**
(1) Council on Legislation and Council on Socioeconomics; (2) and (4)
Council on Science and Public Health; (3) and (6) Council on Legislation;
Quality; (7) Council on Health Promotion; (8) Add to TMA Policy
Compendium

**STATUS:**
(2) (4) and (5) The Committee on Reproductive, Women’s, and Perinatal
Health developed online continuing medical education on Long Acting
Reversible Contraceptives available on TMA website and will conduct a
will include a presentation on the Texas AIM bundles and will be recorded
for the development of an enduring CME. A workgroup of the Task Force
on Behavioral Health has been convened to develop a CME on management
of maternal substance use disorders. (7) Staff has issued several news
releases and published several blog posts on the issue. A formal campaign is
awaiting the outcome of the maternal health legislative package in the 2019
Texas Legislature. The issue is on the agenda for the May 2019 meeting of
the Council on Health Promotion. (8) Added 330.015 Physician-Led
Initiatives to Address Maternal Mortality and Morbidity to TMA Policy
Compendium. (1) (3) and (6) Numerous pieces of legislation have been filed
dealing with women’s health initiatives, the Healthy Texas Women’s
program, maternal mortality, and many of the other issues outlined in the
report. TMA is working to cut red tape and improve the prior authorization
processes in Medicaid that will benefit Texas patients and physicians. TMA
is also working with house and senate budget conferees on providing
additional financial resources to improve services in the program and
delivering additional treatment options for women. Finally, TMA is
working with HHSC to address red tape issues regarding long-acting
reversible contraceptives and other regulatory issues that make it difficult
for women to get appropriate access to services. Both the work on the
legislative and budget fronts should result in significant improvements to
women’s health services in Texas.

**Council on Health Service Organizations Report 2 – Medical Staff Rights and Responsibilities Bill of
Rights:** That TMA adopt new policy on medical staff rights and responsibilities. **Adopted.**

**REFERRED TO:**  Add to TMA Policy Compendium

**STATUS:**
Added 130.026 Medical Staff Rights and Responsibilities Bill of Rights to
TMA Policy Compendium.

**Council on Health Service Organizations Report 3 – Due Process Rights in Physician Contracts with
Hospitals:** That: (1) the Texas Medical Association advocate for the Centers for Medicare & Medicaid
Services’ strengthening of the due process rights of physicians by revising Medicare’s Conditions of
Participation for hospitals to guarantee that physicians be entitled to fair hearings by peers before any
termination or restriction of medical staff privileges and that those due process rights cannot be denied
through a third-party contract; and (2) TMA Policy 185.020 Principles for Employment Contracts be
amended. **Adopted.**
REFERRED TO: (1) Council on Health Service Organizations and Council on Socioeconomics; (2) Add to TMA Policy Compendium

STATUS: (1) Letter sent to Seema Verma, Administrator of the Centers for Medicare and Medicaid Services seeking additional specificity on due process requirements under the Medicare of Conditions of Participation for Hospitals. (2) Amended 185.020 Principles for Employment Contracts in TMA Policy Compendium.

Council on Socioeconomics Report 3 – Transparency and Payments for Prior Authorizations


REFERRED TO: Add to TMA Policy Compendium

STATUS: (1) Amended 235.034 Authorizations Initiated by Third-Party Payers, Benefit Managers, and Utilization Review Entities; (2) Added 235.038 Standardized Electronic Prior Authorization Transactions to TMA Policy Compendium.

Council on Socioeconomics Report 6 – Medicaid Work Requirements:

That: the Texas Medical Association oppose: (1) any federal Medicaid waiver seeking to impose mandatory work requirements, but instead collaborate with lawmakers, the Texas Health and Human Services Commission, and the Centers for Medicare & Medicaid Services to support constructive measures to help Medicaid enrolled and eligible patients overcome barriers that prevent them from working or engaging in other meaningful community activities; (2) efforts to impose lifetime limits on adult Medicaid enrollees; and (3) any policy or regulation that punitively limits access to affordable health care for Medicaid-eligible patients. Adopted.

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 190.037 Medicaid Work Requirements to TMA Policy Compendium.

Resolution 401 – Physicians Allowed to Delegate Ability to Enter EHR Data (McLennan County Medical Society):

That the Texas Medical Association: (1) supports the ability of the physician to delegate the collection and entry into the medical record any component of the medical history that they deem appropriate, provided that the physician reviews the information with the patient and takes responsibility for the full medical record being created and used to support billing; and (2) will ask the Centers for Medicare & Medicaid Services (CMS) to communicate this policy to other Medicare administrative contractors. Adopted as amended.

REFERRED TO: (1) Add to TMA Policy Compendium; (2) Council on Socioeconomics and Council on Practice Management Services

STATUS: (1) Added 30.038 Physicians Allowed to Delegate Ability to Enter EHR Data to TMA Policy Compendium; (2) TMA will continue to include this issue as a topic of discussion during regular meetings with CMS and Novitas.
Resolution 402 – Opposition to Medicaid Work Requirements (Ryan Van Ramshorst, MD, Texas Pediatric Society): That the Texas Medical Association apply all appropriate resources to oppose Medicaid work requirements to ensure that vulnerable, low-income adults with children and other covered populations continue to receive necessary medical services and that Texas does not increase uncompensated care for physicians. Adopted.

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 190.037 Medicaid Work Requirements to TMA Policy Compendium

Resolution 403 – Under-Reporting of Optometric Diabetic Eye Examinations to Treating Physicians (Harris County Medical Society): That the Texas Medical Association work with the Texas Optometry Board to develop guidelines around conditions that need to be reported to the patient’s physician. Adopted as amended.

REFERRED TO: Interspecialty Society Committee

STATUS: The Interspecialty Society Committee will discuss this resolution at their TexMed 2019 meeting.

Resolution 404 – Opposition of Pain Score as a Contributor to Hospital Financial Incentives (Medical Student Section): That the Texas Medical Association oppose the allocation of financial incentives for high patient satisfaction scores that weigh patient-rated treatment of pain against other factors involved in patient care. Adopted.

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 235.039 Opposition to Pain Score as a Contributor to Hospital Financial Incentives to TMA Policy Compendium.

Resolution 405 – Compensation to Physicians for Authorizations and Preauthorizations (Ori Z. Hampel, MD): That insurance and managed care companies (“payers”) compensate physicians for the time that physicians and their staff spend on authorization and preauthorization procedures. Such compensation shall be paid in full by payers to physicians without deductible, coinsurance, or copayment billable to patients; thus, patients will not bear the burden for such processes imposed by payers. The fee schedule shall be based on the compensation due physicians for patient evaluation and management according to the Current Procedural Terminology (CPT) coding system. For physicians contracted with payers, the payers shall compensate the physician at the contracted fee schedule. For out-of-network physicians, the payers shall compensate physicians at 60 percent of billed charges. The physician and/or physician staff shall track the time spent per patient per day performing tasks related to authorization and preauthorization, and round the time spent per task up to the nearest five-minute increment. The physician shall bill the payer in accordance with the CPT coding system based on the time spent. If necessary, multiple codes shall be used and payable to account for the time spent. Billable minutes for authorization and preauthorization include, but are not limited to, time spent filling out forms, making telephone calls (including time spent negotiating phone trees and hold time), documenting in the patient’s medical record, communicating with the patient, printing, copying, and faxing. Texas laws pertaining to payment timeliness by third-party payers shall apply to payers for such billing as well. Referred for decision.

REFERRED TO: Board of Trustees; Medical Economics and Payment Advocacy

Resolution 406 – Supporting Reclassification of Complex Rehabilitation Technology (Resident and Fellow Section): That: (1) TMA support the Centers for Medicare & Medicaid Services reclassifying complex rehabilitation technology equipment into its own distinct payment category under the Medicare program to improve access to individuals with substantially disabling and chronic conditions; and (2) the Texas Delegation to the American Medical Association take a similar resolution to the AMA. Adopted as amended.

REFERRED TO: (1) Add to TMA Policy Compendium; (2) Texas Delegation to the AMA.

STATUS: (1) Added 270.007 Supporting Reclassification of Complex Rehabilitation Technology to TMA Policy Compendium. (2) The Texas Delegation introduced Resolution 117-A-18 at the June 2018 AMA House of Delegation annual meeting. It was referred to the AMA Council on Medical Service for a report back to the AMA HOD 2019 annual meeting.

Resolution 407 – Medical Necessity Decisions Are the Practice of Medicine (Harris County Medical Society): That the Texas Medical Association work to: (1) align the Texas Occupation Code, Texas Insurance Code, and Texas Administrative Code with clear verbiage that medical necessity decisions are the practice of medicine and can only be performed by a physician with an active license in the state of Texas; and (2) align the Texas Occupations Code, Texas Insurance Code, and Texas Administrative Code with clear verbiage requiring that those making peer-to-peer medical necessity decisions be in the same or similar specialty as the treating physician seeking authorization. Adopted.

REFERRED TO: Council on Legislation and Office of the General Counsel

STATUS: HB 2387 (G. Bonnen)/SB 1187 (Buckingham) require that medical decisions and reviews by Texas licensed health plans are performed by a physician licensed in the state in the same or similar specialty.

Resolution 408 – Protecting the Prudent Layperson Standard (Carrie de Moor, MD, Collin-Fannin County Medical Society, Nueces County Medical Society, and Heidi Knowles, MD, Texas College of Emergency Physicians): That the Texas Medical Association: (1) adopt the following principles related to out-of-network emergency care: Patients who seek emergency care should be protected under the “prudent layperson” standard as established in state and federal law, without regard to prior authorization or retrospective denial for services after emergency care is rendered. Patients must not be financially penalized for receiving emergency care from an out-of-network physician or provider. Insurers must meet appropriate network adequacy standards that include adequate patient access to care, including access to physician specialties. Texas Department of Insurance should enforce such standards through active regulation of health insurance company plans. Insurers must be transparent and proactive in informing enrollees about all deductibles, copayments, and other out-of-pocket costs that enrollees may incur. Medical necessity review of emergency services must be performed by a board-certified emergency medicine physician licensed in Texas and not affiliated with an insurer, a municipal cooperative health benefit plan, health management organization, or the physician or provider or facility in question; and (2) actively oppose any health plan or other payer policy that dissuades patients from seeking needed emergency care in situations where they believe their health is at risk. Adopted as amended.

REFERRED TO: Add to TMA Policy Compendium

STATUS: Added 100.030 Protecting the Prudent Layperson Standard to TMA Policy Compendium.
TEXAS MEDICAL ASSOCIATION HOUSE OF DELEGATES
ORDER OF BUSINESS
2019 ANNUAL SESSION
May 17-18, 2019

Reference Committee Key:
Financial and Organizational Affairs = FOA
Medical Education and Health Care Quality = MEHCQ
Science and Public Health = SPH
Socioeconomics = SOCIO

REPORTS:
1. Report of President (no report)

2. Report of Speakers
   1. Wireless Handheld Voting/Election System

3. Reports of Board of Trustees
   1. TMA Leadership College
   2. Disclosure of Affiliations
   3. TMAIT, TMFHQI, and TMLT
   4. Pending Lawsuits Involving Texas Medical Association and Audit Trail
   5. Investments
   6. Audit of 2017 Financial Statements and 2018-19 Operating Budgets
   7. 2018-19 Board Officers and Committees
   8. Medical Student and Resident Physician Loan Funds
   9. Minority Scholarship Program
   10. Revision of Section 165.155(a) of the Texas Occupations Code, Res. 105-A-18
   11. TMA Education Center
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   13. Compensation to Physicians for Authorizations and Preauthorizations, Res. 405-A-18
   14. Inactive County Medical Societies
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4. Report of Executive Vice President
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5. Report of Interspecialty Society Committee
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7. Reports of Board of Councilors
   1. Distinguished Service Award – Don R. Read, MD
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8. **Reports of Committee on Physician Health and Wellness**
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9. **Reports of Texas Delegation to the AMA**
   1. AMA House of Delegates Meetings in 2018
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10. **Report of International Medical Graduate Section**
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11. **Report of Medical Student Section**
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13. **Report of Young Physician Section**
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14. **Reports of Council on Constitution and Bylaws**
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15. **Reports of Council on Health Care Quality**
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17. **Reports of Council on Health Service Organizations**
    1. Supportive Palliative Care Policy
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19. **Reports of Council on Medical Education**
    1. Sunset Policy Review
    2. Support of Expanded Eligibility for Inpatient Medicaid GME Funding to Teaching Hospitals
    3. Fixing the Inequity in Medicare GME Funding for Texas Teaching Hospitals Compared to Other States
    4. Study of Projected Need for More Medical Schools in Texas
    5. Medical Students in Natural Disaster/Emergency Situations and Related Liability Coverage, Resolution 108-A-18

20. **Reports of Committee on Continuing Education**
    1. TMA CME Program Update
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21. Reports of Committee on Physician Distribution and Health Care Access
   1. Improving Access to Care in Medically Underserved Areas through Project ECHO and the MEHCQ Child Psychiatry Access Project Model

22. Reports of Council on Practice Management Services
   1. Patient-Centered Medical Responsibilities, Resolution 101-A-18 FOA
   2. Improving Health Technology Products to Address the Issues of Sex and Gender SPH
   3. Establish a Standing Committee on Health Information Technology FOA

23. Reports of Council on Science and Public Health
   2. Support of Evidence-Based Medicine, Resolution 107-A-17 SPH
   3. Raising the Minimum Purchase Age for Guns, Resolution 313-A-18 SPH
   4. Early Childhood Adversity and Health SPH
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   6. Task Force on Behavioral Health FOA

24. Report of Committee on Cancer
   1. Sunset Policy Review SPH

25. Reports of Committee on Child and Adolescent Health
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26. Report of Committee on Emergency Medical Services and Trauma
   1. EMS and Trauma Activities Update Informational

27. Report of Committee on Infectious Diseases
   1. Sunset Policy Review SPH

28. Report of Committee on Reproductive, Women’s, and Perinatal Health (no report)

29. Reports of Council on Socioeconomics
   1. Health Plan Claim Auditing Programs SOCIO
   2. Sunset Policy Review SOCIO
   3. Gender Disparities in Physician Compensation FOA
   4. Establishing the Standing Committee on Medicaid, CHIP, and the Uninsured FOA

30. Report of Committee on Medical Home and Primary Care
   1. Medical Home and Primary Care Activities Update Informational

31. Reports of Patient-Physician Advocacy Committee
   1. Patient-Physician Advocacy Update Informational
   2. Sunset Policy Review FOA

32. Report of Committee on Rural Health
   1. Expand Availability of Broadband Internet Access to Rural Texas SOCIO
   2. Rural Health Activities Update Informational

33. Report of TEXPAC (no report)
34. Report of Texas Medical Association Insurance Trust
   1. Texas Medical Association Insurance Trust 2018 Annual Report

35. Report of Texas Medical Association Foundation
   1. TMF Health Quality Institute Annual Report

36. Report of Texas Medical Association Alliance
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37. Report of TMF Health Quality Institute
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105. Pharmacies Practicing Medicine (FOA)
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107. Physician Dispensing of Prescriptions (FOA)
108. Initial Assessment and Treatment Recommendation by Specialists (FOA)
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111. Opposing Legislation that Mandates Physician Discrimination (FOA)
201. Alternative Maintenance of Certification (MOC) Pathways to Comply with Antitrust Rulings (MEHCQ)
202. Clarification of Physician Protection From Maintenance of Certification (MOC) in Facility Bylaws (MEHCQ)
203. Restrictions to Requirements of Maintenance of Certification (MEHCQ)
205. Eliminating Professional and Colloquial Use of the Term “Mental Retardation” by Physicians in a Clinical Setting (MEHCQ)
206. Considerations for Care of Individuals with Autism Spectrum Disorder (ASD) (MEHCQ)
207. Increasing Access to Service Learning Opportunities in Undergraduate Medical Education (MEHCQ)
208. Integration and Maintenance of Wellness Initiatives in Texas Undergraduate and Graduate Medical Education (MEHCQ)
209. Promoting Health Insurance and Health Policy Education Prior to Residency (MEHCQ)
210. Recommendation for Hemorrhage Control Training of Healthcare Professionals (MEHCQ)
211. The Integration of LGBTQ Health Topics into Medical Education (MEHCQ)
212. Improve Physician-Hospital Relations (MEHCQ)
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301. Distribution and Display of Human Trafficking Aid Information in Public Places (SPH)
302. Statement on Personhood Measures (SPH)
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304. Requirement for Food Allergy Posters and Employee Training in Food Establishments (SPH)
305. Allow the Possession and Administration of an Epinephrine Auto-injector in Certain Entities (SPH)
306. Opposition to Limiting the Physician’s Role in the End-of-Life Process (SPH)
307. Regulatory Recommendations for Bed Bugs (SPH)
308. Regulation of Electric Scooters (SPH)
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314. Support of Mandatory Paid Parental Leave  SPH
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316. Determinants of Health  SPH
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402. Prescription Monitoring Program Integration Into Electronic Medical Records  SOCIO
403. Prior Authorization Approval  SOCIO
404. Medicare Part B Coverage of Vaccines  SOCIO
405. Lower Drug Costs  SOCIO
406. Equal Pay for Equal Work  SOCIO
407. Compensation to Physicians for Activities Other Than Direct Patient Care  SOCIO
408. Managing Patient-Physician Relations Within Medicare Advantage Plans  SOCIO
409. Update Practice Expense Component of Relative Value Units  SOCIO
410. Laboratory Benefit Managers  SOCIO
411. Data Migration Responsibilities of Electronic Health Record Vendors in Client Contract Termination  SOCIO
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2019 Annual Session
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5. Investments
6. Audit of 2017 Financial Statements and 2018-19 Operating Budgets
7. 2018-19 Board Officers and Committees
8. Medical Student and Resident Physician Loan Funds
9. Minority Scholarship Program
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13. Compensation to Physicians for Authorizations and Preauthorizations, Res. 405-A-18

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REPORT OF SPEAKERS

SPKR Report 1-A-19

Subject: Wireless Handheld Voting/Election System

Presented by: Susan M. Strate, MD, Speaker

In 2004, TMA purchased and began using Reply System’s Interactive Voter Response System (IVRS) that greatly improved the speed and accuracy of the TMA House of Delegates (HOD) voting and elections process. During the 2018 Annual Session, TMA’s IVRS failed to capture all delegate responses during the election process. The TMA IVRS was designed to receive votes from handheld devices on specific radio frequencies. Unfortunately, one of the frequencies used was impacted by a signal from another unknown communications device at the facility that did not occur during testing. Since the older technology required assigning a voting radio frequency to each handheld voting device in advance of the meeting, it was impossible to retrieve the devices and change the frequency in a timely manner. Voting proceeded by paper ballots at the direction of the TMA speaker and vice speaker. Prior to 2018, TMA’s IVRS had been used successfully for HOD voting since 2004.

In an effort to research current approaches used by other associations, TMA reached out to the American Medical Association (AMA), Florida Medical Association (FMA), and American College of Emergency Physicians (ACEP). Each used a unique form of house voting and were evaluated for use by TMA. Self-hosted and vendor-hosted solutions, looking for the best combination of cost and functionality, were also researched.

Beyond the specific systems and methods used by the AMA, FMA, and ACEP, TMA looked at leading solution providers of handheld electronic voting systems and third-party onsite voting consultants. Systems using Wi-Fi based technology, or browser-based solutions, were not evaluated due to inconsistencies in internet service at hotel and convention center locations historically used by TMA for TexMed meetings. In addition, it was determined that solutions that utilized individually owned personal devices, mobile phone, tablets, and laptops, were not feasible due to the large variety of potential devices, potential for poor mobile device internet service, and the number of staff available to support those devices onsite.

Three leading vendors of voting and election systems were fully researched. Each solution uses similar handheld voting devices using radio frequency (RF) technology for transmitting votes. The difference with these systems from the legacy TMA system is that RF frequencies are not set on each device. Each handheld voting unit uses a range of frequencies to find the voting base receiver, eliminating the problem caused during the 2018 Annual Session.

Vendors in the search included Meridia, Padgett, and Reply Systems. The first two vendors provided proposals for a purchased solution that would be operated by TMA. Reply Systems did not respond with a proposal. Each system utilizes wireless handheld voting devices and multiple voting receivers to accomplish both elections and Yes/No voting. Each software system seamlessly integrates with PowerPoint and can be incorporated into the TMA HOD order of business. Both system proposals were based upon 500 voting units and multiple receivers. Both software systems supplied with the devices were evaluated for the effectiveness of supporting current TMA house elections and voting procedures.

To fully evaluate alternatives using wireless handheld voting devices, the option of outsourcing elections to a third party for both equipment and onsite voting execution also were investigated. The leading
solution provider in this space is LumiGlobal. The primary two advantages of outsourcing are that the voting devices are maintained and supplied by LumiGlobal, resulting in the most recent voting device technology used each year, and their onsite support staff handle association voting and elections for a number of organizations throughout the year and are capable of handling any set of unique procedures or policies.

Primarily due to the annual cost associated with the LumiGlobal solution, it was determined that a purchased solution was preferred to an outsourced approach. TMA could theoretically update the technology of a purchased solution every third year and still result in a lower cost of operation than the outsourced approach.

In December 2018, the TMA Board of Trustees approved the purchase of a Handheld Wireless Voting/Election System for TMA. This new system will be utilized at the 2019 Annual Session.
AGENDA
REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS
Friday, May 17, 2019
Tower Lobby, Topaz - Hilton Anatole

1. Board of Councilors Report 4 – Emeritus Nomination
2. Board of Councilors Report 5 – Honorary Nominations
4. Board of Trustees Report 14 – Inactive County Medical Societies
5. Board of Trustees Report 15 – Sunset Policy Review
7. Committee on Membership Report 2 – Women in Medicine Section
8. Committee on Physician Health and Wellness Report 1 – Policy Review and Amendment to Committee Charge
16. Texas Delegation to the AMA Report 3 – Texas Delegation Operating Procedures Changes
17. Resolution 101 - Saturday-Sunday Meeting Schedule for the Texas Medical Association
18. Resolution 102 - Written Testimony at TMA Reference Committees
19. Resolution 103 - Gratitude for Continuing Medical Education Courses
20. Resolution 104 - Alternate Delegates May Address the House of Delegates
21. Resolution 105 – Pharmacies Practicing Medicine

22. Resolution 106 - Establish a Coalition of Medical Societies to Protect Competition and Sustainability in the Health Insurance Marketplace

23. Resolution 107 – Physician Dispensing of Prescriptions

24. Resolution 108 – Initial Assessment and Treatment Recommendation by Specialists

25. Resolution 109 - Licensure Status on TMA Membership Applications

26. Resolution 110 - Blue Cross and Blue Shield of Texas Charitable Requirements as a Not-for-Profit Corporation

27. Resolution 111- Opposing Legislation That Mandates Physician Discrimination
Whereas, The Texas Medical Association (TMA) and County Medical Society Membership Application is a unified application for membership in both TMA and county medical societies; and

Whereas, TMA generally requires for physician membership a license to practice medicine in the state of Texas that is not permanently revoked, canceled, or permanently suspended; and

Whereas, An otherwise qualified physician may be denied membership or continued membership in a county medical society only for a violation of the TMA or county medical society constitution and bylaws; a violation of the AMA Principles of Medical Ethics; criminal conduct; or unprofessional conduct likely to deceive, defraud, or injure the public; and

Whereas, The membership application includes a section entitled, “Membership Qualification and Authorization,” which is an aid in screening applicants by including questions about the applicant’s disciplinary and criminal history; and

Whereas, The Texas Medical Board (TMB) considers similar criteria upon application for medical licensure in the state of Texas, and, therefore, applicants who have a medical license to practice in the state of Texas can be considered eligible for membership in TMA and county medical societies; and

Whereas, Local county medical society boards of censors have little or no resources to investigate and research applicants other than verifying current medical licensure by the TMB; therefore be it

RESOLVED, That a county medical society board of censors’ examination of an applicant be limited only to the applicant’s licensure status with the TMB; that the membership application be updated to reflect the examination of only the applicant’s licensure status (when applicable); and that TMA bylaws be amended accordingly.

**Related TMA Policy:**

**1.12 Application.** Application for membership in a component county society shall contain the following information: Full name and address, place and date of birth, medical education and degree received, locations and dates of residencies, and such other information as the association or the component county society may require. The county society shall retain any original applications it receives and forward copies to the executive vice president of the association. Copies of any original applications the association receives shall be forwarded to the county society.

**1.14 Board of Censors examination and report.** The boards of censors of component county societies shall examine and report on the qualifications of applicants for membership in their respective organizations.
Within 60 days of the date an application is completed, the Board of Censors shall complete its examination of the applicant’s qualifications; approve or disapprove the application; and provide to the executive board (or to the other officers if there is no executive board) its report on the applicant’s qualifications and on the Board of Censors’ decision to approve or disapprove membership.

Related AMA Policy: None.
Whereas, Texans founded Blue Cross and Blue Shield of Texas in 1929 as a nonprofit, charitable organization with the intention of providing affordable health care coverage with a community focus, acting in the public benefit; and

Whereas, in the early 1980s, many of the commercial insurers began to challenge the fully tax-exempt status of the BCBS plans, which BCBS rebuffed by arguing that the plans provide "a unique community service"; and

Whereas, in June 1994, the national BCBS association changed its policies so that its licensees could convert to for-profit status and distribute earnings to those who exercise control over the company; and

Whereas, in 1996, BCBS Texas submitted a proposal to merge with Illinois BCBS, operated by Health Care Service Corporation (HCSC), a mutual insurance company, owned by its policyholders; and

Whereas, following a lawsuit by the Texas Attorney General to block the merger on grounds the merged entity would no longer be "nonprofit," in 1998, the trial court issued a letter opinion against the Attorney General and in favor of the merger; and

Whereas, after the merger was approved, HCSC remained unwilling to admit that BCBS Texas had a charitable asset obligation to the people of Texas; and

Whereas, HCSC acquired Blue Cross Blue Shield of New Mexico in May 2001 and Blue Cross Blue Shield of Oklahoma in 2005. HCHS now has more than 15 million members in Oklahoma, Illinois, Texas, and New Mexico; and

Whereas, in 2015 HCSC had reserves in excess of $9.9 billion in surplus funds; and

Whereas, in 2017 HCSC made $1.3 billion in net profit on $32.6 billion of revenue; and

Whereas, BCBS Texas recently announced plans to open 10 primary care medical centers in Dallas and Houston to provide a range of services beyond primary care, including urgent care, lab and diagnostic imaging, care coordination, and wellness and disease management programs; and

Whereas, BCBS Texas will open these clinics in partnership with Sanitas, a foreign-based multinational health care firm with no experience in Texas; and
Whereas, BCBS Texas has decided to compete against Texas primary care physicians rather than partner with them, despite more than a decade of claiming to support physician-led, community-based primary care initiatives and patient-centered medical homes; and

Whereas, the economic viability of independent physician owned primary care practices is increasingly at risk due to the rapid consolidation and vertical integration of health plans, health systems, and corporate health organizations into direct patient care delivery; and

Whereas, these consolidations and vertical integrations threaten to limit, if not eliminate, clinical choice, practice setting choice, and patient choice; and

Whereas, these consolidations and vertical integrations may evolve into anticompetitive oligopolies that compete over price and market share rather than value of clinical services; and

Whereas, current state law will likely prove inadequate to protect patients from and provide antitrust barriers against these new corporate-backed delivery models; therefore be it

RESOLVED, That the Texas Medical Association express its disappointment to Blue Cross Blue Shield of Texas on its decision to contract with a foreign-based, multinational health care firm to open primary care medical centers in Dallas and Houston to compete against local primary care practices owned and operated by TMA members; and

RESOLVED, That the Texas Medical Association collaborate with primary care specialty organizations and other specialty societies to conduct a comprehensive study of these market developments to assess their current and prospective positive and negative influences on the delivery of health care in Texas; and be it further

RESOLVED, That the study include, but not be limited to, an analysis of geographic market concentration of health insurers doing business in Texas; how vertical integration of Texas’ health care markets are impacting clinical practice choices, patient choice, and the viability of physician owned, community-based practices; and how predatory and anticompetitive managed care business practices are hurting the stability and viability of physician-owned practices; and be it further

RESOLVED, That, as part of the aforementioned study, the Texas Medical Association develop a multi-year strategy to include any public policy options that assure fair business practices and enforceable protections from predatory behavior and adverse patient consequences, and that empowers physicians to compete and thrive in Texas’ health care markets; and be it further

RESOLVED, that such study be prepared and submitted to the House of Delegates no later than May 2020.

Related TMA Policy: None.

Related AMA Policy: None.
TEXAS MEDICAL ASSOCIATION HOUSE OF DELEGATES

Supplement

Resolution 111
A-19

Subject: Opposing Legislation That Mandates Physician Discrimination

Introduced by: Travis County Medical Society, Texas Pediatric Society, and Texas Chapter of the American Academy of Pediatrics

Referred to: Reference Committee on Financial and Organizational Affairs

RESOLVED, That the Texas Medical Association support removal of "opposite sex" as a requirement for affirmative defense to prosecution within the Texas Penal Code; and be it further...
RESOLVED, That TMA oppose legislation or regulation that mandates physicians and other health
professionals discriminate against or limit access to health care for a specific patient population.

Related TMA Policy:
60.008 The Texas Medical Association 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

55.035 Right to Confidential Care: The Texas Medical Association upholds the right of adolescents to
receive confidential care to protect their health. Evidence indicates that requiring parental involvement in
sexual and contraceptive health care reduces access to care without reducing sexual activity or increasing
communication between parents and teens. In addition, TMA supports a health care environment that
encourages adolescent access to care without involvement by law enforcement officials, except in cases of
suspected child physical or sexual abuse as identified by the health care provider using his or her professional

Related AMA Policy:
H-160.991 Health Care Needs of Lesbian Gay Bisexual and Transgender Populations:
1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations,
sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as
in illness. In the case of lesbian gay bisexual and transgender (LGBT) patients, this recognition is especially
important to address the specific health care needs of people who are or may be LGBT; (b) is committed to
taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of
LGBT Health and the need to elicit relevant gender and sexuality information from our patients; these efforts
should start in medical school, but must also be a part of continuing medical education; (ii) educating
physicians to recognize the physical and psychological needs of LGBT patients; (iii) encouraging the
development of educational programs in LGBT Health; (iv) encouraging physicians to seek out local or
national experts in the health care needs of LGBT people so that all physicians will achieve a better
understanding of the medical needs of these populations; and (v) working with LGBT communities to offer
physicians the opportunity to better understand the medical needs of LGBT patients; and (c) opposes, the use
of "reparative" or "conversion" therapy for sexual orientation or gender identity.

2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for
women who have sex with women to undergo regular cancer and sexually transmitted infection screenings
due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening
for sexually transmitted diseases in men who have sex with men; and (iii) appropriate safe sex techniques to
avoid the risk for sexually transmitted diseases. 3. Our AMA will continue to work alongside our partner
organizations, including GLMA, to increase physician competency on LGBT health issues. 4. Our AMA will
continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual
concern in order to provide the most comprehensive and up-to-date education and information to enable the
provision of high quality and culturally competent care to LGBT people
Sources:

Texas Family Code § 261.101 Persons Required to Report, Time to Report:
(a) A person having cause to believe that a child's physical or mental health or welfare has been adversely
affected by abuse or neglect by any person shall immediately make a report as provided by this subchapter.
(b) If a professional has cause to believe that a child has been abused or neglected or may be abused or neglected, or that a child is a victim of an offense under Section 21.11, Penal Code, and the professional has cause to believe that the child has been abused as defined by Section 261.001, the professional shall make a report not later than the 48th hour after the hour the professional first suspects that the child has been or may be abused or neglected or is a victim of an offense under Section 21.11, Penal Code. A professional may not delegate to or rely on another person to make the report. In this subsection, "professional" means an individual who is licensed or certified by the state or who is an employee of a facility licensed, certified, or operated by the state and who, in the normal course of official duties or duties for which a license or certification is required, has direct contact with children. The term includes teachers, nurses, doctors, day-care employees, employees of a clinic or health care facility that provides reproductive services, juvenile probation officers, and juvenile detention or correctional officers.

(b-1) In addition to the duty to make a report under Subsection (a) or (b), a person or professional shall make a report in the manner required by Subsection (a) or (b), as applicable, if the person or professional has cause to believe that an adult was a victim of abuse or neglect as a child and the person or professional determines in good faith that disclosure of the information is necessary to protect the health and safety of:

(1) another child; or
(2) an elderly person or person with a disability as defined by Section 48.002, Human Resources Code.

(c) The requirement to report under this section applies without exception to an individual whose personal communications may otherwise be privileged, including an attorney, a member of the clergy, a medical practitioner, a social worker, a mental health professional, an employee or member of a board that licenses or certifies a professional, and an employee of a clinic or health care facility that provides reproductive services.

(d) Unless waived in writing by the person making the report, the identity of an individual making a report under this chapter is confidential and may be disclosed only:

(1) as provided by Section 261.201; or
(2) to a law enforcement officer for the purposes of conducting a criminal investigation of the report.

Texas Family Code § 261.001(1)(E) Definitions:
(1) “Abuse” includes the following acts or omissions by a person . . .
(E) sexual conduct harmful to a child's mental, emotional, or physical welfare, including conduct that constitutes the offense of continuous sexual abuse of young child or children under Section 21.02, Penal Code, indecency with a child under Section 21.11, Penal Code, sexual assault under Section 22.011, Penal Code, or aggravated sexual assault under Section 22.021, Penal Code;

Texas Penal Code § 21.11 Indecency with a Child:
(a) A person commits an offense if, with a child younger than 17 years of age, whether the child is of the same or opposite sex and regardless of whether the person knows the age of the child at the time of the offense, the person:

(1) engages in sexual contact with the child or causes the child to engage in sexual contact; or
(2) with intent to arouse or gratify the sexual desire of any person:
(A) exposes the person's anus or any part of the person's genitals, knowing the child is present; or
(B) causes the child to expose the child's anus or any part of the child's genitals.
(b) It is an affirmative defense to prosecution under this section that the actor:
(1) was not more than three years older than the victim and of the opposite sex;
(2) did not use duress, force, or a threat against the victim at the time of the offense; and
(3) at the time of the offense:
(A) was not required under Chapter 62, Code of Criminal Procedure, to register for life as a sex offender; or
(B) was not a person who under Chapter 62 had a reportable conviction or adjudication for an offense under
this section.
(b-1) It is an affirmative defense to prosecution under this section that the actor was the spouse of the child at
the time of the offense.
(c) In this section, “sexual contact” means the following acts, if committed with the intent to arouse or gratify
the sexual desire of any person:
1. any touching by a person, including touching through clothing, of the anus, breast, or any part of the
genitals of a child; or
2. any touching of any part of the body of a child, including touching through clothing, with the anus, breast,
or any part of the genitals of a person.
(d) An offense under Subsection (a)(1) is a felony of the second degree and an offense under Subsection
(a)(2) is a felony of the third degree.

Texas Family Code § 261.109(c) Failure to Report Penalty:
(a) A person commits an offense if the person is required to make a report under Section 261.101(a) and
knowingly fails to make a report as provided in this chapter.
(a-1) A person who is a professional as defined by Section 261.101(b) commits an offense if the person is
required to make a report under Section 261.101(b) and knowingly fails to make a report as provided in this
chapter.
(b) An offense under Subsection (a) is a Class A misdemeanor, except that the offense is a state jail felony if
it is shown on the trial of the offense that the child was a person with an intellectual disability who resided in
a state supported living center, the ICF-IID component of the Rio Grande State Center, or a facility licensed
under Chapter 252, Health and Safety Code, and the actor knew that the child had suffered serious bodily
injury as a result of the abuse or neglect.
(c) An offense under Subsection (a-1) is a Class A misdemeanor, except that the offense is a state jail felony
if it is shown on the trial of the offense that the actor intended to conceal the abuse or neglect.

Department of State Health Services (DSHS) Rider 24, 2018-2019 General Appropriations Act, 85th
Legislature: Reporting of Child Abuse. The Department of State Health Services may distribute or provide
appropriated funds only to recipients who show good faith efforts to comply with all child abuse reporting
guidelines and requirements set forth in Chapter 261 of the Texas Family Code. Located on Section II, Page

Health and Human Services Commission (HHSC) Rider 215, 2018-2019 General Appropriations Act,
85th Legislature: Reporting of Child Abuse. The Texas Health and Human Services Commission may
distribute or provide appropriated funds only to recipients who show good-faith efforts to comply with all
child abuse reporting guidelines and requirements set forth in Chapter 261 of the Texas Family Code. 
(Conference Committee Report Rider 150) Located on Section II, Page 111: 

Additional References:
1. Statewide Intake: Source of Abuse/Neglect Reports
   https://public.tableau.com/shared/K4SMMYF88N?:display_count=yes&:showVizHome=no
2. Confidential Health Care for Adolescents: Position Paper of the Society for Adolescent Medicine; Journal
https://www.adolescenthealth.org/SAHM_Main/media/Advocacy/Positions/Apr-14-Sexual-Repro-Health.pdf

https://www.adolescenthealth.org/SAHM_Main/media/Advocacy/Positions/Nov-04-Protection_Adolescents_Ensuring_Access_to_Care_and.Reporting_Sexual_Activity_and_Abuse.pdf

AGENDA
REFERENCE COMMITTEE ON MEDICAL EDUCATION AND HEALTH CARE QUALITY
Friday, May 17, 2019
Tower Lobby, Senator's Lecture Hall - Hilton Anatole

1. Committee on Continuing Education Report 2 - Sunset Policy Review
3. Council on Medical Education Report 2 - Support of Expanded Eligibility for Inpatient Medicaid GME Funding to Teaching Hospitals
4. Council on Medical Education Report 3 - Fixing the Inequity in Medicare GME Funding for Texas Teaching Hospitals Compared to Other States
5. Council on Medical Education Report 4 - Study of Projected Need for More Medical Schools in Texas
8. Council on Health Service Organizations Report 1 - Supportive Palliative Care Policy
11. Committee on Physician Distribution and Health Care Access Report 1 - Improving Access to Care in Medically Underserved Areas through Project ECHO and the Child Psychiatry Access Project Model
17. Resolution 207-A-19 - Increasing Access to Service Learning Opportunities in Undergraduate Medical Education

18. Resolution 208-A-19 - Integration and Maintenance of Wellness Initiatives in Texas Undergraduate and Graduate Medical Education


21. Resolution 211-A-19 - The Integration of LGBTQ Health Topics into Medical Education


*Resolution 204 was moved to Reference Committee on Financial and Organizational Affairs and renamed Resolution 111*
Before 2005, the Texas Medicaid program provided graduate medical education (GME) supplemental payments to a broad group of teaching hospitals. The supplemental payments stopped in 2005 due to a state budget shortfall. In 2008, the program was restored to a narrowly defined group, the five teaching hospitals owned by the state. These hospitals now had to put up their own money through an intergovernmental transfer to qualify for the 130-percent federal match. This means only an extremely limited number of teaching hospitals are eligible to seek matching federal funds for the inpatient Medicaid GME program, to the exclusion of hundreds of teaching hospitals. Since the loss of the broader eligibility for Medicaid GME funding in 2005, the Texas Medical Association has searched, in partnership with others, for ways to expand the program, with no success. The potential benefits to GME are significant, particularly at a time of great need for the expansion of GME capacity in the state.

In response to a state legislative directive, the Texas Health and Human Services Commission (HHSC), the state’s Medicaid authority, reevaluated the state’s Medicaid GME funding program in 2018. Because of this study, HHSC made the decision to begin the process of expanding eligibility to include additional types of teaching hospitals. The expansion is proposed to be rolled out in three phases, pending federal approval, as described below.

The first two phases would allow teaching hospitals to put up their own money as the non-federal share in order to draw down the federal match, similar to the current arrangement for state-owned hospitals. No state dollars would be used, which means no additional state appropriations are needed to implement this provision.

In the first phase, HHSC modified its rules to expand eligibility to include at least nine teaching hospitals that are owned and managed by non-state governmental entities. This amendment to the Medicaid State Plan is pending federal approval. For the second phase, HHSC will explore the potential for extending eligibility to teaching hospitals that are owned and managed by non-governmental organizations. This would enable at least 59 private hospitals, including 11 children’s hospitals, to qualify for the federal match.

In the third phase, HHSC is proposing an adjustment in the process used for determining the “medical education add-on” payments to teaching hospitals for inpatient Medicaid services. Currently, 57 hospitals are receiving these payments, for a state total of $109.3 million in FY 2018, and this program has not been updated to reflect current costs. HHSC’s proposal could require additional state appropriations, depending on how it is implemented, and this determination will be made during the 2019 state legislative session.

These proposals could serve as attractive incentives for eligible teaching hospitals to maintain and even grow their GME programs, in most cases without requiring additional state funds. The council is proposing new policy in support of all three proposals.
Recommendation: Adopt the following as new policy:

The Texas Medical Association supports expansion of the eligibility for the state’s inpatient Medicaid graduate medical education (GME) supplemental payments to include additional types of teaching hospitals. These monies can play a critical role in incentivizing hospitals to maintain and expand existing residency programs, as well as develop new programs. TMA recognizes that this growth is needed to maintain an adequate GME capacity that will accommodate the growing number of medical school graduates. TMA supports the specific use of the additional Medicaid GME payments for the support of GME programs.

TMA supports the proposed Medicaid GME expansion initiatives developed by the Texas Health and Human Services Commission, including:

- Extending eligibility for the inpatient Medicaid GME supplemental payments to teaching hospitals owned and managed by non-state governmental entities, such as cities or counties;
- Extending eligibility of teaching hospitals owned and managed by nongovernmental organizations, such as private hospitals; and
- Updating the inpatient Medicaid GME add-on payments to teaching hospitals based on current costs.
TEXAS MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution 213
A-19

Subject: Complying with Value-Based Care Quality Measures for Medication Adherence

Introduced by: Elizabeth Torres, MD

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

Whereas, medication non-adherence is linked to an estimated 125,000 deaths, 10% of hospitalizations, and health care costs up to $289 billion annually; and

Whereas, Value-based care payment models are becoming more prevalent in the health care marketplace with 1,000-plus Accountable Care Organizations (ACOs) in value-based care contracts covering an estimated 32.7 million patients in the U.S. at the end of the first quarter of 2018; and

Whereas, 53 ACOs participated in Medicare’s Shared Savings Program in 2018, and an estimated additional 50 to 75 organizations participate in other value-based care contracts or pay-for-performance opportunities in Texas; and

Whereas, Many value-based care contracts offer financial incentives and shared savings opportunities to physicians and organizations based on reducing the cost of care, and most include performance on quality measures as a gating mechanism to earn the shared savings or pay-for-performance incentives; and

Whereas, More than 90% of health payers utilize the Healthcare Effectiveness Data and Information Set (HEDIS), developed and maintained by the National Committee for Quality Assurance, to assess quality performance of physicians and other providers in value-based contracts; and

Whereas, The 2019 HEDIS includes several measures addressing medication adherence such as measures for controlling high blood pressure, persistence of beta-blocker treatment after a heart attack, annual monitoring for patients on persistent medications, and medication reconciliation post-discharge; and

Whereas, Numerous blood pressure medications, such as Valsartan, Losartan, and Irbesartan, have been recalled over the past several months as federal investigators discovered potentially cancer-causing impurities in them leading to patient non-compliance and medication shortages that impede an ACO’s ability to meet quality measures regarding medication adherence and thus performance incentives; and

Whereas, Some patients access medications via pharmaceutical assistance programs, cash payments, and discounted prescription apps, such as GoodRx, which cannot be tracked via the claims submission methods used by payers to capture results for medication adherence; therefore be it

RESOLVED, That the Texas Medical Association work with payers to identify standard methodologies that address quality measure requirements for medication adherence in response to marketplace influences beyond the physician/providers control.
Resolution 213-A-19
Page 2

Sources:

   https://catalyst.nejm.org/optimize-patients-medication-adherence/

   https://www.healthaffairs.org/do/10.1377/hblog20180810.481968/full/?utm_term=Recent+Progress+In+The+Value+Journey%3A+Growth+Of+ACOs+And+Value-Based+Payment+Models+In+2018&utm

4. TMA PracticeEdge Texas Value Based Care Database (2019).

   https://www.ncqa.org/hedis/measures/.


Related TMA Policy:

95.043 Prescription Drug Value Based Contracting: In no way should value-based contracting or any other contracting method be a hindrance between the physician and the drugs the physician believes is the best treatment for his or her patient (CSE Rep. 4-A-17).

95.041 Ensuring Patient Access to Affordable Prescription Medications: TMA will: (1) support programs whose purpose is to contain the rising costs of prescription drugs provided that the following criteria are satisfied: (a) physicians must have significant input into the development and maintenance of such programs; (b) such programs must encourage optimum prescribing practices and quality of care; (c) all patients must have access to medically indicated prescription drugs necessary to treat their illnesses; (d) physicians must have the freedom to prescribe the most appropriate drug(s) and method of delivery for the individual patient; and (e) such programs should promote an environment that will give pharmaceutical manufacturers the incentive for research and development of new and innovative prescription drugs; (2) study the issue of drug pricing, including whether large price increases impact patient access to critical medications; (3) support the application of greater oversight to the establishment of closed distribution systems for prescription drugs; (4) support the mandatory provision of samples of approved out-of-patent drugs upon request to generic manufacturers seeking to perform bioequivalence assays; (5) work with interested parties to support legislation or regulatory changes that streamline and expedite the FDA approval process for generic drugs; and (6) support measures that increase price transparency for generic and brand-name prescription drugs. (Substitute Res. 405-A-16 and Res. 409-A-16).

265.017 Pay-for-Performance Principles and Guidelines: Physician pay-for-performance (PFP) programs that are designed primarily to improve the effectiveness and safety of patient care may serve as a positive force in our health care system. Fair and ethical PFP programs are patient-centered and link evidence-based performance measures to financial incentives. Such PFP programs are in alignment with the American Medical Association Principles for Pay-for-Performance Programs:
Quality of Care
Performance measures must be kept current and reflect changes in clinical practice. Except for evidence-based updates, program measures must be stable for two years.

Patient-Physician Relationship
Programs must recognize outcome limitations caused by patient nonadherence, and sponsors of PFP programs should attempt to minimize noncompliance through plan design.

Program Rewards
Programs must not penalize physicians financially based on factors outside of the physician’s control.

Related AMA Policy:
H-450.966 Quality Management: The AMA:
(1) continues to advocate for quality management provisions that are consistent with AMA policy;
(2) seeks an active role in any public or private sector efforts to develop national medical quality and performance standards and measures;
(3) continues to facilitate meetings of public and private sector organizations as a means of coordinating public and private sector efforts to develop and evaluate quality and performance standards and measures;
(4) emphasizes the importance of all organizations developing, or planning to develop, quality and performance standards and measures to include actively practicing physicians and physician organizations in the development, implementation, and evaluation of such efforts;
(5) urges national medical specialty societies and state medical associations to participate in relevant public and private sector efforts to develop, implement, and evaluate quality and performance standards and measures; and
(6) advocates that the following principles be used to guide the development and evaluation of quality and performance standards and measures under federal and state health system reform efforts: (a) Standards and measures shall have demonstrated validity and reliability. (b) Standards and measures shall reflect current professional knowledge and available medical technologies. (c) Standards and measures shall be linked to health outcomes and/or access to care. (d) Standards and measures shall be representative of the range of health care services commonly provided by those being measured. (e) Standards and measures shall represent episodes of care, as well as team-based care. (f) Standards and measures shall account for the range of settings and practitioners involved in health care delivery. (g) Standards and measures shall recognize the informational needs of patients and physicians. (h) Standards and measures shall recognize variations in the local and regional health care needs of different patient populations. (i) Standards and measures shall recognize the importance and implications of patient choice and preference. (j) Standards and measures shall recognize and adjust for factors that are not within the direct control of those being measured. (k) Data collection needs related to standards and measures shall not result in undue administrative burden for those being measured.
AGENDA
REFERENCE COMMITTEE ON SOCIOECONOMICS
Friday, May 17, 2019
Tower Lobby, Sapphire Room - Hilton Anatole

1. Committee on Rural Health Report 1 – Expand Availability of Broadband Internet Access to Rural Texas
2. Council on Socioeconomics Report 1 – Health Plan Claim Auditing Programs
4. Resolution 401 - Participation in Government Programs when Receiving Payment for Uncompensated Care
5. Resolution 402 - Prescription Monitoring Program Integration Into Electronic Medical Records
6. Resolution 403 - Prior Authorization Approval
7. Resolution 404 - Medicare Part B Coverage of Vaccines
8. Resolution 405 – Lower Drug Costs
10. Resolution 407 - Compensation to Physicians for Activities Other Than Direct Patient Care
11. Resolution 408 - Managing Patient-Physician Relations Within Medicare Advantage Plans
12. Resolution 409 - Update Practice Expense Component of Relative Value Units
13. Resolution 410 – Laboratory Benefit Managers
14. Resolution 411 - Data Migration Responsibilities of Electronic Health Record Vendors in Client Contract Termination
15. Resolution 412 - Medical Necessity Tax Exemption for Feminine Hygiene Products
16. Resolution 413 - The Benefits of Importation of International Pharmaceutical Medications
17. Resolution 414 - Studying Financial Barriers of Rural Hospitals
18. Resolution 415 - Improving Buprenorphine Access for Opioid Substance Use Disorder Treatment
19. Resolution 416 – Revising the Texas Department of Insurance Division of Worker’s Compensation Designated Doctor Training and Education Process