Virtual
First Tuesdays at the Capitol
May 4, 2021
Virtual First Tuesdays at the Capitol

Welcome

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For legislative info visit www.texmed.org/Legislature
2021 Legislative Priorities
First Tuesdays at the Capitol
May 4, 2021
Questions or Comments?

Thank you for joining TMA and TMAA for this virtual First Tuesdays legislative briefing!

Submit your questions in the Q&A box on your screen.

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Funding Priorities

- SB1 Senate & House Conference Committee Appointed to finalize the 2022-2023 State Budget. Keep medicine's priorities in focus during Conference Committee negotiations.

- Ensure more Texans have meaningful coverage.*

- Enhance Medicaid and CHIP physician payments

- Maintain funding for Medicaid, CHIP, women’s health services, and behavioral health services.

- Enhance public health funding.

- Expand the physician workforce to improve access and sustain state investments in GME growth. Improve geographic and specialty distribution of physicians.

*The Families First Coronavirus Response Act requires states to maintain Medicaid coverage through the end of the Public Health Emergency, including for postpartum women, in exchange for higher federal funding. The federal administration recently announced it will maintain PHE at least through 2021.
SB 1 Conference Committee

• Ensure more Texans have meaningful coverage.*
  • Establish a Blue Ribbon Taskforce on coverage as part of waiver extension/renewal or separate waiver
  • Examine increasing Medicaid payment rates via Value Based Payment or Alternative Payment
  • Adopt House Rider 131: Report on Periodic Income Checks

• Enhance Medicaid and CHIP physician payments and funding.
  • Adopt House Rider 20: Improving Access to Pediatric Services
  • Reject Senate Rider 112: HHSC $350M Cost Containment

• Maintain funding for women’s health services, behavioral health & ECI.
  • Adopt House Rider 37: WHP Savings & Performance Reporting
  • Adopt House Rider 138: Continuity of Care for Women Aging out of Medicaid & CHIP
  • Adopt House Rider 140: Feasibility of Postpartum Medicaid Expansion
(continued)

- Support Senate recommendation in Article III to increase funding for the Texas Child Mental Health Care Consortium by $18.5M
- Support House recommendation to maintain level funding for ECI
- Public Health
  - Support Senate Rider 26: Texas HIV Medication program increase by $31.2M.
  - Sustain increased investments in infectious disease prevention and surveillance and chronic disease prevention.
  - Maintain tobacco cessation funding of $18.5M.
  - Support House $10M Article XI request to modernize the state's immunization registry.
- Graduate Medical Education
  - Support Senate recommendation to provide $199.1M to support GME expansion program.
Meaningful Health Care Coverage

Ensure meaningful, comprehensive health care coverage for Texans, including working uninsured, postpartum women, and children.

- Establish 6-months’ continuous coverage for children enrolled in Medicaid, the same benefit provided to children enrolled in CHIP… to keep children from erroneously losing coverage.
  - HB 290 (Cortez) Received by the Senate
    - Increase funding for outreach and enrollment to Texans eligible but not enrolled in Medicaid or CHIP, especially children.

Promote better birth outcomes by enhancing women’s access to preventive, primary, and behavioral health care throughout their reproductive lifespans.

- HB 133 (Rose) Referred to Senate Health & Human Services. Would provide 12 months’ Medicaid postpartum coverage.

Support behavioral health funding and increase access to community and crisis mental health and substance abuse services.

- SB 672 (Buckingham) Voted es 4/30 Medicaid Collaborative Care Model.
Expand the physician workforce and continue state support for GME capacity-building and sustaining programs:

- **GME Expansion Program:**
  - **Support Senate Version SB 1** at $199.1M over **HB 1** at $157M
  - $150M at $7M reduction, need $199.1M
  - Preserve 1.1 to 1 ratio (need 250 slots by 2024)

- **Texas Higher Education Coordinating Board budget:**
  - Family Medicine Residency Program, Rural Training Track Grant Program
  - Primary Care Preceptorship Program
  - Physician Education Loan Repayment (House -2%)
  - Support GME formula funding for teaching costs in the health-related institution bill pattern

- **Support SB 1490 (Creighton) Set for House Higher Ed 5/6**, regulation of clerkship programs by private/out of state medical schools
Legislative Asks

On Funding Priorities:
Urge lawmakers to invest in the health of all Texans and prioritize increased funding for Medicaid, CHIP, women’s health, and behavioral health.

On Health Coverage:
• **Support HB 290 (Cortez)** Ensuring continuous coverage for children enrolled in Medicaid.
• **Support HB 133 (Rose)** To provide 12 months’ Medicaid postpartum coverage.
• **Support SB 672 (Buckingham)** Medicaid Collaborative Care Model.

On Graduate Medical Education:
Ask legislators to continue to expand the physician workforce to improve access and sustain state investments in GME growth. Improve geographic and specialty distribution of physicians through pipeline programs.

• **Support SB 1 (Nelson)** GME Expansion budget of $199.1M.
• **Support SB 1490 (Creighton)** Regulation of clerkship programs by private/out-of-state medical schools.
The Solution: HB 4272 (Klick)

HB 4272 does:

- Bring ImmTrac2 into the 21st Century to work interoperably resolving some consent barriers to sharing information between providers. It makes the consent option a simple “yes” or “no.”
- Stop the 5-year deletion of disaster records such as COVID vaccine and extends the life of those records
- Eliminate the need for a separate consent for disaster situations. Include this as an option within the existing adult and minor consent forms.
- It modernizes the consent process by creating a DSHS online portal enabling patients and parents to submit withdrawal requests to ImmTrac2 easily and efficiently versus the current fax or mail process.

Convert to an Opt-out System?

- **HB 4272 does not include the opt-out system** which would allow anyone to withdraw their ImmTrac2 records if they wish, while avoiding loss of immunization records when patients immunized in childhood forget to renew their consent as young adults.
Tobacco and Vaping

TMA, Texas Tobacco Control Partners, and Texas Public Health Coalition represent countless health and community organizations seeking to reduce vape use.

Close the loophole in excise tax on other cigarettes to include e-cigarettes. Use a significant portion of tax revenue for additional evidence-based tobacco cessation programming at DSHS and enforcement activities.

• **Vape Tax**
  • HB 211 (Thierry) which creates a new tax on vaping products unfortunately does not include a substantial enough initial tax on vape to negatively impact usage. TMA did not support this version.

• **SB 248 (Johnson)** *(House hearing yesterday)*
  • Establishes the regulation and licensure of vaping retailers. Does not include tax portion but gives Comptroller that framework for the future.
Advanced Directives

• **Oppose SB 917 (Hughes)/HB 2609 (Parker)** that will dilute the Texas Advanced Directive Act (TADA) and weaken end of life dispute resolution process.
  - TMA advocating for protecting physician right to conscience. The above bills violate a physician’s right to conscience.
  - The bills use government mandate to force indefinite treatment of medically inappropriate care, though recent proposal would limit to 90 days.
  - Government interference to mandate the provision of potentially unethical, medically inappropriate, and outside the standard of care services.
  - HB 2609 was voted out of committee last week and is pending in House Calendars

• **SB 1944 (Lucio) did not advance**, but TMA asked for language to be amended into HB 2609 or SB 917. It strengthens the TADA by providing additional patient and family notification and time in ethics committee process. **Key provision corrects DNR changes from 2017** that allowed surrogates to override a patient’s expressed DNR.

• **TMA opposes SB 1934 (Hughes)/HB 2180 (Moody)** which allow for use of multiple co-agents with simultaneous authority under Medical Powers of Attorney. TMA has opposed use of co-agents but supports ease of MPOA form. Neither has received a hearing.
Legislative Asks

On ImmTrac2:
Ask your elected officials to support or coauthor HB 4272 (Klick) to reform the state's immunization registry. Urge members to support amendment that will improve ImmTrac electronic interchange.

On Tobacco and Vaping:
Encourage lawmakers to strengthen the regulation of tobacco and e-cigarette products in Texas by supporting and coauthoring HB 1255 (Allison)/HB 1523 (Thierry). Urge members of House Ways and Means to push for a hearing this next week.
• Support SB 248 (Johnson) which establishes the regulation and licensure of vaping retailers. Does not include tax portion but gives Comptroller that framework for the future.
• Urge members to equalize the tax in HB 211 to a level that is on par with other cigarettes.

On Advanced Directives:
Ask legislators to oppose SB 917 (Hughes)/HB 2609 (Parker) which severely restrict a physician's ability to exercise moral conscience and ethics.
• Ask members to only support an end life bill that includes fixes for hospital DNR section of law and protects patient DNR from surrogate override and decriminalizes effectuation of DNRs by a physician.
Prior Authorization

- Require health benefit plan issuers to “gold card” certain physicians from prior authorization, regularly approve procedures and require peer-to-peer discussions by a Texas-licensed physician who is of the same or similar specialty.
  - HB 3459 (Bonnen) Currently in the House Calendars Committee, needing to be set for a vote on the floor

- Strengthen the prudent layperson standard for ER care.
  - HB 2241 (Oliverson)
    - Currently in the House Calendars Committee, needing to be set for a vote on the floor.

- Require the Texas Department of Insurance to audit health plan compliance with statutory prior authorization timelines for approvals and denials.
  - HB 2142 (Vo)
    - Currently in the House Calendars Committee, needing to be set for a vote on the floor.
Prior Authorization

• Prohibit "White Bagging" and "Brown Bagging" processes that limit physicians’ ability to treat their patients.
  • HB 1586 (Lucio)
    • On way to House Calendars Committee
  • SB 1161 (Schwertner)
    • Needs Senate Committee hearing

• Support continuity of care for medical services and prescription medications for patients on appropriate, chronic, stable therapy through minimizing repetitive prior authorization requirements.
  • HB 907 (Johnson)
    • In the Senate, needing to be referred

• Limit prior authorizations in certain circumstances for psychotropics.
  • HB 2504 (Gonzalez, J.)
    • Currently in the House Calendars Committee, needing to be set for a vote on the floor
Health Plans

• Protect a physician that makes a complaint against a health plan, from retaliation by that health plan.
  • HB 2929 (Bonnen)
    • In the Senate, needing to be referred

• Prohibit in certain circumstances a health plan from switching a patients, stable on a medication to a new medication.
  • HB 1646 (Lambert)
    • Being Heard on the House floor, May 4th

• Require health plan coverage for fertility preservation.
  • HB 293 (Collier)
    • Currently in the House Calendars Committee, needing to be set for a vote on the floor.
Legislative Asks

• Urge your State Representative to support and vote favorably for HB 1646 (Lambert) which will be heard on the House floor today.
• Contact members of the House Calendars committee and urge them to support and place these bills on the House Calendar:
  • HB 3459 (Bonnen)/SB 1883 (Buckingham)
  • HB 2241 (Oliverson)
  • HB 2142 (Vo)
  • HB 2504 (Gonzalez, J.)
  • HB 293 (Collier)
  • HB 1586 (Lucio)
• Contact your State Senator and encourage them to refer these bills to a committee and set a hearing:
  • HB 907 (Johnson)/SB 2043 (Menendez)
  • HB 2929 (Bonnen)
• Contact members of the Senate Business and Commerce Committee and ask them to set SB 1161 (Schwertner) for a committee hearing.
Scope of Practice

- Independent Dx/Rx by APRNs
  - HB 2029 (Klick) - pending in House Public Health

- Optometrist Laser Surgery
  - HB 2340 (Klick) - pending in House Public Health
  - SB 993 (Hancock) - pending in Senate Business and Commerce

- Psychologist Prescribing
  - HB 1462 (Goodwin) - House Public Health – no hearing

- Lay Midwives Carry and Administer Certain Drugs
  - SB 735 (Paxton) - pending in Senate Health & Human Services

- Pharmacist Vaccination of Kids to Age 3
  - HB 678 (Cortez) - passed House Public Health

- Pharmacist ‘Test and Treat'
  - HB 2049 (Howard) - passed House Public Health
Telemedicine

Payment parity
  • HB 980 (Fierro)

Fundamental principle: *A covered service provided to an enrolled patient by a contracted physician should be paid at the contracted rate. The choice of providing that service in-person or via telemedicine should be the choice of the patient and physician.*

ASK: Contact House Insurance Committee members…
Support payment parity for telemedicine!
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THANK YOU!