**Legi Wins by Specialty**

**Audience: Non-Member, recruitable physicians, exclude non-renewals (see specialties below)**

**Subject Line:** A Lot Happened for Medicine This Legislative Session

**Header:** Here’s what you need to know.

Dear Dr. <Insert Last Name>:

With the strength of nearly 53,000 members, county medical societies, and alliance organizations, the Texas Medical Association’s advocacy efforts made a big difference for medicine this legislative session. Psychiatrists won some key victories in the 2019 Texas Legislature. Here are some highlights:

<Insert Specialty Specific Bullets>

No other physician organization has the proven track record of success that TMA does – but we still have work to do. So if you believe in what we’re fighting for, now is the perfect time to [commit to TMA membership](https://urldefense.proofpoint.com/v2/url?u=http-3A__TXMA.informz.net_z_cjUucD9taT03NDg1MDkwJnA9MSZ1PTc3NjgwNjIzMyZsaT01ODQyODc4OQ_index.html&d=DwMCaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=o9MsycOlPAry8N9uRQX77MiLBgcl7uEdzqSmJBf8Fh4&m=qBu8qoKsenC3bcWg3Wr4II06XPVTe8oKE02xpYfoDYw&s=-HhQli9b7tZ1bZGtrF0JxYMemOytLZxpncwaX8YiHz0&e=) and show your support.

Annual dues are prorated to **half-price** for the remainder of 2019 for physicians who **join before July 31**, so I invite you to stand beside me and 53,000 of your colleagues and [join today](https://urldefense.proofpoint.com/v2/url?u=http-3A__TXMA.informz.net_z_cjUucD9taT03NDg1MDkwJnA9MSZ1PTc3NjgwNjIzMyZsaT01ODQyODc4OQ_index.html&d=DwMCaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=o9MsycOlPAry8N9uRQX77MiLBgcl7uEdzqSmJBf8Fh4&m=qBu8qoKsenC3bcWg3Wr4II06XPVTe8oKE02xpYfoDYw&s=-HhQli9b7tZ1bZGtrF0JxYMemOytLZxpncwaX8YiHz0&e=).

<Insert Join Today button>

Sincerely,

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| https://txma.informz.net/TXMA/data/images/Marketing/fleeger_headshot.jpg | https://txma.informz.net/TXMA/data/images/Marketing/Fleeger%202019.jpg David C. Fleeger, MD President Texas Medical Association TMA member since 1991 |

Check out [all that TMA accomplished](https://www.texmed.org/uploadedFiles/Current/2016_Advocacy/Texas_Legislature/307456%202019%20Legislative%20Summary%20WEB.pdf) in the 2019 session for physicians and our patients.

**-------------------------------------------**

**Psychiatry**

**Mental Health**

* **$50 million** increase in funding for community mental health services for adults
* **$99 million** instate funding to establish the Texas Mental Health Care Consortium, an effort to increase children’s access to behavioral health services
* Expedited court access for emergency detentions
* Requirement that the Health and Human Services Commission (HHSC) develop a five-year plan to address postpartum screening and depression

**Opioids**

* **$5 million** increase to integrate the prescription monitoring program (PMP) into electronic health records and cover the licensing fees for all state prescribers, including physicians
* Delayed implementation of the state's PMP mandate to March 2020 to allow EHR vendors time to properly integrate their systems

**Scope of Practice**

* Defeated more than 20 dangerous scope of practice bills, including one that would have granted independent prescribing authority to psychologists

**Telemedicine**

* Requirement that physicians – not health plans – choose what telemedicine platform to use
* A requirement that Medicaid cover telemedicine services
* Permission for physicians and other professionals to use telemedicine to provide mental health services to patients outside the state

**Cardiology**

**Public Health**

* An increase to age 21 for buying tobacco and vaping products

**Opioids**

* $5 m**illion** increase to integrate the prescription monitoring program (PMP) into electronic health records and cover the licensing fees for all state prescribers, including physicians

**Insurance**

* More explicit prior authorization procedures; transparency regarding denials, requirements, and reviews; and simplified renewal of expired requests
* A requirement that health plans maintain searchable, accurate network directories
* Mandatory network adequacy reviews for both PPOs and EPOs

**Red Tape/Compliance**

* Delayed implementation of the state’s prescription monitoring program (PMP) mandate to March 2020 to allow EHR vendors time to properly integrate their systems

**Tort Reform Protections**

* Fended off attempts to weaken the landmark liability reforms by stopping a bill that would have indexed caps on medical liability judgments to inflation

**Academic**

**2020-21 Budget**

* **$99 million** instate funding to establish the Texas Mental Health Care Consortium
* Physician Education Loan Repayment Program annual allowable repayment assistance amount increased to $180,000

**Graduate Medical Education (GME)**

* **$60 million** added to preserve ratio of 1.1 GME slots per Texas medical school graduate
* **$8.3 million** added to GME formula funding for medical schools
* **$11.4 million** added for state medical student formula funding at 11 schools
* Requirement that new public medical schools plan for the GME needs of their target class size
* Creation of a grant program to develop residency training tracks in rural and underserved settings

**Public Health**

* An increase to age 21 for buying tobacco and vaping products
* Extended the life of the Cancer Prevention and Research Institute of Texas (CPRIT) for 10 years
* A halt to bad immunization bills that would have eased the vaccine exemption process, or interfered with how physicians administer care

**Telemedicine**

* Requirement that physicians – not health plans – choose what telemedicine platform to use
* A requirement that Medicaid cover telemedicine services

**ER**

**Public Health**

* An increase to age 21 for buying tobacco and vaping products

**Mental Health**

* $50 million increase in funding for community mental health services for adults
* Expedited court access for emergency mental health detentions

**Insurance**

* **M**ore explicit prior authorization procedures; transparency regarding denials, requirements, and reviews; and simplified renewal of expired requests
* A surprise billing arbitration process that takes the patient out of surprise billing battles while giving physicians a fairer shake on payment
* Mandatory network adequacy reviews for both PPOs and EPOs
* A requirement that health plans maintain searchable, accurate network directories and identify in-network physicians

**End-Of-Life**

* Stopped bill that would have required a hospital to continue providing medical interventions to an end-of-life patient until the patient is transferred to another facility even if the hospital’s medical ethics committee process determined that further treatment would harm the patient

**Physician Protections**

* New Texas Medical Board complaint process which protects employed physicians’ independent medical judgment and clinical autonomy, and prohibits retaliation
* Liability protections for physicians in disasters
* Stopped a bad bill that would have allowed for multiple surrogates to have medical power of attorney decision making authority

**Hospital Based (Anesthesiology/Radiology/Pathology)**

**Public Health**

* An increase to age 21 for buying tobacco and vaping products

**Insurance**

* A surprise billing arbitration process that takes the patient out of surprise billing battles while giving physicians a fairer shake on payment
* More explicit prior authorization procedures; transparency regarding denials, requirements, and reviews; and simplified renewal of expired requests
* Mandatory network adequacy reviews for both PPOs and EPOs
* A requirement that health plans maintain searchable, accurate network directories and identify in-network physicians
* A requirement that health plans that cover a screening mammogram provide at least the same level of coverage for a diagnostic mammogram

**Scope of Practice**

* Defeated more than 20 dangerous scope of practice bills

**Tort Reform Protections**

* Fended off attempts to weaken the landmark liability reforms by stopping a bill that would have indexed caps on medical liability judgments to inflation

**Orthos**

**Insurance**

* A surprise billing arbitration process that takes the patient out of surprise billing battles while giving physicians a fairer shake on payment
* More explicit prior authorization procedures; transparency regarding denials, requirements, and reviews; and simplified renewal of expired requests
* Mandatory network adequacy reviews for both PPOs and EPOs
* A requirement that health plans maintain searchable, accurate network directories and identify in-network physicians
* New requirements to hold Medicaid managed care organizations (MCOs) accountable for prior authorization decisions

**Scope of Practice**

* Defeated more than 20 dangerous scope of practice bills, including one that would have expanded chiropractic care to treatment of the “neuromusculoskeletal” system

**Red Tape/Compliance**

* $5 million increase to integrate the prescription monitoring program (PMP) into electronic health records and cover the licensing fees for all state prescribers, including physicians
* Delayed implementation of the state’s PMP mandate to March 2020 to allow EHR vendors time to properly integrate their systems
* Required electronic prescribing of opioids – making the process easier and more secure

**Employed Physicians**

**Public Health**

* An increase to age 21 for buying tobacco and vaping products

**Texas Medical Board**

* Renewal of the Texas Medical Board (TMB) through 2031, an expedited licensing process for out-of-state physicians, and timely removal of negative information from a physician’s TMB profile
* TMB complaint process which protects employed physicians’ independent medical judgment and clinical autonomy and prohibits retaliation

**Red Tape/Compliance**

* **$5 million** increase to integrate the prescription monitoring program (PMP) into electronic health records and cover the licensing fees for all state prescribers, including physicians
* Delayed implementation of the state’s PMP mandate to March 2020 to allow EHR vendors time to properly integrate their systems

**Scope of Practice**

* Defeated more than 20 dangerous scope of practice bills

**Telemedicine**

* Requirement that physicians – not health plans –choose what telemedicine platform to use
* A requirement that Medicaid cover telemedicine services
* Permission for physicians and other professionals to use telemedicine to provide mental health services to patients outside the state

**Delegation of Authority**

* Simplified supervision requirements for physicians and APRNs and PAs with delegated prescriptive authority agreements

**OBGYNS**

**Public Health**

* An increase to age 21 for buying tobacco and vaping products

**2020-21 Budget**

* **$68 million** Increase in women’s health funding, including $45 million more for Healthy Texas Women
* **$7 million** increase to reduce maternal mortality and morbidity
* **$100 million** to help rural hospitals, a portion of which is dedicated to helping those hospitals retain labor and delivery services

**Maternal Health**

* Improved care for high-risk pregnancies related to opioid use disorder, and for newborns with neonatal abstinence syndrome
* Medicaid inpatient rates for rural hospitals increased with add-on for labor/delivery
* Enhanced postpartum benefits for Medicaid women through Healthy Texas Women
* Requirement that the Health and Human Services Commission develop a five-year plan to address postpartum screening and depression

**Insurance**

* Prohibition of step therapy for women with metastatic breast cancer
* Requirement for health plans that cover a screening mammogram to provide at least the same level of coverage for a diagnostic mammogram

**Telemedicine**

* Requirement that physicians – not health plans –choose what telemedicine platform to use
* A requirement that Medicaid cover telemedicine services
* Expansion of pregnancy medical home pilots to new sites and tests the use of telemedicine, telehealth, and telemonitoring to improve prenatal and postpartum care
* Establishes level-of-care designations for hospitals that provide maternal and neonatal care and allows on-call physicians (including family physicians at Level I or II facilities) to use telemedicine, if needed

**All Other Specialties (Excluding those above and Primary Care – PDs, OBGyn, IM, FM…emails already sent to them):**

**Public Health**

* An increase to age 21 for buying tobacco and vaping products
* Extended the life of the Cancer Prevention and Research Institute of Texas (CPRIT) for 10 years

**Scope of Practice**

* Defeated more than 20 dangerous scope of practice bills

**Insurance**

* A surprise billing arbitration process that takes the patient out of surprise billing battles while giving physicians a fairer shake on payment
* Mandatory network adequacy reviews for both PPOs and EPOs
* A requirement that health plans maintain searchable, accurate network directories and identify in-network physicians
* More explicit prior authorization procedures; transparency regarding denials, requirements, and reviews; and simplified renewal of expired requests

**Mental/Behavioral Health**

* $150 million budget increase for mental health services and psychiatry workforce expansion

**Opioids**

* Delayed implementation of the state’s prescription monitoring program (PMP mandate to March 2020 to allow EHR vendors time to integrate their systems; plus $5 million in supplemental funds for improved PMP interface and subscriber license

**Texas Medical Board**

* Renewal of the Texas Medical Board (TMB) through 2031, an expedited licensing process for out-of-state physicians, and timely removal of negative information from a physician’s TMB profile