

2017 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.

1 FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS:
2

3 **Speakers Report 1 – TMA Election Process:** That the Texas Medical Association make changes to the
4 TMA Election Process to be consistent with TMA Bylaws. **Adopted.**

5
6 **REFERRED TO:** Add to TMA Policy Compendium; Speakers' Advisory Committee
7

8 **STATUS:**
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10 **Board of Trustees Report 12 – Continuation of International Medical Graduate Section:** That the
11 International Medical Graduate Section continue for two years with a report back to the House of
12 Delegates, through the Board of Trustees, at the 2019 Annual Session with information on specific
13 contributions of the IMG Section. **Adopted.**

14
15 **REFERRED TO:** International Medical Graduate Section
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17 **STATUS:** Deferred until IMG Section report is submitted in 2019
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19 **Speaker and Council on Constitution and Bylaws Joint Report 1 – Parliamentary Authority**
20 **Transition for TMA:** That: (1) the American Institute of Parliamentarians Standard Code of
21 Parliamentary Procedure be adopted as TMA's parliamentary authority, effective at the conclusion of the
22 2017 Annual Session; (2) TMA Bylaws Chapter 3, House of Delegates, Section 3.70, Business and
23 Subsection 3.73, Rules of conduct, be amended; (3) TMA Bylaws Chapter 12, County Societies, Section
24 12.40, Structure, Subsection 12.411, Duties, be amended; (4) TMA Bylaws Chapter 14, Rules of Order,
25 be amended; and (5) standing rules for TMA House of Delegates' parliamentary procedure, in addition to
26 the American Institute of Parliamentarians Standard Code of Parliamentary Procedure, be adopted.
27 **Adopted.**

28
29 **REFERRED TO:** Council on Constitution and Bylaws; Speakers' Advisory Committee
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31 **STATUS:**
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33 **Resolution 101 – Election of TMA Board of Trustees Members (Lone Star Caucus):** That: (1) the
34 TMA House of Delegates amend the process of holding elections for the Board of Trustees, and that
35 regularly scheduled elections be held on a different ballot from elections to fill board vacancies; (2) TMA
36 Bylaws, Chapter 4, Board of Trustees, Section 4.40, Term, tenure, and vacancies of at-large positions, be
37 amended; and (3) TMA Bylaws, Chapter 7, Elections, Section 7.42, Balloting, Subsections 7.421, First
38 Ballot, and 7.422, Run-off ballot, be amended. **Referred to the Speakers' Advisory Committee and**
39 **Council on Constitution and Bylaws with a report back at A-18.**

40
41 **REFERRED TO:** Speakers' Advisory Committee; Council on Constitution and Bylaws
42

43 **STATUS:**

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2 **Resolution 103 – Texas Medical Board License Renewal Notifications and Payment (Harris County**
3 **Medical Society):** That: (1) the Texas Medical Association request that the Texas Medical Board (TMB)
4 take such action as to change and update its license renewal notification procedure and its license renewal
5 payment processes; and (2) TMA request that TMB (a) provide an electronic or email-based means to
6 communicate routine license renewal information to licensed physicians, in addition to U.S. Postal
7 Service mail; (b) institute an electronic license renewal notification and an option for electronic auto-
8 renewal payment; and (c) provide for acceptance of credit card or bank electronic payment systems to
9 convey payments for license renewals and fees. **Adopted.**

10
11 **REFERRED TO:** Add to TMA Policy Compendium; Communications Division; Membership
12 Operations & Business Intelligence

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14 **STATUS:**

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16 **Resolution 105 – TMA Outreach to Displaced and Refugee Physicians (Harris County Medical**
17 **Society):** That: (1) the Texas Medical Association study the number of current displaced and refugee
18 physicians in Texas; the role and impact TMA might offer to support and connect them with Texas
19 colleagues; and the potential impact these individuals, as future TMA members, might have on the
20 organization; and report back to the House of Delegates and (2) if this study appears to be of benefit to
21 TMA for residents of Texas who are displaced and refugee physicians, TMA consider moving this matter
22 forward to the American Medical Association. **Adopted.**

23
24 **REFERRED TO:** International Medical Graduate Section

25
26 **STATUS:**

27
28 **Resolution 106 – Reduced and Alternative Documentation and Administrative Requirements for**
29 **Medical Documentation for Prescribers in Times of Declared Disasters (Harris County Medical**
30 **Society):** That: (1) the Texas Medical Association support reduced and alternative documentation and
31 administrative requirements of the Texas Medical Board (TMB) and the Texas Administrative Code in
32 the form of a policy related to specific requirements of medical documentation and record keeping during
33 a declared disaster. Specifically, the policy would apply when the care provided is the continuation of
34 currently prescribed medications and other necessary treatments for victims requiring disaster assistance,
35 first responders, and other rescue workers during the declared disaster; (2) TMA urge TMB to adopt these
36 reduced and alternative documentation and administrative requirements during times of declared
37 disasters; and (3) any waiver in requirements exist only in a time of declared disaster and not during
38 normal business operations. **Adopted.**

39
40 **REFERRED TO:** Office of the General Counsel

41
42 **STATUS:**

43
44 **Resolution 107 – Support of Evidence-Based Medicine (Young Physician Section, Resident and**
45 **Fellow Section, and Medical Student Section):** That: (1) TMA adopt policy opposing the
46 criminalization of evidence-based medical care; (2) TMA policy also oppose the revocation of a medical
47 license for the provision of evidence-based medical care; and (3) TMA encourage TEXPAC to consider
48 previous and planned actions to criminalize the practice of medicine when deciding endorsements and
49 allocation of funds. **Referred.**

50
51 **REFERRED TO:** Board of Councilors

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2 **STATUS:**
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4 **Resolution 109 – Transparency in Election in the House of Delegates (Angelina County Medical**
5 **Society):** That: (1) vote counts of all secret ballots taken in the TMA House of Delegates be announced
6 publicly in the house at the time each election result is announced; and (2) final vote counts of all secret
7 ballots in the TMA House of Delegates be made public and made part of the official proceedings of the
8 house.. **Referred to the Speakers’ Advisory Committee with a report back at A-18.**
9

10 **REFERRED TO:** Speakers’ Advisory Committee
11

12 **STATUS:**
13

14 **Resolution 111 – Addressing Physician Mental Health Status Disclosures (Medical Student**
15 **Section):** That: (1) the Texas Medical Association support the exclusion of questions regarding mental
16 illness in the Texas Medical Board licensure process, specifically excluding questions related to major
17 depressive disorder diagnoses; (2) TMA recognize that information regarding a physician’s mental health
18 should be shared only between the physician-patient and his or her mental health physician or provider,
19 including psychiatrists, primary care physicians, counselors, and psychologists, and not a priority of state
20 licensure boards; and (3) TMA recognize the mental health physician’s or provider’s responsibility to
21 make any disclosures regarding the mental health of a physician-patient necessary to maintain patient
22 safety, instead of requiring these patients to disclose their own conditions to board licensure applications.
23 **Referred.**
24

25 **REFERRED TO:** Council on Medical Education
26

27 **STATUS:**
28

29 **Resolution 113 – HIPAA and Physician Rating Websites (Harris County Medical Society):** That: (1)
30 the Texas Medical Association seek amendment of HIPAA rules to allow physicians to respond to
31 incorrect information posted on the internet by patients, as long as physicians address only nonmedical
32 care issues and do not disclose medical conditions or diagnoses the patient did not disclose; and (2) if
33 HIPAA rules cannot be amended to allow physicians to respond to incorrect information posted on the
34 internet by patients, then TMA should seek amendment to HIPAA rules that develop guiding principles
35 for entities with physician rating sites to promote fair and balanced restrictions on postings by physicians,
36 patients, and others who post reviews. **Adopted.**
37

38 **REFERRED TO:** Council on Legislation; Add to TMA Policy Compendium
39

40 **STATUS:**
41

42 FROM REFERENCE COMMITTEE ON MEDICAL EDUCATION:
43

44 **Council on Medical Education Report 3 – Support for Exceptions to Medicare GME Cap-Setting**
45 **Deadlines in Underserved Areas:** That: (1) TMA adopt policy on Exceptions to Deadlines for Setting
46 Medicare GME Funding Caps; and (2) the Texas Delegation to the AMA take CME Report 3-A-17 to the
47 AMA House of Delegates for consideration as new AMA policy. **Adopted.**
48

49 **REFERRED TO:** Add to TMA Policy Compendium; Texas Delegation to the AMA
50

51 **STATUS:**

1 **Council on Medical Education Report 4 – Rural Training Tracks:** That TMA adopt policy on Support
2 of Rural Residency Training and State Grant Program for Promoting Rural Training Tracks. **Adopted.**

3
4 **REFERRED TO:** Add to TMA Policy Compendium

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6 **STATUS:**

7
8 **Council on Medical Education Report 5 – Need for Continued Expansion of GME Capacity:** That
9 TMA adopt policy on Building the Future Physician Workforce. **Adopted.**

10
11 **REFERRED TO:** Add to TMA Policy Compendium

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13 **STATUS:**

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15 **Council on Medical Education Report 6 – Referral of Res. 201-A-16, Recognition of Alternative**
16 **Recertification Boards (Harris County Medical Society), and Res. 207-A-16, Recognition of**
17 **National Board of Physicians and Surgeons and National Board of Osteopathic Physicians and**
18 **Surgeons (Ori Hampel, MD):** That TMA: (1) approve policy on Initial Guiding Principles on
19 Maintenance of Certification; (2) adopt policy on Monitoring Maintenance of Certification Reforms; (3)
20 retain policy 175.006, Physician Licensure by Individual State Medical Boards; and (4) retain as amended
21 policy 175.018, Maintenance of Certification. **Adopted.**

22
23 **REFERRED TO:** Add to TMA Policy Compendium

24
25 **STATUS:**

26
27 **Committee on Physician Distribution and Health Care Access Report 1 – Long-Range State Health**
28 **Care Workforce Study:** That TMA adopt policy in support of a long-range state health care workforce
29 study. **Adopted.**

30
31 **REFERRED TO:** Council on Legislation; Committee on Physician Distribution and Health Care
32 Access; Add to TMA Policy Compendium

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34 **STATUS:**

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36 **Committee on Physician Distribution and Health Care Access Report 2 – Enhancements to State**
37 **Physician Education Loan Repayment Program:** That: (1) TMA adopt policy on Enhancing the State's
38 Physician Education Loan Repayment Program; (2) TMA policies 205.021, State Loan Repayment
39 Program, 205.002, Support for Student Loan Funds Repayment, and 185.017, Addressing the Threat to
40 Primary Care in Texas, be retained as amended; and (3) TMA policies 205.034, Reinstate and Enhance
41 Texas Physician Education Loan Repayment Program, and 205.023, Physician Education Loan
42 Repayment Program, be deleted. **Adopted.**

43
44 **REFERRED TO:** Committee on Physician Distribution and Health Care Access; Add to TMA
45 Policy Compendium

46
47 **STATUS:**

48
49 **Resolution 201 – Inclusion of Advocacy Education in Medical School Curricula (Harris County**
50 **Medical Society):** That: (1) the Texas Medical Association support inclusion of at least two hours of
51 didactic education per calendar year focused on advocacy education for every medical student in Texas;

1 and (2) the Texas Delegation to the American Medical Association submit a resolution at the 2017 AMA
2 Annual Meeting that will call for the inclusion of at least two hours of didactic education per year in
3 advocacy education for every medical student in the United States. **Referred.**

4
5 **REFERRED TO:** Council on Medical Education

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7 **STATUS:**

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9 **Resolution 202 – Medical School Clinical Skills Exams (Medical Student Section):** That the Texas
10 Medical Association advocate for the Texas Medical Board to eliminate the United States Medical
11 Licensing Examination Step 2 Clinical Skills examination and the Comprehensive Osteopathic Medical
12 Licensing Examination Level 2-Performance Examination licensure requirements for U.S. medical
13 graduates who have passed a clinical skills examination administered by a Liaison Committee on Medical
14 Education-or Commission on Osteopathic College Accreditation-accredited medical school. **Referred.**

15
16 **REFERRED TO:** Council on Medical Education

17
18 **STATUS:**

19
20 FROM REFERENCE COMMITTEE ON SCIENCE AND PUBLIC HEALTH:

21
22 **Council on Science and Public Health Report 1 – All Hazards Disaster Planning:** That: (1) TMA
23 adopt Disaster Preparedness Planning and Response policy; (2) policies 260.076, All Hazards Disaster
24 Planning, and 260.067, Disaster Preparedness be deleted; and (3) TMA encourage the Department of
25 State Health Services to proceed with its initiative to establish a state framework for crisis standards of
26 care and to encourage local community development and active physician participation. **Adopted.**

27
28 **REFERRED TO:** Council on Science and Public Health; Add to TMA Policy Compendium

29
30 **STATUS:**

31
32 **Council on Science and Public Health Report 2 – Parental Leave:** That: (1) TMA promote awareness
33 and education for physicians, legislators, and the public on the importance of paid parental leave in
34 ensuring good maternal and infant health outcomes and promoting the health and well-being of the
35 family; and (2) TMA work with the Department of State Health Services, Health and Human Services
36 Commission, and state higher education institutions, to support study on the barriers to expanding paid
37 parental leave in Texas, particularly for the Texas workforce who does not have access to paid leave.
38 **Adopted.**

39
40 **REFERRED TO:** Council on Science and Public Health; Communications; Add to TMA Policy
41 Compendium

42
43 **STATUS:**

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45 **Committee on Child and Adolescent Health and Task Force on Behavioral Health Joint Report 4 –**
46 **Resolution 311-A-16, Sexual Orientation Change Efforts in Minors:** That: (1) TMA adopt the
47 recommended policy on sexual orientation change efforts in minors; and (2) amend Policy 55.004,
48 Adolescent Sexual Activity. **Adopted.**

49
50 **REFERRED TO:** Add to TMA Policy Compendium

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STATUS:

Committee on Infectious Diseases and Committee on Child and Adolescent Health Joint Report 5 – Preexposure Prophylaxis as HIV Prevention: That TMA promote awareness among physicians of pre-exposure prophylaxis as a tool for HIV infection prevention. **Adopted.**

REFERRED TO: Committee on Infectious Diseases; Add to TMA Policy Compendium

STATUS:

Board of Councilors Report 3 - Resolution 307-A-16, Gender and Sex Options on Medical Paperwork: That the Council on Science and Public Health provide recommendations to guide TMA activities related to gender and sexual diversity. **Adopted as amended by substitution.**

REFERRED TO: Council on Science and Public Health

STATUS:

Resolution 301 – Creating a Statewide Crisis Standards-of-Care Framework (Dallas County Medical Society): That the Texas Medical Association (1) work closely with the Texas Department of State Health Services commissioner to ensure the reinvigoration of a task force charged with creating a statewide crisis standards-of-care framework; (2) support legislative efforts that promote physician-led decision-making during public health emergencies, using nationally recognized guidelines; and (3) help identify any legal barriers that would prohibit the implementation of a crisis standards-of-care framework during a declared public health emergency. **Adopted.**

REFERRED TO: Council on Science and Public Health; Council on Legislation; Office of the General Counsel; Add to TMA Policy Compendium

STATUS:

Resolution 302 – Palliative Care (Larry Driver, MD): That: (1) the Texas Medical Association recognize and commend the Palliative Care Interdisciplinary Advisory Council for establishing the framework for advancing palliative care in Texas that will improve availability of and access to the highest quality of evidence-informed palliative care, delivered by expert interdisciplinary teams led by Texas physicians who receive the best available education and training in the field based upon leading-edge research, and that establishes Texas as a model of palliative care for the rest of the nation; and (2) recommend as appropriate the tangible results of PCIAC’s work in conceiving, developing, and implementing clinical, educational, public awareness, advocacy, and research activities that promote and enhance the provision of the best possible supportive palliative care and hospice palliative care in Texas. **Adopted.**

REFERRED TO: Committee on Cancer

STATUS:

Resolution 303 – Sudden Increase in Liability Claims for Wernicke’s Encephalopathy in Bariatric Surgery Patients (Harris County Medical Society): That the appropriate Texas Medical Association council or committee review existing evidence regarding the prevalence and presentation of Wernicke’s

1 encephalopathy and other nutritional deficiencies and sequelae after bariatric procedures, and if
2 appropriate, provide information to all Texas physicians. **Adopted as amended.**

3
4 **REFERRED TO:** Council on Science and Public Health

5
6 **STATUS:**

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8 **Resolution 304 – Rejection of Discrimination (Young Physician Section, Resident and Fellow**
9 **Section, and Medical Student Section):** That: (1) TMA adopt policy opposing any discrimination based
10 on an individual's sex, sexual orientation, gender identity, race, religion, disability, ethnic origin, national
11 origin, or age; (2) TMA policy on this issue also call for TMA to work with other organizations, both
12 public and private, to identify and make resources available to assist physicians' (a) self-education
13 regarding care for the LGBTQ population, (b) provision of support to families in developing healthy
14 relationships with their youth regardless of sexual orientation, and (c) discussion of consequences and
15 health risks of varying levels of acceptance and rejection of LGBTQ youth; (3) TMA policy direct TMA
16 to work with public and private organizations to reduce suicide and improve health in all Texans, with
17 care to include LBGTO individuals and at-risk youth; and (4) the Council on Science and Public Health
18 provide recommendations to guide TMA activities related to gender and sexual diversity. **Adopted as**
19 **amended.**

20
21 **REFERRED TO:** Council on Science and Public Health

22
23 **STATUS:**

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25 **Resolution 305 – Addressing the Diaper Gap (Medical Student Section):** That: (1) the Texas Medical
26 Association advocate for elimination or reduction of taxes imposed on infant and adult diapers; and (2)
27 the Texas Delegation forward this resolution immediately to the American Medical Association House of
28 Delegates. **Referred.**

29
30 **REFERRED TO:** Council on Science and Public Health; Council on Legislation; Office of the
31 General Counsel

32
33 **STATUS:**

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35 **Resolution 306 – Addressing the Need for Improved Water Supply Quality in Texas (Medical**
36 **Student Section):** That: (1) The Texas Medical Association advocate for regulatory action to support
37 public health or infrastructural measures to lower toxic and carcinogenic chemicals, and ensure safe and
38 clean community water systems; and (2) TMA promote awareness among physicians regarding safe
39 drinking water. **Adopted as amended.**

40
41 **REFERRED TO:** Council on Legislation; Communications Division; Add to TMA Policy
42 Compendium

43
44 **STATUS:**

45
46 **Resolution 307 – Reducing Errors in Pharmacy (Lubbock-Crosby-Garza County Medical Society):**
47 That TMA study the causes of errors in e-prescribing in pharmacies and suggest ways to reduce these
48 errors. **Referred.**

49
50 **REFERRED TO:** Ad Hoc Committee on Health Information Technology

51

1 **STATUS:**
2

3 **Resolution 308 – Expansion of Next Generation 911 (Medical Student Section):** Adoption of
4 amended TMA Policy 100.008, Statewide Emergency Communication Network System: Texas should
5 maintain a robust and adequately funded statewide 911 communications system and, as part of that effort,
6 county medical societies should assist in advocating needed resources to support their local 911
7 emergency systems and local expansion of the emergency service infrastructure to include next
8 generation 9-1-1 features. **Adopted as amended by substitution.**
9

10 **REFERRED TO:** Add to TMA Policy Compendium
11

12 **STATUS:**
13

14 **Resolution 310 – Healthy Food in Hospitals (Medical Student Section):** That: (1) the Texas Medical
15 Association encourage hospitals to offer and promote healthy, reasonably priced, and easily accessible
16 food options; and (2) TMA encourage hospitals to work towards providing food options in accordance
17 with Food and Drug Administration Dietary Guidelines for Americans 2015-2020, such as increased
18 fruits and vegetables and decreased added sugar, saturated fats, and sodium consumption. **Adopted.**
19

20 **REFERRED TO:** Council on Science and Public Health; Add to TMA Policy Compendium
21

22 **STATUS:**
23

24 **Resolution 312 – Implementing a Sugar-Sweetened Beverage Tax in Texas (Medical Student**
25 **Section):** That the Texas Medical Association support the incorporation of a Texas-wide sugar sweetened
26 beverage tax. **Referred.**
27

28 **REFERRED TO:** Council on Science and Public Health; Council on Legislation
29

30 **STATUS:**
31

32 **Resolution 313 – Improved Concussion Protocol to Reduce Psychological Morbidity in High School**
33 **Athletes (Medical Student Section):** That: (1) the Texas Medical Association support legislation that
34 implements standardized assessments for or diagnostic testing of neurological and psychological
35 manifestations of concussions for high school athletes post-concussion; (2) TMA support legislation that
36 recommends that athletes who have had a concussion receive information about psychiatric support; (3)
37 TMA support legislation that recommends psychiatric or neuropsychiatric consultation for high school
38 athletes who have had a concussion; (4) TMA support legislation increasing awareness protocol for
39 concussions across all sports; and (5) the Texas Delegation forward this resolution to the American
40 Medical Association for consideration at the House of Delegates. **Referred to the Committee on Child**
41 **and Adolescent Health.**
42

43 **REFERRED TO:** Committee on Child and Adolescent Health
44

45 **STATUS:**
46

47 **Resolution 314 – Promoting Increased Awareness and Research for Grade School Soccer-Related**
48 **Head Injury (Medical Student Section):** That: (1) TMA support measures to increase public education
49 regarding the signs, symptoms, and effects of concussive and subconcussive head injuries among student
50 soccer athletes; and (2) TMA promote awareness among physicians of research in both the acute and

1 long-term complications of head trauma related to soccer, specifically regarding the use of the head as a
2 medium for striking the soccer ball. **Referred to the Committee on Child and Adolescent Health.**

3
4 **REFERRED TO:** Committee on Child and Adolescent Health

5
6 **STATUS:**

7
8 **Resolution 315 – Addressing the Expanding Habitats of Vectors of Infectious Disease (Medical**
9 **Student Section):** That: (1) the Texas Medical Association promote awareness for physicians and
10 patients on infectious disease vectors, including the factors that affect the presence of vectors and disease;
11 and (2) TMA work with like-minded organizations and individuals to support legislation regarding both
12 the study of the expanding habitats of the *Aedes aegypti* and *Culex* mosquitoes, as well as the preparation
13 for and prevention of the spread of the Zika and West Nile Viruses. **Adopted.**

14
15 **REFERRED TO:** Committee on Infectious Diseases; Communications Division; Add to TMA
16 Policy Compendium

17
18 **STATUS:**

19
20 **Resolution 316 – Addressing Transgender Public Facility Use (Medical Student Section):** That the
21 Council on Science and Public Health provide recommendations to guide TMA activities related to
22 gender and sexual diversity. **Adopted as amended by substitution.**

23
24 **REFERRED TO:** Council on Science and Public Health

25
26 **STATUS:**

27
28 **Resolution 318 – Access to Special Education Services (Medical Student Section):** That: (1) the Texas
29 Medical Association closely follow state and federal activities regarding special education services in
30 Texas including but not limited to investigations and legislation restricting the provision of special
31 education; and (2) TMA advocate for eliminating barriers to identification of and intervention in children
32 who need special education services. **Adopted and referred to CM-CAH and the Task Force on**
33 **Behavioral Health.**

34
35 **REFERRED TO:** Committee on Child and Adolescent Health; Task Force on Behavioral
36 Health; Add to TMA Policy Compendium

37
38 **STATUS:**

39
40 **Resolution 319 – Identification and Prevention of Adolescent Substance Abuse (Webb-Zapata-Jim**
41 **Hogg County Medical Society):** That: (1) the Texas Medical Association convene a panel of experts in
42 the field of child and adolescent addiction and the use of psychotropic medications, such as pediatricians,
43 psychiatrists, neurologists, pain management physicians, and representatives of other medical professions
44 that are stakeholders; and (2) TMA develop resources for physicians on early detection and prevention of
45 substance abuse in adolescents and on community-based patient and family support services for those
46 who suffer from drug abuse and addiction. **Referred to the Task Force on Behavioral Health.**

47
48 **REFERRED TO:** Task Force on Behavioral Health

49
50 **STATUS:**

51

1 **Resolution 320 – Vitamin D3 Supplementation (Webb-Zapata-Jim Hogg County Medical Society):**
2 That: (1) the Texas Medical Association recommend initial and then twice yearly cholecalciferol blood
3 testing or more often as directed by the physician, such that it becomes a standard to determine the health
4 of the individual patient despite age; and (2) TMA encourage the Food and Drug Administration and the
5 National Institutes of Health to recommend better defined and higher blood levels of 25-hydroxyvitamin
6 D. **Referred.**

7
8 **REFERRED TO:** Council on Science and Public Health

9
10 **STATUS:**

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12 **Resolution 321 – Promoting Safe and Effective Disposal of Unused Medications (Webb-Zapata-Jim**
13 **Hogg County Medical Society):** That: (1) the Texas Medical Association work to educate physicians,
14 other health professionals, patients, family members, and the public about the safe and effective disposal
15 of nonprescription/ prescription medications; (2) TMA assist local county medical societies with
16 identifying, developing, and promoting safe drop off and drug disposal services; (3) TMA develop a
17 model bill that requires written disposal information be provided at the point of purchase or delivery of a
18 prescription; and (4) TMA convene a conference to include pharmaceutical companies and trade
19 association representatives to evaluate programs and mechanisms for safe disposal and funding of these
20 services. **Adopted as amended.**

21
22 **REFERRED TO:** Council on Science and Public Health; Office of the General Counsel; Council
23 on Legislation; Add to TMA Policy Compendium

24
25 **STATUS:**

26
27 FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

28
29 **Council on Socioeconomics Report 2 - Increasing Use of Narrow Networks by Medicare Advantage**
30 **Plans:** That TMA adopt policy on Extending Open Enrollment for Medicare Advantage Plans, as follows:
31 The Texas Medical Association supports congressional policy changes that would require Medicare
32 Advantage (MA) plans to allow enrollees to change plans after the open enrollment period if they
33 discover, after enrolling, that their physician is not in the MA plan provider network. **Adopted.**

34
35 **REFERRED TO:** Add to TMA Policy Compendium

36
37 **STATUS:**

38
39 **Council on Socioeconomics Report 3 - Prescription Drug Price Negotiation:** That TMA adopt policy
40 on Prescription Drug Negotiation in the Medicare Program, as follows: The Texas Medical Association
41 supports congressional authorization of Medicare to negotiate the prices of Medicare Part D plans, as it
42 does for other goods and services. **Adopted.**

43
44 **REFERRED TO:** Add to TMA Policy Compendium

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46 **STATUS:**

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48 **Council on Socioeconomics Report 4 – Prescription Drug Value Based Contracting:** Adoption of
49 new TMA policy on Prescription Drug Value Based Contracting: While the Texas Medical Association
50 applauds innovative ways to make prescription drugs more available and affordable for patients, TMA
51 believes that doing so without physician input may be construed as the corporate practice of medicine.

1 Therefore, TMA insists that direct care physicians be included in the development of any new contracting
 2 programs to ensure that physician and, more importantly, patient interests are considered. In no way
 3 should value-based contracting or any other contracting method be a hindrance between the physician and
 4 the drugs the physician believes is the best treatment for his or her patient. **Adopted as amended.**

5
 6 **REFERRED TO:** Add to TMA Policy Compendium

7
 8 **STATUS:**

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 10 **Council on Socioeconomics and Select Committee on Medicaid, CHIP, and the Uninsured Joint**
 11 **Report 6 - Federal Medicaid Reform and Implications for Texas; and Resolution 401 - Opposition**
 12 **to Capped Federal Medicaid Funding (Bexar County Medical Society); and Resolution 402 -**
 13 **Proposed Change in Medicaid Funding (Concho Valley County Medical Society); and Resolution**
 14 **407 - Medicaid Block Grants and Per-Capita Caps (Ben G. Raimer, MD, FAAP, Texas Pediatric**
 15 **Society, Kimberly M. Carter, MD, Texas Association of Obstetricians and Gynecologists, Troy T.**
 16 **Fiesinger, MD, Texas Academy of Family Physicians); and Resolution 412 - Preference of Medicaid**
 17 **Funding Proposals (Harris County Medical Society):** That: (1) TMA vigorously advocate to preserve
 18 guaranteed, uncapped federal Medicaid funding for at least all Texas Medicaid populations covered by
 19 the program as of Jan. 1, 2017; (2) TMA strongly advocate maintaining mandated minimum services,
 20 benefits and cost-sharing requirements for pregnant women and children, including protecting the Early
 21 Periodic Screening Diagnosis and Treatment (EPSDT) program to ensure Medicaid-enrolled children
 22 retain access to all medically necessary services, and maternal health services to promote healthy
 23 pregnancies and birth outcomes; (3) TMA strongly reiterate its support for measures that promote
 24 continuity of care and the patient-centered medical home, including maintaining 12-month continuous
 25 coverage for children enrolled in the Children's Health Insurance Program and advocating for the same
 26 policy for children's Medicaid, and preserve measures to simplify and streamline Medicaid and CHIP
 27 enrollment processes so that children and other enrollees do not lose coverage due to red-tape and
 28 bureaucracy; (4) TMA reiterate its commitment to implementing a comprehensive initiative to expand
 29 health care coverage to low-income Texans using federal funding and private sector solutions; (5) TMA
 30 evaluate the feasibility of piloting a capped Medicaid funding scheme for Medicaid expansion population
 31 should Texas implement a coverage option for low-income Texans, so long as the initiative provides
 32 patients meaningful coverage as devised by an advisory panel of primary and specialty care physicians
 33 and does not increase uncompensated care for physicians; (6) TMA advocate strongly to stand against any
 34 federal or state reform measure, including block grants, that will diminish patient access to services or
 35 increase physicians' uncompensated care; and (7) TMA collaborate with state legislative leadership to
 36 seek relief from federal administrative requirements that impose undue costs and paperwork on patients,
 37 physicians, and the state without improving patient care or outcomes. **Adopted as amended by addition**
 38 **in lieu of 401-A-17, 402-A-17, 407-A-17, and 412-A-17.**

39
 40 **REFERRED TO:** Select Committee on Medicaid, CHIP, and the Uninsured; Council on
 41 Legislation

42
 43 **STATUS:**

44
 45 **Resolution 403 - Supporting Community-Based Health Care Delivery Models for Vulnerable**
 46 **Patients (Dallas County Medical Society):** That: (1) the Texas Medical Association support the concept
 47 and implementation of community-based health care delivery models emphasizing meaningful access for
 48 vulnerable patients throughout Texas; and (2) TMA collaborate with the county medical societies to
 49 advocate before the Texas Health and Human Services Commission, elected officials, and the Centers for
 50 Medicare & Medicaid Services for adoption of community-based health care delivery models. **Adopted.**

51

1 **REFERRED TO:** Add to TMA Policy Compendium; Council on Health Service Organizations

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3
4 **STATUS:**

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6 **Resolution 404 - Allowing Exceptions to the Centers for Medicare & Medicaid Services' Locum**
7 **Tenens 60-Day Limit (Harris County Medical Society):** That: (1) TMA support enhancing the Centers
8 for Medicare & Medicaid Services' (CMS') locum tenens 60- day exemption policy to allow physicians
9 the right to apply for an exception to the 60-day limit for billing for locum tenens services for
10 circumstances beyond active military service such as serious illness and family emergency; and (2) the
11 Texas Delegation to the American Medical Association take to the AMA House of Delegates a resolution
12 requesting that AMA work with CMS to modify CMS policy, allowing physicians the right to apply for
13 an exception to the current 60-day limit for billing for locum tenens services due to unforeseen
14 circumstances such as serious illness, physical impairment, or family emergency. **Adopted.**

15
16 **REFERRED TO:** Add to TMA Policy Compendium; Texas Delegation to the AMA

17
18 **STATUS:**

19
20 **Resolution 405 - Minimum Standards for Interstate Sale of Health Insurance Products (Harris**
21 **County Medical Society):** That: (1) the Texas Medical Association adopt policy on the interstate sale of
22 health insurance products sold in Texas that supports at a minimum, the following standards, should such
23 a policy be approved at the federal level: 1. Products with in-network/out-of-network distinctions must
24 meet Texas network adequacy standards; 2. Products must adhere to Texas prompt pay requirements; 3.
25 Each company or HMO must meet minimum financial solvency standards required in Texas; and 4. The
26 jurisdiction for all legal challenges is determined by the location where the care is given; and (2) the
27 Texas Delegation to the American Medical Association take to the AMA House of Delegates a resolution
28 requesting that AMA establish minimum federal standards that do not weaken any states' requirements on
29 network adequacy, tort and other insurance plan regulations. **Adopted as amended by addition.**

30
31 **REFERRED TO:** Add to TMA Policy Compendium; Texas Delegation to the AMA

32
33 **STATUS:**

34
35 **Resolution 406 - Transparency and Payments for Prior Authorizations (Harris County Medical**
36 **Society):** That: (1) TMA Policy 235.034, Authorizations Initiated by Third-Party Payers, be amended; (2)
37 if payers and third parties do not compensate physicians for the prior authorization burdens listed above,
38 physicians may charge subscribers, since these burdens are not a covered service; (3) prior authorizations
39 may be allowed for only new medications and not for medications that patients have been receiving
40 previously and continuously; (4) TMA pursue new Texas laws that incorporate the AMA Ensuring
41 Transparency in Prior Authorization Act model bill, including provisions that prior authorization
42 requirements and restrictions be readily accessible on payers' websites for physicians and subscribers, and
43 that statistics regarding prior authorization approvals and denials be available on payers' websites; (5)
44 TMA support legislation to mandate that payers accept and respond to standard electronic prior
45 authorization (ePA) transactions, such as the NCPDP SCRIPT Standard ePA transactions; and (6) the
46 Texas Delegation to the American Medical Association take this resolution to AMA for a national unified
47 movement. **Referred.**

48
49 **REFERRED TO:** Council on Socioeconomics

50
51 **STATUS:**

1
2 **Resolution 408 - Compensation of Physicians for Authorizations and Preauthorizations (Ori Z.**
3 **Hampel, MD):** That insurance and managed care companies (“payers”) compensate physicians for the
4 time that physicians and their staff spend on authorization and preauthorization procedures. Such
5 compensation shall be paid in full by payers to physicians without deductible, coinsurance, or copayment
6 billable to patients. The fee schedule shall be based on the compensation due physicians for direct patient
7 care according to the Current Procedural Terminology (CPT) coding system. For physicians contracted
8 with payers, the payers shall compensate the physician at the contracted fee schedule. For out-of-network
9 physicians, the payers shall compensate physicians at 60 percent of billed charges. The physician and/or
10 physician staff shall track the time spent per patient per day performing tasks related to authorization and
11 preauthorization. The physician shall bill the payer in accordance with a specified conversion table of
12 time spent to CPT code. Billable minutes for authorization and preauthorization include, but are not
13 limited to, time spent filling out forms, making telephone calls (including time spent negotiating phone
14 trees and hold time), documenting in the patient’s medical record, communicating with the patient,
15 printing, copying, and faxing. Texas laws pertaining to payment timeliness shall apply to payers for such
16 billing as well. **Referred.**

17
18 **REFERRED TO:** Council on Socioeconomics

19
20 **STATUS:**

21
22 **Resolution 409 - Medicaid Payments for Speech Therapy, Physical Therapy, and Occupational**
23 **Therapy (Medical Student Section):** That: (1) the Texas Medical Association recognize the importance
24 of funding for allied health care professionals, such as speech therapists, physical therapists, and
25 occupational therapists, to treat economically disadvantaged minors; and (2) TMA collaborate with
26 specialty societies to bring forth educational materials for legislators and the general public explaining the
27 purpose of nonphysician health services, such as speech therapy, physical therapy, and occupational
28 therapy, in promoting healthy children. **Referred to the Select Committee on Medicaid, CHIP, and the**
29 **Uninsured for decision.**

30
31 **REFERRED TO:** Select Committee on Medicaid, CHIP, and the Uninsured

32
33 **STATUS:**

34
35 **Resolution 410 - Public-and Private-Sector Funding of Interpretation Services for Limited English**
36 **Speakers and American Sign Language (Medical Student Section):** That: (1) the Texas Medical
37 Association advocate with interested parties to support expanded reimbursement from Medicaid, the
38 Children’s Health Insurance Program, and other public sector insurers, as well as private-sector coverage
39 for interpretive services; (2) TMA support expanded legislation that might arise concerning
40 reimbursement of interpretive services for both American Sign Language and limited English speakers;
41 and (3) TMA advocate for increased access to qualified medical interpretive services for physicians.
42 **Adopted.**

43
44 **REFERRED TO:** Select Committee on Medicaid, CHIP, and the Uninsured; Council on
45 Socioeconomics; Council on Legislation; Add to TMA Policy Compendium

46
47 **STATUS:**

48
49 **Resolution 411 - Clearer Language Regarding the Physician’s Role in Providing Auxiliary Aid for**
50 **Effective Communication Under Current Federal Laws (Medical Student Section):** That: (1) the
51 Texas Medical Association advocate with interested parties to support clarification of current federal laws

1 in regards to what constitutes effective communication towards patients with interpretive needs; (2) TMA
2 support the creation of clearer guidelines in the Americans with Disabilities Act for what is considered
3 undue burden and recognize that negative resolution flow be a consideration; (3) TMA support measures
4 to provide smaller practices that have limited resources and availability of interpretive services with better
5 legal protections and accessibility to qualified medical interpreters; and (4) the Texas Delegation to the
6 American Medical Association bring this resolution to the AMA House of Delegates. **Referred.**

7
8 **REFERRED TO:** Council on Socioeconomics

9
10 **STATUS:**

11
12 **Resolution 413 - Addressing Zika Through Increasing Medicaid Coverage of Insect Repellent**
13 **(Medical Student Section):** That: (1) TMA advocate for continued Medicaid coverage of insect
14 repellent; and (2) TMA advocate for men insured through Medicaid to receive similar insect repellent
15 prescription coverage as their female counterpart. **Adopted.**

16
17 **REFERRED TO:** Select Committee on Medicaid, CHIP, and the Uninsured

18
19 **STATUS:**
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