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.

FROM REFERENCE COMMITTEE ON FINANCIAL AND ORGANIZATIONAL AFFAIRS:

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

REFERRED TO: Add to TMA Policy Compendium; Speakers’ Advisory Committee

STATUS:

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

REFERRED TO: International Medical Graduate Section

STATUS: Deferred until IMG Section report is submitted in 2019

Speaker and Council on Constitution and Bylaws Joint Report 1 – Parliamentary Authority

Transition for TMA: That: (1) the American Institute of Parliamentarians Standard Code of Parliamentary Procedure be adopted as TMA’s parliamentary authority, effective at the conclusion of the 2017 Annual Session; (2) TMA Bylaws Chapter 3, House of Delegates, Section 3.70, Business and Subsection 3.73, Rules of conduct, be amended; (3) TMA Bylaws Chapter 12, County Societies, Section 12.40, Structure, Subsection 12.411, Duties, be amended; (4) TMA Bylaws Chapter 14, Rules of Order, be amended; and (5) standing rules for TMA House of Delegates’ parliamentary procedure, in addition to the American Institute of Parliamentarians Standard Code of Parliamentary Procedure, be adopted. Adopted.

REFERRED TO: Council on Constitution and Bylaws; Speakers’ Advisory Committee

STATUS:

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

REFERRED TO: Speakers’ Advisory Committee; Council on Constitution and Bylaws

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

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

STATUS:

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

REFERRED TO: International Medical Graduate Section

STATUS:

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

REFERRED TO: Office of the General Counsel

STATUS:

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

REFERRED TO: Board of Councilors
STATUS:

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

REFERRED TO: Speakers’ Advisory Committee

STATUS:

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

REFERRED TO: Council on Medical Education

STATUS:

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

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

STATUS:

FROM REFERENCE COMMITTEE ON MEDICAL EDUCATION:

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

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

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

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

**STATUS:**

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

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

**STATUS:**

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

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

**STATUS:**

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

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

**STATUS:**

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

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

**STATUS:**

Resolution 201 – Inclusion of Advocacy Education in Medical School Curricula (Harris County Medical Society): That: (1) the Texas Medical Association support inclusion of at least two hours of didactic education per calendar year focused on advocacy education for every medical student in Texas;
and (2) the Texas Delegation to the American Medical Association submit a resolution at the 2017 AMA Annual Meeting that will call for the inclusion of at least two hours of didactic education per year in advocacy education for every medical student in the United States. **Referred.**

**REFERRED TO:** Council on Medical Education

**STATUS:**

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

**REFERRED TO:** Council on Medical Education

**STATUS:**

**FROM REFERENCE COMMITTEE ON SCIENCE AND PUBLIC HEALTH:**

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

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

**STATUS:**

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

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

**STATUS:**

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

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


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

REFERRED TO: Council on Science and Public Health

STATUS:

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

REFERRED TO: Council on Science and Public Health

STATUS:

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

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

STATUS:

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

REFERRED TO: Council on Legislation; Communications Division; Add to TMA Policy Compendium

STATUS:

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

REFERRED TO: Ad Hoc Committee on Health Information Technology
STATUS:

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

REFERRED TO: Add to TMA Policy Compendium

STATUS:

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

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

STATUS:

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

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

STATUS:

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

REFERRED TO: Committee on Child and Adolescent Health

STATUS:

Resolution 314 – Promoting Increased Awareness and Research for Grade School Soccer-Related Head Injury (Medical Student Section): That: (1) TMA support measures to increase public education regarding the signs, symptoms, and effects of concussive and subconcussive head injuries among student soccer athletes; and (2) TMA promote awareness among physicians of research in both the acute and
long-term complications of head trauma related to soccer, specifically regarding the use of the head as a medium for striking the soccer ball. Referred to the Committee on Child and Adolescent Health.

REferred to: Committee on Child and Adolescent Health

STATUS:

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

Referred to: Committee on Infectious Diseases; Communications Division; Add to TMA Policy Compendium

STATUS:

Resolution 316 – Addressing Transgender Public Facility Use (Medical Student Section): 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 318 – Access to Special Education Services (Medical Student Section): That: (1) the Texas Medical Association closely follow state and federal activities regarding special education services in Texas including but not limited to investigations and legislation restricting the provision of special education; and (2) TMA advocate for eliminating barriers to identification of and intervention in children who need special education services. Adopted and referred to CM-CAH and the Task Force on Behavioral Health.

Referred to: Committee on Child and Adolescent Health; Task Force on Behavioral Health; Add to TMA Policy Compendium

STATUS:

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

Referred to: Task Force on Behavioral Health

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

REFERRED TO: Council on Science and Public Health

STATUS:

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

Adopted as amended.

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

STATUS:

FROM REFERENCE COMMITTEE ON SOCIOECONOMICS:

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

Adopted.

REFERRED TO: Add to TMA Policy Compendium

STATUS:

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

Adopted.

REFERRED TO: Add to TMA Policy Compendium

STATUS:

Council on Socioeconomics Report 4 – Prescription Drug Value Based Contracting: Adoption of
new TMA policy on Prescription Drug Value Based Contracting: While the Texas Medical Association
applauds innovative ways to make prescription drugs more available and affordable for patients, TMA
believes that doing so without physician input may be construed as the corporate practice of medicine.
Therefore, TMA insists that direct care physicians be included in the development of any new contracting programs to ensure that physician and, more importantly, patient interests are considered. 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. Adopted as amended.

REFERRED TO: Add to TMA Policy Compendium

STATUS:

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

REFERRED TO: Select Committee on Medicaid, CHIP, and the Uninsured; Council on Legislation

STATUS:

Resolution 403 - Supporting Community-Based Health Care Delivery Models for Vulnerable Patients (Dallas County Medical Society): That: (1) the Texas Medical Association support the concept and implementation of community-based health care delivery models emphasizing meaningful access for vulnerable patients throughout Texas; and (2) TMA collaborate with the county medical societies to advocate before the Texas Health and Human Services Commission, elected officials, and the Centers for Medicare & Medicaid Services for adoption of community-based health care delivery models. Adopted.
REFERRED TO: Add to TMA Policy Compendium; Council on Health Service Organizations

STATUS:

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

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

STATUS:

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

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

STATUS:

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

REFERRED TO: Council on Socioeconomics

STATUS:
Resolution 408 - Compensation of 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. The fee schedule shall be based on the compensation due physicians for direct patient care 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. The physician shall bill the payer in accordance with a specified conversion table of time spent to CPT code. 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 shall apply to payers for such billing as well. Referred.

REFERRED TO: Council on Socioeconomics

STATUS:

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

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

STATUS:

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

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

STATUS:

Resolution 411 - Clearer Language Regarding the Physician’s Role in Providing Auxiliary Aid for Effective Communication Under Current Federal Laws (Medical Student Section): That: (1) the Texas Medical Association advocate with interested parties to support clarification of current federal laws
in regards to what constitutes effective communication towards patients with interpretive needs; (2) TMA support the creation of clearer guidelines in the Americans with Disabilities Act for what is considered undue burden and recognize that negative resolution flow be a consideration; (3) TMA support measures to provide smaller practices that have limited resources and availability of interpretive services with better legal protections and accessibility to qualified medical interpreters; and (4) the Texas Delegation to the American Medical Association bring this resolution to the AMA House of Delegates. **Referred.**

**REFERRED TO:** Council on Socioeconomics

**STATUS:**

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

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

**STATUS:**