



Physicians Caring for Texans

## Summary

**House of Delegates  
May 5-6, 2017  
George R. Brown Convention Center, Houston, Texas**

The Texas Medical Association will continue to fight federal lawmakers' attempts to cap funding for the state's Medicaid recipients as proposed in the American Health Care Act (AHCA), TMA's House of Delegates said at TexMed 2017 last week.

At its annual conference in Houston, the house unanimously adopted joint recommendations from the Council on Socioeconomics and Select Committee on Medicaid, CHIP, and the Uninsured to "vigorously advocate" against per-capita restrictions on Medicaid funding.

The AHCA passed the U.S. House of Representatives on May 4. United States senators have cast doubt on whether they will take up the measure in its current form.

Under the U.S. House version, the AHCA would institute a per-capita cap on Medicaid funding allotments, with an option for states to take a block grant instead. Medical organizations, including TMA, have expressed strong concerns about either option. Federal block grants have generally resulted in funding decreases, according to a March 2016 study by the Center on Budget and Policy Priorities.

The measure was among dozens of recommendations and resolutions presented to the house by reference committees on socioeconomics, financial and organizational affairs, science and public health, and medical education.

Among the measures delegates adopted were directives for TMA to:

- Strongly advocate for maintaining mandated minimum services, benefits, and cost-sharing requirements for pregnant women and children;
- Advocate for exceptions to deadlines to set Medicare Graduate Medical Education (GME) funding caps for medical schools and teaching hospitals in medically underserved and economically depressed areas;
- Work to build the state's physician workforce to meet the state's health care needs;
- Support a long-range study to bring funding for medical education, GME, and other education and training programs in line with the state's workforce needs;
- Monitor maintenance of certification (MOC) reforms;
- Adopt a Disaster Preparedness Planning and Response policy and call for the Texas Department of State Health Services (DSHS) to work with physicians and develop a statewide framework for crisis standards of care; and
- Make recommendations to guide TMA activities on gender equality and sexual diversity issues, and adopt policy on fighting discrimination, studying best practices for care, and reducing suicide rates.

Also at TMA's 2017 annual meeting, Edinburg gastroenterologist Carlos J. Cardenas, MD, was installed as TMA's 152nd president; Athens family physician Doug Curran, MD, was elected as TMA president-

elect; and Dallas obstetrician-gynecologist Robert Gunby Jr., MD, was honored with TMA's Distinguished Service Award.

Issues acted on by the house, grouped by the reference committee to which items were referred, are as follows:

**Reference Committee on Financial and Organizational Affairs**

PRES Report 1-A-17. **Adopted.** Recommendation for approval of Drs. Mark S. Gonzalez, Russell B. Krienke, and Pamela D. Holder, nominees of the TMLT Board of Governors, to be placed before TMLT policyholders for election.

SPKR Report 1-A-17. **Adopted.** Recommendation to approve revised TMA Election Process in the Policy Compendium Section 295.013 to be consistent with TMA Bylaws.

BOT Report 11-A-17. **Adopted.** Recommendation that the Texas Medical Association recognize and congratulate the Texas Two Step CPR Board of Directors and leadership and the Texas medical students for their collaboration and the superb success of the annual "Texas Two Step" community service project.

BOT Report 12-A-17. **Adopted.** Recommendation 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.

BOT Report 13-A-17. **Adopted.** Recommendations to: (1) retain Policy 220.002, Military Medical Reserve Personnel, Strengthening of, and Policy 300.002, TexMed; and (2) amend Policy 300.001, Recognition of Council and Committee Members in the TMA Policy Compendium.

CM-M Report 2-A-17. **Adopted.** Recommendation that TMA Policy 305.006, Resident Physician Membership Participation and Retention be retained, as amended.

BOC Report 4-A-17. **Adopted.** Recommendation that the House of Delegates elect Alan C. Baum, MD; Donald R. Butts, MD; and Thomas Coopwood, MD, to emeritus membership in the Texas Medical Association

BOC Report 5-A-17. **Adopted.** Recommendation that the TMA House of Delegates elect John Paul Schulze, MD; C. Richard Stassney, MD; and William J. Walton, MD, to honorary membership in the Texas Medical Association

BOC Report 6-A-17. **Adopted.** Recommendations that: (1) Policy 85.008, Physician Assisted Suicide, be retained as amended; and (2) that policies 30.034, Diagnostic Needle Electromyography, 85.009, Do Not Resuscitate Orders, and 105.014, Texas Medical Disclosure Panel be retained.

PHW Report 4-A-17. **Adopted.** Recommendation that Policy 95.014, Drug Screening of Physicians, and 254.014, Physicians and Substance Use Disorder, be retained as amended.

CCB Report 2-A-17. **Adopted.** Recommendation that Chapter 5, Board of Councilors, Section 5.60, Meetings, be amended.

CCB Report 3-A-17. **Adopted.** Recommendations to amend: (1) Chapter 4, Board of Trustees, Section 4.60, Meetings; (2) Chapter 5, Board of Councilors, Section 5.60, Meetings; (3) Chapter 9, Councils,

Section 9.40, Meetings, attendance, and quorums; and (4) Chapter 10, Committees, Section 10.20, Classification of committees, Subsection 10.214, Meetings and quorums.

CCB Report 4-A-17. **Adopted.** Recommendation to amend: (1) TMA Bylaws, Chapter 1. Membership, Section 1.10, Admission, Subsection 1.11, General Qualifications; and (2) TMA Bylaws, Chapter 1, Membership, Section 1.40, Membership in contiguous society.

CCB Report 5-A-17. **Adopted.** Recommendation to amend TMA Bylaws, Chapter 7, Elections, Section 7.40, Method of Election, Subsection 7.41, Nominations.

COL Report 1-A-17. **Adopted.** Recommendation that (1) Policy 115.003, Indemnity for Charity Care, be deleted; and (2) Policy 170.008, Physician Relief from Product Class Actions, be retained.

PPAC Report 1-A-17. **Adopted.** Recommendation that policies 130.005, Arbitration Protocols in Smaller Institutions; 130.017, Physician Rights and Sham Peer Review; 160.001, Frivolous Suits; and 160.014, Principles for TMB Discipline in Expert Medical Testimony, be retained.

SPKR and CCB Joint Report 1-A-17. **Adopted.** Recommendations 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.

CM-M and CCB Joint Report 2-A-17. **Adopted.** Recommendation that Resolution 101-A-16, TMA Bylaws Concerning Retired Member Classification, not be adopted.

Resolution 101-A-17. **Referred to the Speakers Advisory Committee and Council on Constitution and Bylaws with a report back at A-18.** Resolution 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.

Resolution 103-A-17. **Adopted.** Resolution 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.

Resolution 104-A-17. **Not adopted.** Resolution that September 13 be recognized and celebrated annually as Tort Reform Day by Texas physicians and all U.S. physicians who share in the cause.

Resolution 105-A-17 **Adopted.** Resolution 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.

Resolution 106-A-17. **Adopted.** Resolution 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.

Resolution 107-A-17. **Referred.** Resolution 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.

Resolution 108-A-17. **Adopted.** Resolution that Texas Medical Association commend John R. Holcomb, MD, for his outstanding service as chair of the TMA Select Committee on Medicaid, CHIP, and the Uninsured.

Resolution 109-A-17. **Referred to the Speakers Advisory Committee with a report back at A-18.** Resolution 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.

Resolution 110-A-17. **Not adopted.** Resolution that: (1) the Texas Medical Association support primary care physicians discussing advance care planning with all of their patients, and (2) TMA support the integration of advance directive patient-physician conversations into routine physical exams performed by a physician, physician assistant, or registered nurse and documented in the patients' records.

Resolution 111-A-17. **Referred.** Resolution 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.

Resolution 112-A-17. **Adopted.** Resolution that the Texas Medical Association House of Delegates: (1) recognize the 750 medical students and physician mentors involved in the 2017 Texas Two Step CPR: Save a Life Campaign, and (2) formally commend the Texas Two Step Board of Directors for their efforts to promote the 2017 Texas Two Step CPR: Save a Life Campaign.

Resolution 113-A-17. **Adopted.** Resolution 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.

### **Reference Committee on Medical Education**

CME Report 2-A-17. **Adopted.** Recommendation that CME Report 3-A-16, Opposition to Medical School and Residency Program Curriculum Mandates, not be adopted.

CME Report 3-A-17. **Adopted.** Recommendations 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.

CME Report 4-A-17. **Adopted.** Recommendation that TMA adopt policy on Support of Rural Residency Training and State Grant Program for Promoting Rural Training Tracks.

CME Report 5-A-17. **Adopted.** Recommendation that TMA adopt policy on Building the Future Physician Workforce.

CME Report 6-A-17. **Adopted.** Recommendation to: (1) approve TMA policy on Initial Guiding Principles on Maintenance of Certification; (2) adopt TMA policy on Monitoring Maintenance of Certification Reforms; (3) retain TMA policy 175.006, Physician Licensure by Individual State Medical Boards; and (4) retain as amended TMA policy 175.018, Maintenance of Certification.

CME Report 7-A-17. **Adopted.** Recommendation that: (1) TMA policies 200.032, Teaching Physicians Audit Process, and 205.014, Medical Education Funding Through All Payer Approach, be retained; (2) TMA policies 150.003, Minimum Educational Requirement for Physician Licensure in Texas, 200.043, Criminal Background Checks on Medical Students, 200.044 Community-Based Physicians as Educators and Mentors, and 200.045, Growth in Medical School Enrollments and Graduate Medical Education Programs, and Expansion of State Physician Education Loan Repayment Program, be retained as amended; and (3) TMA Policy 235.020, Billing by Fellows, be deleted.

CM-PDHCA Report 1-A-17. **Adopted.** Recommendation that TMA adopt policy in support of a long-range state health care workforce study.

CM-PDHCA Report 2-A-17. **Adopted.** Recommendations 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.

CM-PDHCA Report 3-A-17. **Adopted.** Recommendation that TMA Policy 175.014, Allowing Border Areas to Qualify for Expedited Medical Licensure, be retained as amended.

Resolution 201-A-17. **Referred.** Resolution 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.

Resolution 202-A-17. **Referred.** Resolution 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.

Resolution 203-A-17. **Not Adopted.** Resolution that: (1) the Texas Medical Association support the right of practicing physicians, residents in training, and medical students in Texas to return from travel abroad irrespective of a travel restriction; and (2) TMA advocate for social and administrative support from medical centers and universities for current Texas medical residents or physicians who are non-United States citizens.

### **Reference Committee on Science and Public Health**

CHCQ Report 2-A-17. **Adopted.** Recommendation that TMA Policy 155.007, Cytology Proficiency Testing, be retained.

CSPH Report 1-A-17. **Adopted.** Recommendations 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.

CSPH Report 2-A-17. **Adopted.** Recommendations 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.

CSPH Report 3-A-17. **Adopted.** Recommendations that (1) policies 30.003, Laser Surgery, 30.024, Electrologists Regulation and Licensing, 260.078, Mandated Patient Information, and 280.032, Definition of Surgery, be retained; (2) that policies 260.027, Mobile Scanning Services, and 260.079 Coal Power Plant and Diesel Emissions in Texas, be deleted; and (3) policies 10.002, Abortion, 10.003, Patient Autonomy and Accuracy of Information in Informed Consent for Abortion, 215.019, Mental Health Care Funding, 260.077, Clean Air in Texas, 260.047, Low-Level Radioactive Waste Disposal, 260.048, Manganese in Gasoline, 270.004, Electromyography, and 280.021, Stroke Prevention Awareness, be amended.

CM-CAH Report 1-A-17. **Adopted.** Recommendations that: (1) Policy 55.051, Corporal Punishment in Schools, be retained; (2) policies 55.040, Child Abuse Reporting Laws, and 260.038, Television Educational Programming be amended; and (3) policies 55.025, Child and Health Safety, and 260.046, Healthy Families Program, be deleted.

CM-ID Report 1-A-17. **Adopted.** Recommendations that: (1) Policy 260.050, Hepatitis B Vaccine be retained; and (2) policies 135.009, Pneumococcal Pneumonia in Adults, and 135.014, Adolescent Vaccines, be amended.

CM-RWPH Report 1-A-17. **Adopted.** Recommendations that: (1) Policy 330.007, Folic Acid, be retained as amended; and (2) Policy 330.001, Folic Acid Supplementation, be deleted.

CM-CAH and CM-RWPH Joint Report 3-A-17. **Adopted.** Recommendation that Resolution 310-A-16, Prevention of In-Hospital Newborn Falls, not be adopted.

CM-CAH and TF Joint Report 4-A-17. **Adopted.** Recommendations that: (1) TMA adopt the recommended policy on sexual orientation change efforts in minors; and (2) amend Policy 55.004, Adolescent Sexual Activity.

CM-ID and CM-CAH Joint Report 5-A-17. **Adopted.** Recommendation that TMA promote awareness among physicians of pre-exposure prophylaxis as a tool for HIV infection prevention.

BOC Report 3-A-17. **Adopted as amended by substitution,** as follows: That the Council on Science and Public Health provide recommendations to guide TMA activities related to gender and sexual diversity.

Resolution 301-A-17. **Adopted.** Resolution 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.

Resolution 302-A-17. **Adopted.** Resolution 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.

Resolution 303-A-17. **Adopted as amended,** as follows: 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.

Resolution 304-A-17. **Adopted as amended,** as follows: (1) That 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) that 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) that 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.

Resolution 305-A-17. **Referred.** Resolution 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.

Resolution 306-A-17. **Adopted as amended,** as follows: (1) That 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) that TMA promote awareness among physicians regarding safe drinking water.

Resolution 307-A-17. **Referred.** Resolution that TMA study the causes of errors in e-prescribing in pharmacies and suggest ways to reduce these errors.

Resolution 308-A-17. **Adopted as amended by substitution,** as follows: 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.

Resolution 309-A-17. **Not adopted.** Resolution that: (1) Texas Medical Association support providing medically accurate information to patients in regards to reproductive health; and (2) TMA support a thorough update using evidence-based medicine to the *A Woman's Right to Know* booklet and related materials to prevent breaches in the patient-physician relationship.

Resolution 310-A-17. **Adopted.** Resolution that: (1) 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.

Resolution 311-A-17. **Not adopted.** Resolution that: (1) the Texas Medical Association support the revision of the current national guidelines, set forth by the National Council on Radiation Protection, to provide explicit instructions regarding personal protective equipment against radiation for pregnant health care workers in all specialties; (2) TMA support the provision of readily available maternal/fetal lead suits for pregnant health care workers without individual approval from the institution; (3) TMA support the use of appropriately fitting and ergonomic protective equipment, especially for pregnant health care workers, to prevent injury and accidents; (4) TMA support policies that require two abdominal dosimeters to be worn under the maternal lead suit for pregnant health care workers; and (5) that our TMA Delegation to the American Medical Association forward this resolution to the AMA House of Delegates.

Resolution 312-A-17. **Referred.** Resolution that the Texas Medical Association support the incorporation of a Texas-wide sugar sweetened beverage tax.

Resolution 313-A-17. **Referred to the Committee on Child and Adolescent Health.** Resolution 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.

Resolution 314-A-17. **Referred to the Committee on Child and Adolescent Health.** Resolution 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.

Resolution 315-A-17. **Adopted.** Resolution 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.

Resolution 316-A-17. **Adopted as amended by substitution,** as follows: That the Council on Science and Public Health provide recommendations to guide TMA activities related to gender and sexual diversity.

Resolution 317-A-17. **Not adopted.** Resolution that: (1) the Texas Medical Association support measures that increase transparency regarding compendia used by insurers to provide coverage for “off-label” usage in refractory cancer treatment; (2) TMA support the autonomous clinical decision-making authority of a physician and a physician’s ability to use a Food and Drug Administration-approved therapeutic agent lawfully for an off-label indication in treating refractory cancer when such use is based upon reasonable scientific evidence or sound medical opinion; and (3) TMA affirm the position that when the prescription of a drug represents safe and effective therapy, third-party payers, including Medicare, should consider the intervention as clinically appropriate medical care, irrespective of labeling, and should fulfill their obligation to their beneficiaries by covering such therapy.

Resolution 318-A-17. **Adopted and referred to CM-CAH and the Task Force on Behavioral Health.** Resolution 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.

Resolution 319-A-17. **Referred to the Task Force on Behavioral Health.** Resolution that: (1) That 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.

Resolution 320-A-17. **Referred.** Resolution 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.

Resolution 321-A-17. **Adopted as amended,** as follows: (1) That 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) that TMA assist local county medical societies with identifying, developing, and promoting safe drop off and drug disposal services; (3) that TMA develop a model bill that requires written disposal information be provided at the point of purchase or delivery of a prescription; and that (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.

### **Reference Committee on Socioeconomics**

CSE Report 2-A-17. **Adopted.** Recommendation to adopt TMA 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.

CSE Report 3-A-17. **Adopted.** Recommendation 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.

CSE Report 4-A-17. **Adopted as amended,** as follows: 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.

CSE Report 5-A-17. **Adopted.** Recommendation that TMA adopt amended Policy 110.009, Health Care Coverage, as follows: The Texas Medical Association supports tax law reforms which (1) increase the tax-preferenced insurance and spending choices available to patients; (2) encourage individuals to buy insurance and set aside funds for medical needs; (3) provide subsidies to those who are most in need; and (4) encourage personal responsibility and participation of patients in the financing and benefit design decisions that ultimately determine their health benefit coverage. TMA supports efforts to develop viable policies that can improve the provision of care for the uninsured population. If federal standards are relaxed or revised to allow risk rating and coverage exclusions for preexisting conditions, the state of Texas should act immediately to create a new high-risk health insurance pool to provide insurance coverage for individuals who cannot otherwise secure it.

CSE Report 6-A-17. **Adopted.** Recommendation that TMA adopt amended policies 195.033, Medicare Payment Incentives and Penalties, and 240.018, Medicare fees.

CSE Report 7-A-17. **Adopted.** Recommendations that: (1) TMA retain policies 130.016, Compensation for Emergency Department Care, 195.024, Medicare HMOs, 235.027, Payment for Physician Work Product, 265.016, Healthcare Integrity and Protection Data Bank, 335.013, Workers' Compensation Prompt Pay; (2) amend policies 170.009, Product Liability Lawsuit Impact on Premiums, 180.03, Advocacy Efforts Regarding Health Care Payment Plans, 235.026, Medical Care and Fair Compensation; and (3) delete policy 240.018, Medicare Fee Adequacy.

CSE and SC-MCU Joint Report 6-A-17. **Adopted as amended by addition in lieu of 401-A-17, 402-A-17, 407-A-17, and 412-A-17**, as follows: (1) That 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) that 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) that 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) that 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) that 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) that 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) that 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.

Resolution 401-A-17. **Adopted amended CSE and SC-MCU Joint Report 6 in lieu of 401-A-17**. See CSE and SC-MCU Joint Report 6.

Resolution 402-A-17. **Adopted amended CSE and SC-MCU Joint Report 6 in lieu of 402-A-17**. See CSE and SC-MCU Joint Report 6.

Resolution 403-A-17. **Adopted**. Resolution that the Texas Medical Association: (1) support the concept and implementation of community-based health care delivery models emphasizing meaningful access for vulnerable patients throughout Texas; and (2) 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.

Resolution 404-A-17. **Adopted**. Resolution 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.

Resolution 405-A-17. **Adopted as amended by addition**, as follows: (1) That 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) that 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.

Resolution 406-A-17. **Referred.** Resolution (1) that TMA Policy 235.034, Authorizations Initiated by Third-Party Payers, be amended; (2) that, 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) that prior authorizations may be allowed for only new medications and not for medications that patients have been receiving previously and continuously; (4) that 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) that 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) that the Texas Delegation to the American Medical Association take this resolution to AMA for a national unified movement.

Resolution 407-A-17. **Adopted amended CSE and SC-MCU Joint Report 6 in lieu of 407-A-17.** See CSE and SC-MCU Joint Report 6.

Resolution 408-A-17. **Referred.** Resolution 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.

Resolution 409-A-17. **Referred to the Select Committee on Medicaid, CHIP, and the Uninsured for decision.** Resolution 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.

Resolution 410-A-17. **Adopted.** Resolution 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.

Resolution 411-A-17. **Referred.** Resolution 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.

Resolution 412-A-17. **Adopted amended CSE and SC-MCU Joint Report 6 in lieu of 412-A-17.** See CSE and SC-MCU Joint Report 6.

Resolution 413-A-17. **Adopted.** Resolution that: (1) TMA advocate for continued Medicaid coverage of insect repellent; and (2) TMA advocate for men insured through Medicaid receive similar insect repellent prescription coverage as their female counterpart.

Resolution 414-A-17. **Not adopted.** Resolution that: (1) the Texas Medical Association encourage and support legislation to level the playing field between hospital-based emergency departments, which serve as the safety net for our communities, and freestanding emergency medical centers, which serve primarily the financial interests of their owners; (2) TMA urge legislation to require any facility presenting itself as an emergency department to participate in Medicare and Medicaid with all of their regulatory requirements; (3) TMA urge legislation to require that freestanding emergency care facilities not be allowed to deny emergency medical service (ambulance)- patients access to emergency care during times of critical need such as when local hospitals are on a divert status; and (4) TMA urge the Texas Department of State Health Services to investigate freestanding emergency medical care facilities' compliance with Title 25, Part 1, Chapter 131, Subchapter C, Rule 131.46 (a) of the Texas Administrative Code regarding the treatment and stabilization of patients without regard to their ability to pay.

Resolution 415-A-17. **Not adopted.** Resolution that the Texas Medical Association support a “no-fault” patients’ compensation system, modeled after the workers’ compensation system, that replaces our broken professional liability litigation system, eliminates the practice of defensive medicine, and ensures real access to real justice for all injured patients, with goals of (1) reducing the incidence of “defensive medicine,” thus lowering health care costs by avoiding unnecessary tests and procedures performed because of fear of litigation; (2) eliminating the practice of “defensive medicine” by eliminating physicians’ fear of personal financial liability and the fear of the litigation process; (3) improving quality of patient care by realigning incentives towards patient safety and a reduction in medical errors; and (4) ensuring that iatrogenic adverse events are evaluated openly, resolved quickly, and compensated fairly.