



Physicians Caring for Texans

Summary

House of Delegates May 2-3, 2014 Fort Worth Convention Center

Abilene otolaryngologist Austin I. King, MD, and Angela Donahue, RN, of Fort Worth, are the new presidents of TMA and the TMA Alliance. Dr. King was installed as TMA's 149th president and Mrs. Donahue as the 97th TMA Alliance president at TexMed 2014 in Fort Worth. Dr. King told TMA's House of Delegates "physicians and patients both are challenged by a dysfunctional health system, which tends to drive us apart. It is only by working together that patients and their physicians can improve the system and make it work." Dr. King expressed concern that physician organizations have been increasingly marginalized in health care policy decisions and that as TMA represents physicians who ultimately are responsible for all medical care, he believes that it is critical physicians participate in all medical care and health care delivery discussions.

The House of Delegates selected a new slate of TMA leaders. Houston cardiologist A. Tomas Garcia III, MD, was elected as president-elect. Dr. Garcia will take office at TexMed 2015 in Austin. We also had an unprecedented six outstanding candidates seeking four seats on the TMA Board of Trustees. In other election results, delegates:

- Re-elected Drs. Cliff Moy, MD, of Frisco, and Susan Strate, MD, of Wichita Falls, as speaker and vice speaker;
- Re-elected Drs. Linda Villarreal and Dan McCoy, to the TMA Board of Trustees; Gary W. Floyd, MD, of Fort Worth, and Diana L. Fite, MD, of Tomball, won new seats on the board; and Brad G. Butler, MD, a Longview anesthesiologist, was the first physician elected to the new board seat representing TMA's Young Physician Section;
- Elected Michelle A. Berger, MD, an Austin ophthalmologist, to serve as TMA Secretary/Treasurer; and
- Selected Drs. Sue Bornstein, of Dallas, Cynthia Jumper, of Lubbock, Roxanne Tyroch, of El Paso, and Alex Valadka, of Austin, as new alternate delegates to the Texas Delegation to the American Medical Association. In addition, Habeeb Salameh, MD, will serve as the resident physician alternate delegate and Kristin Harrington will serve as the student alternate delegate for the coming year.

Alan C. Baum, MD, of Houston, received this year's TMA Distinguished Service Award. Dr. Baum has been actively involved in TMA leadership throughout his 42 years as a member holding top TMA leadership positions including service in the TMA Foundation, the association's philanthropic arm, and in TEXPAC, TMA's political action committee.

Teachers who share their energy and enthusiasm for science through creative and innovative methods cultivating students' interest in medicine and science were honorably mentioned this year at TexMed 2014. During a separate luncheon three teachers received TMA Ernest and Sarah Butler Awards for Excellence in Science Teaching, which include cash prizes for them and their schools. The outstanding

elementary science teacher award recipient is Rebecca Williams, Woodrow Wilson Elementary in Denton. Betty McCulloch of Clear Creek Intermediate School in League City is the outstanding middle school science teacher. The final honoree is outstanding high school science teacher, Janet Jones of Jesuit College Preparatory School in Dallas. This year, awards are provided through major support from the Butler Endowment for Excellence in Science Teaching and from Blue Cross and Blue Shield of Texas.

Now in its 16th year, the TMA the Minority Scholarship Program has awarded 83 scholarships totaling \$415,000 since 1999. That includes the nine most recent winners, announced at TexMed 2014. The scholarship encourages minority students to enter medicine by lightening the financial burden of medical school. Individuals and organizations who underwrote this year's scholarships are: C. Enrique Batres, MD (Sugar Land, TX); Blue Cross and Blue Shield of Texas; Dr. Andre and Sukie Desire (Wichita Falls, TX); H-E-B; Rose D. Jackson (Palestine, TX); Gregory R. Johnson, MD, SFHM (Pearland, TX); Khushalani Foundation (Humble, TX); Dr. and Mrs. Art Klawitter (Needville, TX); Dr. Mark J. Kubala (Beaumont, TX); Sarah and Alan Losinger (Dallas, TX); Dr. Bruce and Libby Malone (Austin, TX); Susan M. Pike, MD and Harry T. Papaconstantinou, MD (Round Rock, TX); Drs. Rajam and Somayaji Ramamurthy (San Antonio, TX); Irvin Robinson, MD (Fort Worth, TX); Dr. Jim and Charli Rohack (Galveston, TX); Jaime and Dana Ronderos (Frisco, TX); Dallas, El Paso, Hidalgo-Starr, McLennan, Nueces, Tarrant, and Travis County Medical Societies; and Houston County Medical Society/Houston Academy of Medicine.

The well-deserved accolades and honors are always some of the most touching moments at TMA's annual meetings.

The Resident and Fellow Section's J.T. "Lamar" McNew, MD, Award went to Arlo Weltge, MD, of Houston. Other winners were:

- Surendra K. Varma, MD of Lubbock received the Platinum Award, the top honor in TMA's Award for Excellence in Academic Medicine.
- The C. Frank Webber, MD, Award went to K. Ashok Kumar, MD, San Antonio.
- The Student of the Year is Justin M. Bishop, of Texas Tech Health Sciences Center School of Medicine in Lubbock.
- The students' Chapter of the Year is The University of Texas Medical Branch School of Medicine chapter.

The TMA House of Delegates efficiently dispatched more than 75 items on its agenda at its annual session at TexMed. Ratifying a position TMA has pushed in Congress and at AMA, the House of Delegates adopted a resolution directing that TMA "work to permanently delay the implementation of ICD-10." One delegate [tweeted](#), "If they want our data, then they should pay us for it." Delegates also:

- Called for changes in the Affordable Care Act (ACA) to prevent recoupment of payments to physicians made during the ACA grace period when physicians have not received adequate notice that the patient has not paid his or her premiums;
- Adopted resolutions to fight air pollution and improve immunization rates;
- Said Congress should permanently adopt Medicare payment parity for Medicaid services provided by primary care physicians and extend that parity to all other specialties;
- Directed TMA to work with other organizations to "aggressively pursue the reduction or elimination of as much of the documentation burden as possible";
- Established new TMA policy on the number of attempts and amount of time allotted for passage of medical licensing exams;
- Called for insurance companies to provide real-time adjudication of claims;

- Approved a phased-in dues increase of up to \$12 per year for five years; and
- Rejected a proposal to eliminate TMA's International Medical Graduate Section.

Reference Committee on Financial and Organizational Affairs

Recommendation to approve Dr. Mark S. Gonzalez, Dr. Russell B. Krienke, and Dr. Pam Holder, nominees of the TMLT Board of Governors, to be placed before TMLT policyholders for election (Pres. Rep. 1). **Adopted.**

Recommendation to retain policy on Conflicts of Interest (BOT Rep. 12). **Adopted.**

Recommendation to amend TMA Bylaws to allow TMA to establish an entity, such as a physician services organization for providing support services to physicians (BOT Rep. 13). **Adopted.**

Recommendations to (1) continue 10 standing committees; (2) continue the Committee on Child and Adolescent Health and the Committee on Maternal and Perinatal Health for one year pending a review of the committees' purposes and an evaluation of whether the committees' activities should be integrated; (3) discharge the Committee on Professional Liability; and (4) discharge the Committee on Blood and Tissue Usage (BOT Rep. 14). **Adopted as amended by referring the fourth recommendation with a report back at the 2015 Annual Session.**

Recommendation to retain the Committee on Blood and Tissue Usage and amend its charge in TMA Bylaws to read, "The purposes of this committee shall be to (1) keep informed of all aspects of transfusion medicine, stem cell and tissue donation, processing, and transplantation; (2) recommend policy statements for the association, and measures for educating the profession and the public in these fields; (3) establish and maintain liaison with recognized agencies and organizations concerned with transfusion medicine, stem cell and tissue donation; and (4) promote policies that encourage development of adequate supplies of high-quality blood, stem cell, and tissue components in a cost-effective manner, and provide consultation and assistance to that end" (CM-BTU Rep. 1). **In lieu of this report, adopted Board of Trustees Report 14 as amended by referring the fourth recommendation with a report back at the 2015 Annual Session.**

Resolution that TMA reverse the Board of Trustees' plan to sunset the Committee on Blood and Tissue Usage (BTU) and continue support of and current efforts by (BTU); retain the physician and executive expertise on blood and tissue matters within the BTU to further serve TMA members and Texans at large; and allow the BTU to retain experts in transfusion medicine within the committee structure given the finite number of such experts in Texas (Res. 102). **In lieu of this report, adopted Board of Trustees Report 14 as amended by referring the fourth recommendation with a report back at the 2015 Annual Session.**

Recommendation to discontinue the International Medical Graduate Section and replace it with the following four actions: (1) assign a TMA staff member to be key contact for all IMG physicians to ensure that their issues are being heard and addressed; (2) update and maintain a dedicated web page on the TMA website for key contacts, issues of relevance, latest advocacy wins, licensure requirements, and information on benefits and services; (3) develop messaging to communicate and recognize the importance of IMG physicians; and (4) monitor licensing requirements, legislation, and regulations that would detrimentally impact IMG physicians and patient access to care (BOT Rep. 15). **Amended by substitution "that the IMG Section be continued for a period of two years with a report back to the House of Delegates at A-16 with information that demonstrates specific contributions of the IMG Section to the integration of international medical graduates in the Texas Medical Association."**

Recommendation to approve a phased-in dues structure with flat increases of up to \$12 per year for years 2015 through 2019 (BOT Rep. 16). **Adopted.**

Recommendations to (1) establish a nonvoting TMA membership category for physician assistants; (2) approve constitutional amendments to provide for physician assistants as members; and (3) direct the Council on Constitution and Bylaws to submit appropriate bylaws amendments in 2015 to accommodate a physician membership category (CM-M Rep. 2). **Not adopted.**

Recommendations to (1) establish a nonvoting TMA membership category for anesthesiologist assistants; (2) approve constitutional amendments to provide for anesthesiologist assistants as members; and (3) direct the Council on Constitution and Bylaws to submit appropriate bylaws amendments in 2015 to accommodate an anesthesiologist membership category (CM-M Rep. 3). **Not adopted.**

Recommendation to elect Drs. Ernest C. Butler, Dolores Mae Hutto Carruth, Dennis J. Factor, Gordon Green, Ludwig A. Michael, James L. Sweatt III, and David Vanaderpool to emeritus membership in the Texas Medical Association (BOC Rep. 4). **Adopted.**

Recommendation to approve James O. Lindsey, MD, as an honorary member of the association (BOC Rep. 5). **Adopted.**

Recommendations to delete policies on physician responsibility on treatment of AIDS patients, ownership/self-referral limitations and restrictions, physician expert witness, and peer assistance program; amend policy on nonmedical practitioners, National Death Act directive, drug prescriptions, physician health and rehabilitation, and principles for sunset of Texas Medical Board; and retain policies on confidentiality of patient records, driver licensing, informed consent, statewide medical examiner system, National Practitioner Data Bank, and patenting of surgical procedures (BOC Rep. 6). **Adopted.**

Recommendation to approve an amendment to the *Hearings Procedures Manual* (BOC Rep. 7). **Adopted.**

Recommendation that TMA's iMIS system be updated to include all certifying boards recognized and approved by the TMB for advertising purposes (BOC Rep. 8). **Adopted.**

Recommendation to retain policy on reduction in size of Texas Delegation (TEXDEL Rep. 3). **Adopted.**

Recommendation to approve a bylaws amendment on the charges to the Committee on Medical Home and Primary Care (CCB Rep. 1). **Adopted.**

Recommendations to approve bylaws amendments to allow the Board of Trustees, upon advice and consent of the Council on Medical Education, to certify specialty societies who meet all criteria for representation in the House of Delegates except representing only a medical specialty or subspecialty for which there is a national examining board listed in *Directory of Graduate Medical Education Programs Accredited by the Accreditation Council for Graduate Medical Education* (CCB Rep. 2). **Adopted.**

Recommendations to approve bylaws amendments to define TMA officers as the president, president-elect, immediate past president, secretary/treasurer, and speaker and vice speaker (CCB Rep. 3). **Adopted.**

Recommendation to delete policies on principles for TMB discipline in expert medical testimony, frivolous suits, physician relief from product class actions, and product liability lawsuit impact on

premiums (CM-PL Rep. 1). **Referred to the Council on Legislation for clarification and report back at A-15.**

Resolution that TMA consider developing professional, organizational, and interprofessional relationships with the Texas Academy of Physician Assistants (Res. 101). **Adopted.**

Resolution that (1) TMA urge our Congressmen to create and support new legislation that recognizes physicians as the leaders and ultimate supervisors of the health care team, delegating responsibility and authority to nurse practitioners and physician assistants; (2) TMA write a letter to Veterans Affairs Secretary Eric Shinseki condemning the proposal of the independent practice of medicine by nurse practitioners and physician assistants; and (3) the Texas Delegation to the AMA present this to the AMA House of Delegates for immediate action by AMA leadership and the AMA Board of Trustees (Res. 103). **Adopted as amended by deleting the third resolve.**

Resolution that the House of Delegates express its gratitude and recognize Mary Greene-Noble, executive director of the Texas Pediatric Society, for her 40 years of dedication, effort, and service in helping organized medicine to improve the health of all Texans, especially its children (Res. 104). **Adopted.**

Resolution that TMA offer its members the following CME courses at no charge: (1) Healthy Physicians: Healthy Patients; (2) How to Create and Maintain Life Balance; (3) Fatigue in Physicians; (4) Ethical Considerations in Physician Aging and Retirement; (5) Coping With Stress and Burnout in Medicine; (6) Depression and Suicide in Physicians; (7) The Art and Science of Happiness; (8) Switch: How to Change Things When Change Is Hard; (9) Women in Medicine: Contribution and Dilemmas; and (10) Spirituality and Medicine (Res. 105). **Not adopted.**

Resolution that TMA petition the Texas Medical Board to revise its preliminary investigation process of patient complaints to include a query of the Prescription Access in Texas prescription monitoring program when the complaint involves Schedule II-V controlled substances, before sending a letter to the licensee notifying the licensee of the complaint (Res. 106). **Adopted.**

Recommendation that TMA President Dr. Stephen L. Brotherton be commended for his relentless efforts to crisscross the state; meet with Colleagues; and provide education on the Accountable Care Act, new Texas laws and how TMA is working on members' behalf. He spent hours visiting with media, and meeting with the state legislators and congressional members to protect physicians' practices and their patients. (Address of the TMA President). **Adopted.**

Reference Committee on Medical Education

Recommendation to (1) retain policies on medical student local county involvement, graduate medical education, medical education for primary care, the Joint Admission Medical Program, reimbursement restrictions for physician services provided in teaching situations, Medicare reimbursement funding of teaching hospitals, and medical education funding by the state; (2) to delete policy on state formula funding; and (3) amend policies on international medical graduates and medical education curriculum, medical education tuition, Medicare and Medicaid graduate medical education funding, and graduate medical education funding (CME Rep. 2). **Adopted.**

Recommendation to approve policy on medical licensing exam passage attempts and timeframe limits as follows: (1) The United States Medical Licensing Exam (USMLE) and Comprehensive Osteopathic Medical Licensing Exam (COMLEX) are currently the most common medical testing measures used to qualify for a Texas medical license. The Texas Medical Association believes the integrity of the testing process and the state's medical licensing criteria should be preserved through the establishment of limits

in state law to include a maximum of three attempts per step or step component and a maximum of seven years for the completion of the full testing series for MD and DO candidates. MD/ and DO/PhD candidates should be afforded at least two years of additional time for completing a testing series; (2) In recognition of special circumstances that can adversely impact a physician's test-taking abilities, the Texas Medical Association supports the following exception to testing limits for the purposes of qualifying for a Texas medical license: physicians who have been licensed without restriction and have been in good standing in another state for at least five years, who have current board certification by a member board of the American Board of Medical Specialties or an osteopathic board approved by the American Osteopathic Association; and who passed the full USMLE or COMLEX-USA testing series within a maximum period of seven years. MD/and DO/PhD candidates should be afforded at least two years of additional time for completing a testing series; and (3) Bearing in mind TMA's vision of improving the health of all Texans, TMA does not endorse a lower medical licensing standard for medically underserved areas (CME Rep. 3). **Adopted.**

Recommendation to (1) retain policies on nursing and nurses with advanced training, physician standing orders, nurses in advanced practice, physician assistants and allied health personnel, charity care, J-1 Visa Waiver Program, and workforce shortage areas defining boundaries; and (2) amend policies on medical licensure linked to practice location or specialty shortages, medical education regulation of private professional schools, and medical education allied professions credentialing (CMPDHCA Rep. 2). **Adopted.**

Resolution that (1) TMA support ongoing funding for appropriate numbers of graduate medical education (GME) slots over a 10-year period and (2) during the 2015 Texas Legislative Session, TMA work to support funding of a 10-year needs assessment to prepare for the next decade (Res. 201). **Referred.**

Resolution that TMA support state employment policies, including vacation benefits, that will enable Texas public academic health centers to be competitive with other academic health centers around the state and the nation in recruiting and retaining high-quality physician faculty (Res. 202). **Not adopted.**

Resolution that TMA carefully reconsider its prior support for Senate Bill 949 and seek to have the Texas Legislature reinstate Section 155.0045 of the Texas Occupations Code to help address access to care issues for Texas patients (Res. 203). **Not adopted.**

Resolution that TMA support research on whether reducing relapse and substance abuse in patients would be affected positively if internal medicine, family medicine, and emergency medicine physicians and residents were trained to provide drug and alcohol abuse education and that Policy 25.014 be amended (Res. 205). **Not adopted.**

Reference Committee on Science and Public Health

Recommendations to retain, amend, and delete numerous policies relating to science and public health (CSPH Rep. 2). **Adopted by amending four policies in recommendation 2 to read as follows:**

- 25.002 Driving Under the Influence Stricter Penalties:** The Texas Medical Association strongly endorses the concept of enforcement of stricter and stronger penalties, up to and including confiscation of the vehicle for conviction of driving under the influence, for accepted, existing, and established insurance laws, driving under the influence practices, and insurance requirements and regulations.
- 95.025 Hydrocodone Classification:** TMA supports the classification of hydrocodone as a Schedule III, not a Schedule II, drug.

215.009 Mental Health Institutions Community Mental Health Care Centers: Community mental health and intellectual and developmental disability centers, community mental retardation centers, are providing diagnostic, therapeutic, rehabilitative, preventive, and/or educational services to a large number of persons with mental, behavioral, emotional, and/or adjustment problems, or with intellectual disabilities and/or with related disorders. Such centers are and should be classified as mental health care facilities, and the clinical director of all such centers should be required to be a licensed physician, preferably a psychiatrist, experienced in mental health care.

280.031 Methylmercury and Public Health: Women who might become pregnant, are pregnant, or who are breastfeeding should follow state and federal advisories on fish consumption. Because some types of fish are known to have much lower than average levels of methylmercury and can be safely consumed more often and in larger amounts, women should also seek specific consumption recommendations from those authorities regarding locally caught or sold fish.

Recommendations that TMA (1) work with the Texas Association of Counties, the Department of State Health Services, and local mental health authorities to identify resource information on Texas jail diversion programs and (2) develop information for physicians and county medical societies on Texas jail diversion programs and encourage physician engagement in support of programs (CSPH Rep. 3).

Adopted.

Recommendations that TMA (1) work with the Texas Department of State Health Services to develop communications for physicians to share with patients on e-cigarettes and to encourage the Texas Quitline to identify the use of e-cigarettes by callers; (2) encourage physicians to work with their county medical societies and local public officials to ensure that current smoke-free ordinances include e-cigarettes; and (3) work with the Texas Legislature to restrict the purchase of e-cigarettes by minors (CSPH Rep. 4).

Adopted as amended by adding the words “and associated products” to all three recommendations to read “that TMA (1) work with the Texas Department of State Health Services to develop communications for physicians to share with patients on e-cigarettes and associated products and to encourage the Texas Quitline to identify the use of e-cigarettes by callers; (2) encourage physicians to work with their county medical societies and local public officials to ensure that current smoke-free ordinances include e-cigarettes and associated products; and (3) work with the Texas Legislature to restrict the purchase of e-cigarettes and associated products by minors.”

Resolution that TMA (1) adopt as policy that the sale of electronic cigarettes (e-cigarettes) should be limited only to those who are 18 years of age or older; (2) support regulation of e-cigarettes in Texas in a similar manner as tobacco products; (3) support increased clinical research on the effects of e-cigarettes; and (4) support education in schools for children and adolescents about the effects of e-cigarettes, nicotine, tobacco, and other addictive substances (Res. 305). **Adopted as amended by adding the words “and associated products” to the first resolve to read “that TMA adopt as policy that the sale of electronic cigarettes(e-cigarettes) and associated products should be limited only to those who are 18 years of age or older ...”**

Recommendation that TMA adopt the guidelines from the American Cancer Society and recommend the screening of high risk patients for lung cancer with low-dose computed tomography (CT) provided that certain conditions exist: (1) the patient is aged 55 to 74 years, has at least a 30-pack-year smoking history*, and currently smokes or has quit within the past 15 years; (2) the patient has undergone a thorough discussion of the benefits, limitations, and risks of screening; and (3) the patient can be screened

in a setting with experience in lung cancer screening**Pack-years are calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person has smoked* (CM-C Rep. 1). **Adopted as amended to read “that TMA adopt U.S. Preventive Services Task Force December 2013 recommendations regarding the annual screening of appropriately selected high-risk patients for lung cancer with low-dose computed tomography.”**

Recommendations that (1) policies on early childhood intervention program, and acanthosis nigricans screening be retained; (2) policies on day care and after school care, bicycle helmets, all-terrain vehicles, and child abuse and neglect and family violence be retained as amended; and (3) policies on bicycle safety education and bicycle helmets, bicycle safety, comprehensive school health education goals, and living skills education be deleted (CM-CAH Rep. 1). **Adopted by amending Policy 55.021, Bicycle Helmets, in recommendation 2 to read as follows:**

55.021 Bicycle Helmets: The Texas Medical Association supports the use of bicycle helmets certified by the U.S. Consumer Products Safety Commission, by Texans of all ages and passage of a law mandating approved helmet use for all cyclists.

Recommendations that policies on immunization schedule and conscientious objection to immunizations be retained and policy on providing vaccines free-of-charge be retained as amended (CM-ID Rep. 1). **Adopted.**

Recommendations that TMA work with (1) the Texas Medical Board to assure appropriate rule changes are developed to inform physicians and allow them to implement recommendations for post exposure prophylaxis (PEP) that are approved by the Centers for Disease Control and Prevention and (2) the Department of State Health Services to assure physicians are informed on the PEP recommendations and the services available from state and local health authorities and that timely information on outbreaks of preventable diseases is provided to physicians (CM-ID Rep. 2). **Adopted.**

Recommendations that policy on preconception health and care be amended and that policies on partial-birth abortion and Texas Certificate of Birth be deleted (CM-MPH Rep. 1). **Adopted.**

Resolution that TMA provide lobbying support as it seeks the passage of legislation mandating, not recommending, that all Texas schools have epinephrine auto-injectors available on their campuses and at school activities to treat acute life-threatening allergic emergencies. The legislation also should include a mandate that school personnel be trained to recognize and treat allergic emergencies. This legislation must be accompanied by an amendment to Section 74.151(a) of the Civil Practice and Remedies Code that states that physicians prescribing unassigned epinephrine auto-injectors for use in schools and athletic settings, and nurses and trained school personnel administering epinephrine auto-injectors during medical emergencies, would not be liable for civil damages unless the act was willfully or wantonly negligent (Res. 301). **Adopted as amended to read “that TMA advocate the passage of legislation requiring all Texas schools, pre-Kindergarten through 12th grade, have epinephrine auto-injectors available on their campuses and at school activities to treat acute life-threatening allergic emergencies. This legislation also should include a mandate that school personnel be trained to recognize and treat allergic emergencies. The legislation also should include a mandate that school personnel be trained to recognize and treat allergic emergencies. This legislation must be accompanied by an amendment to Section 74.151(a) of the Civil Practice and Remedies Code that states that physicians prescribing unassigned epinephrine auto-injectors for use in schools and athletic settings, and nurses and trained school personnel administering epinephrine auto-injectors during medical emergencies, would not be liable for civil damages unless the act was willfully or wantonly negligent.”**

Resolution that TMA approach the Texas Legislature in 2015 to change the current law to better reflect existing TMA policy for motorcyclists' safety by repealing the helmet exemption law and reinstating a mandatory helmet law for all motorcyclists, regardless of age or insurance coverage (Res. 302). **Adopted.**

Resolution that TMA support the legalization of marijuana for medical purposes (Res. 303). **Adopted as amended to read "that TMA review the science regarding the medical use of marijuana."**

Resolution (1) that TMA urge the Texas Commission on Environmental Quality to modify the rules of the 2014 State Implementation Plan (SIP) on complying with EPA's present and future ozone standards to allow consideration and tighter regulation of sources of ozone-causing air pollution originating outside the non-attainment counties, specifically the three antiquated coal-fired power plants in Martin Lake, Big Brown, and Monticello; and (2) that if the 2014 SIP does not result in action that reduces ozone levels in the 10 non-attainment counties to levels below present and future EPA standards, the Texas Medical Association vigorously support legislative action or rulemaking that will ensure that by 2018, air-pollution emissions from the three antiquated coal-fired power plants will be reduced to levels allowed from newly built power plants (Res. 304). **Adopted.**

Resolution that TMA (1) amend Policy 260.087, Natural Gas Fracking in Texas, by advocating for full disclosure of chemical components used in the hydraulic fracturing process via removal of exemption from the Emergency Planning and Community Right-to-Know Act and the removal of a special exemption from the Safe Drinking Water Act; Clean Water Act; Clean Air Act; Resource Conservation and Recovery Act; Comprehensive Environmental Response, Compensation, and Liability Act; and National Environmental Policy Act for all companies engaged in this process; (2) work with state legislative leaders and others to increase environmental, wildlife, and health assessment or review of current energy practices or procedures, specifically for hydraulic fracturing; (3) advocate the study of potential public health risks associated with hydraulic fracturing; (4) advocate in-depth studies into the public safety and health of all new energy practices or procedures before they are implemented statewide; and (5) take a broad stance against any and all energy practices or procedures performed that pose serious health risks to the people of Texas (Res. 306). **Adopted as amended by changing the first resolve to read "that TMA amend policy 260.087, Natural Gas Fracking in Texas, to read: The Texas Medical Association believes that the Texas Legislature, while encouraging natural gas production, should protect our water from the risk of fracking by requiring disclosure of fracking fluid components. This would include the removal of exemption from the Emergency Planning and Community Right-to-Know Act and the removal of a special exemption from the Safe Drinking Water Act; Clean Water Act; Clean Air Act; Resource Conservation and Recovery Act; Comprehensive Environmental Response, Compensation, and Liability Act; and National Environmental Policy Act for all companies engaged in this process."**

Resolution that (1) TMA try to protect the developing brains of our youth by seeking legislation that would criminalize the manufacture, sale, and possession of any mind-altering substances/agents; (2) all children ages 4 years and older be required to take a one-hour reading and drawing class per school week that informs students about the permanent brain damage and health consequences that substance abuse can cause; (3) Texas strive to be as successful as Singapore in its treatment of addictions and protecting its human brains; (4) TMA educate physicians on proven prevention and treatment strategies to reduce the incidence of alcohol and drug addiction; (5) TMA ask every Texas county medical society to make protecting the brains of its community from drug and alcohol addictions its No. 1 priority; and (6) TMA take this resolution to the American Medical Association (Res. 307). **Referred.**

Resolution that TMA work (1) to develop legislation to change the ImmTrac Registry back to an "opt-out" system for all ages; **RESOLVED**, That TMA work to require that all immunizations, for all ages, in persons who have not opted-out be submitted to the ImmTrac database either through ImmTrac itself or

through the meaningful use-approved methods for EHRs to transfer immunization data to public health agencies; and (2) with the Department of Health and Human Services to relieve the burden on providers to create and test the connection to DSHS to submit EHR data and allow bi-directional immunization history data between the DSHS ImmTrac database and local public health agencies, and between the DSHS ImmTrac database and state-approved HIEs (Res. 308). **Adopted.**

Resolution that TMA (1) recommend and petition the United States Food and Drug Administration to allow U.S. silicone breast implant manufacturers to produce implants up to 2000 cc's for use in breast reconstruction; and (2) endorse the right of U.S. women to select and U.S. breast implant manufacturers to manufacture implants in whatever size American women and their doctors require for proper breast reconstruction (Res. 309). **Referred.**

Resolution that TMA oppose the Drug Enforcement Administration's proposal to changing hydrocodone to a Schedule II drug by submitting an objection at the public comment site (www.regulations.gov, Docket #DEA-389) and by letter from a duly-authorized TMA official (Res. 310). **Adopted as amended to read "that TMA reaffirm current policy opposing the reclassification of hydrocodone and submit a letter to the Drug Enforcement Agency expressing its opposition to reclassification."**

Resolution that TMA (1) instruct its delegate to the United States Pharmacopeial Convention to protest the "one-hour-rule;" and (2) request the American Medical Association to instruct the AMA's delegate to the United States Pharmacopeial Convention to protest the "one-hour-rule" (Res. 311). **Adopted as amended to read "(1) that TMA instruct its delegate to the United States Pharmacopeial (USP) Convention to protest the immediate use exception to the USP Chapter 797 guidelines as currently written and have the TMA USP delegate support adopted policy when the issue comes before the USP convention in 2015-and (2) that the Texas Delegation to AMA submit a resolution to the AMA House of Delegates addressing the far reaching effects of the immediate use exception to the USP Chapter 797 at the earliest opportunity."**

Reference Committee on Socioeconomics

Recommendation to retain policy on nursing home attending physician, hospital admissions, and peer review for federally owned facilities (CHSO Rep. 1). **Adopted.**

Recommendation to amend Policy 265.012, Health Informational Technology and Health Information Exchange (CPMS Rep. 1). **Adopted.**

Recommendation Adopt the following as TMA policy: The Texas Medical Association supports the development of EMR systems that easily enable physicians to exclude from disclosure information about a service for which the patient has paid in full, if the patient requests it (CSE Rep. 1). **Adopted.**

Recommendations to retain, amend, and delete numerous socioeconomics-related policies (CSE Rep. 2). **Adopted.**

Recommendation to substitute one policy for several policies that relate to health reform issues from the Clinton presidency era (CSE Rep. 3). **Adopted.**

Recommendations that TMA (1) work with the American Medical Association and other state medical societies to request that Congress require evidence-based data that proves that any newly proposed health care regulations positively affect outcome and (2) support legislation at the Texas Legislature to require evidence-based data which proves that any newly proposed health care regulations positively affect outcomes (CSE Rep. 4). **Adopted.**

Recommendations that (1) current Policy 90.002, Payment for Interpretation Services for Hearing-Impaired Patients, be reaffirmed; (2) the Council on Socioeconomics send a letter to the health plans with whom it has contacts and inquire about health plans developing a network of qualified interpreters and providing reimbursement if a physician uses the services of one of these interpreters ; (3) the Texas Medical Association work with Texas Medicaid to revise its guideline that reimbursement for the use of a qualified interpreter is available only for physicians or physician groups employing fewer than fifteen employees; and (4) TMA inform physicians of the TMA Knowledge Center resources available to them regarding interpreters for the deaf (CSE Rep. 5). **Adopted.**

Recommendations that the TMA Delegation to the AMA take a resolution to the next meeting of the AMA House of Delegates calling for changes in federal law or federal regulations to prevent the preemption of state prompt payment laws and that calls upon the AMA to develop alternative financing solutions for physician payments during the grace period (CSE Rep. 6). **Adopted the following substitute in lieu of the recommendations in this report (and Resolution 403): “that the TMA Delegation to the AMA take a resolution to the next meeting of the AMA House of Delegates calling for changes in federal law or federal regulations to prevent recoupment of payments to physicians made during the grace period when notice to the physician has not been provided and to prevent the preemption of state prompt payment laws. The resolution should also call upon the AMA to support the development of alternative financing solutions, such as reinsurance for unpaid premiums, for physician payments during the grace period.”**

Recommendations that TMA (1) partner with the American Medical Association, American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Physicians to urge Congress to permanently extend the Medicaid to Medicare parity payment increase for primary care physicians; (2) advocate that the Texas Legislature extend the Medicaid to Medicare parity primary care physician payment increase through the 2015-16 legislative biennium, if Congress fails to act on this issue; and (3) advocate an increase in Medicaid payment to competitive payment levels for the physician specialties which did not benefit from the Affordable Care Act primary care physician payment increase (SC-MCU Rep. 1). **Adopted.**

Resolution that TMA (1) take to the American Medical Association House of Delegates a resolution requesting that the AMA perform (or commission) an analysis to compare the official Centers for Medicare & Medicaid Services’ (CMS’) estimates of direct and indirect costs attributable to the Physician Quality Reporting System (PQRS), EHR Meaningful Use, and ICD-10, then compare these estimates to the actual time and costs required by the individual and group physicians to comply with these mandates; and (2) also request in the same resolution that a letter be sent to CMS, cosigned by its member state associations and national specialty societies, outlining the result of the analysis (Res. 401). **Adopted.**

Resolution that TMA work with the Texas Department of Insurance to establish rules that prohibit carriers from demanding refunds from providers of health insurance exchange patients who have not paid their premium dues unless those providers have been duly notified that their patients are in a nonpayment status and risk termination of services within 90 days (Res. 403). **Adopted the following substitute in lieu Resolution 403 (and the recommendations in Council on Socioeconomics Report 6): “that the TMA Delegation to the AMA take a resolution to the next meeting of the AMA House of Delegates calling for changes in federal law or federal regulations to prevent recoupment of payments to physicians made during the grace period when notice to the physician has not been provided and to prevent the preemption of state prompt payment laws. The resolution should also call upon the AMA to support the development of alternative financing solutions, such as reinsurance for unpaid premiums, for physician payments during the grace period.”**

Resolution that TMA offer model legislation to create a floor in Article II of the state budget for Medicaid provider payments that cannot be less than 80 percent of Medicare or 50 percent of the average commercial rates as determined by the Texas Department of Insurance, whichever is higher (Res. 404).

Adopted the following substitute in lieu of this resolution (and Resolution 413): “that TMA “work with all applicable agencies to increase Medicaid payment equal to at least Medicare payments and that TMA offer model legislation in Article II of the state budget to ensure Medicaid payments are sufficient to support medical practices of all specialties and include annual updates based on the Medical Economic Index.”

Resolution that TMA (1) support legislation that would prevent anything in the Affordable Care Act (ACA) that would preempt our existing state laws that govern medical liability; and (2) support legislation to prevent the ACA guidelines and standards from being used to establish a standard of care in Texas that could be used in medical liability cases (Res. 405). **Referred.**

Resolution that (1) TMA seek (a) elimination of the Medicaid policy mandating a 30-day waiting period prior to sterilization for adult women; and (b) revision of the required consent form so that it is more easily understood by the patient; (2) organized medicine recommend that prior to sterilization, the woman be given counseling about the potential benefits and risks of sterilization, including that the procedure is irreversible, and that the consent form be co-signed by the treating physician as well as a second physician not involved in the woman’s care; and (3) the Texas Delegation take this resolution to the American Medical Association House of Delegates for its consideration (Res. 406). **Referred.**

Resolution (1) to adopt as policy that medical insurance companies provide online real-time adjudication of medical insurance claims, to include verification of insurance eligibility for beneficiaries, as well as real-time verification of current deductible amounts and copay fees, and benefits schedules for all covered office, and hospital outpatient and inpatient services; (2) that TMA urge the Texas Legislature to make changes in state law to require the provision of such real-time claim adjudication by medical insurance companies; (3) that TMA urge Congress to make changes in federal law to require provision of such real-time claims adjudication by medical insurance companies; and (4) that the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates for consideration (Res. 407). **Adopted.**

Resolution that TMA work to permanently delay the implementation of ICD-10 (Res. 408). **Adopted.**

Resolution that the Texas Delegation to the American Medical Association present a resolution at the 2014 Annual Meeting of the AMA House of Delegates to adopt a resolution pointing out the concerns raised by the discriminatory practices of the Centers for Medicare & Medicaid Services, as listed above, and support referral to the Council on Medical Services for further evaluation, if necessary, with a report back to the AMA House of Delegates at I-14 (Res. 409). **Not adopted.**

Resolution that (1) the Texas Delegation to the American Medical Association present a resolution at the 2014 Annual Meeting of the AMA House of Delegates that calls on the Council on Ethical and Judicial Affairs (CEJA) to exercise its authority to make public its opinions as to whether the AMA’s continuing support for issues outlined in the Affordable Care Act that impede patients’ access to appropriate health care services violates the AMA’s *Code of Medical Ethics*; and (2) the resolution call on CEJA to render its opinion on any future positions adopted by the AMA that could impede patients’ access to appropriate health care services under the council’s authority to interpret the AMA’s *Code of Medical Ethics* (Res. 410). **Adopted.**

Resolution that TMA (1) work with other health care organizations to promote legislative adoption of a statewide medical orders for scope of treatment (MOST) document to replace the out-of-hospital do-not-

resuscitate form (OOH-DNR) going forward, thus better promoting patient-centered care and enhancing communication between sites of care and (2) encourage the development of an education program for physicians and patients about the appropriate use of MOST if so enacted (Res. 411). **Reaffirmed Policy 200.049 in lieu of Resolution 411.**

200.049 Medical Orders for Scope of Treatment as Texas Law: The Texas Medical Association works with other health care organizations to promote legislative adoption of a statewide medical orders for scope of treatment (MOST) document to replace the out-of-hospital do-not resuscitate form (OOH-DNR) going forward, thus better promoting patient-centered care and enhancing communication between sites of care and encourages the development of an education program for physicians and patients about the appropriate use of MOST if so enacted (Amended Res. 419-A-12).

Resolution that TMA encourage the display of Medicare allowable fees of orders to providers at the point of care within electronic medical record systems to facilitate cost comparison (Res. 412). **Referred.**

Resolution that TMA work with all applicable agencies to enhance reimbursement for Medicaid to the Medicare levels for the years 2013 and 2014 be extended for two more years (Res. 413). **Adopted the following substitute in lieu of this resolution (and Resolution 404): “that TMA “work with all applicable agencies to increase Medicaid payment equal to at least Medicare payments and that TMA offer model legislation in Article II of the state budget to ensure Medicaid payments are sufficient to support medical practices of all specialties and include annual updates based on the Medical Economic Index.”**

Resolution that TMA support efforts to repeal the provision in Texas law prohibiting Children’s Health Insurance Program coverage for contraception used for reproductive health (Res. 414). **Adopted.**

Resolution that (1) TMA seek legislation to provide that optometrists be prohibited from prescribing oral antibiotics and narcotic pain medications; (2) TMA petition the Texas Medical Board to establish a mechanism to oversee all ophthalmologists engaged in co-management with optometrists where patients are prescribed intraocular pressure-lowering medications by an optometrist for all diagnoses necessitating the use of these medications. Information tracked should include the date the patient was first seen by the optometrist, the name of the consulting ophthalmologist, the date the consulting ophthalmologist first examined the patient, and the date the consulting ophthalmologist last saw the patient; (3) the tracking information on each co-management of ophthalmologists with optometrists be available to the public; (4) TMA seek legislation requiring that optometrists using any diagnostic codes when treating a patient with glaucoma would necessarily have to consult an ophthalmologist within 30 days of the initial diagnosis. This would be to confirm the diagnosis and to formulate a treatment plan; and (5) TMA seek legislation to provide that optometrists not be allowed to initiate treatment with intraocular pressure-lowering medications before consulting an ophthalmologist (Res. 415). **Adopted the following substitute in lieu of Resolution 415 to read “that Texas Medical Association and Texas Ophthalmological Association work together to petition state government in regard to ophthalmologists engaged in co-management with optometrists and address patient safety issues.”**

Resolution that TMA conduct a study into adoption of a policy whereby, if a group practice is larger than 20 physicians, the practice must allow another physician in the practice to provide a second or alternate opinion (Res. 416). **Not adopted.**

Resolution that TMA work with any and all other interested and willing medical organizations and professional societies to aggressively pursue the reduction or elimination of as much of this paperwork burden as possible including, if necessary, the consideration of a class-action lawsuit against the federal

government on the basis of paperwork creating an unnecessary and undue burden on physicians in violation of the Paperwork Reduction Acts of 1980 and 1995 (Res. 417). **Adopted as amended to read “that TMA work with willing medical organizations and professional societies to aggressively pursue the reduction or elimination of as much documentation burden as possible.”**

Resolution that TMA urge Texas legislators to enact legislation to remove the requirements for prior authorization of psychoactive medications that are arbitrary and unnecessarily burdensome for children enrolled in Texas Medicaid (Res. 418). **Adopted.**

Resolution that (1) TMA oppose the laboratory private sector reporting provisions of HR 4302 and support changes in the federal law to eliminate the reporting requirement or use of such reporting information for rate setting; and (2) the Texas Delegation to the American Medical Association take a resolution to the AMA House of Delegates opposing the laboratory private sector reporting provisions of HR 4302 asking AMA to seek changes in the federal law to eliminate the reporting requirement or use of such reporting information for rate setting (Res. 419). **Adopted.**