

## TexMed 2008

### Status of HCMS Resolutions Considered by the House of Delegates

#### **Resolution 105 – Communications With the Public**

Resolution that TMA develop and implement a comprehensive communication package aimed at educating the general public about the slate of issues doctors are facing in their practices and how those issues affect patients (Res. 105). **Not adopted.**

#### **Resolution 112 – Paperless License Renewal Verification**

Resolution that TMA, national and state regulatory agencies, and the Texas Hospital Association collaborate to verify renewal of Texas Department of Public Safety, U.S. Drug Enforcement Administration, and Texas medical licenses electronically by communicating directly with the agency involved, thereby establishing online verification as the primary source of verification and eliminating the time-consuming paper process (Res. 112). **Amended to read that TMA “collaborate with national and state regulatory agencies and the Texas Hospital Association to verify renewal of Texas Department of Public Safety, U.S. Drug Enforcement Administration, and Texas medical licenses electronically by communicating directly with the agency involved, thereby establishing online verification as the primary source of verification and eliminating the time-consuming paper process.”**

#### **Resolution 113 – Computerized Updates of Texas Standardized Credentialing Form**

Resolution that TMA work with legislative and regulatory bodies to advocate for a Texas Standardized Credentialing form that will allow transference of the information on the present form to any future versions (Res. 113). **Adopted.**

#### **Resolution 203 – Holding Admitted Patients in Crowded Emergency Departments**

Resolution that TMA work with hospitals and health care organizations to develop appropriate mechanisms to facilitate availability of inpatient beds, which would include a workable plan to achieve prompt transfer of admitted patients to inpatient units during “full capacity periods” in the emergency department (ED), when the number of patients needing evaluation or treatment in the ED is equal to or exceeds the ED treatment space capacity (Res. 203). **Adopted.**

#### **Resolution 204 – Regulation of Free-Standing Emergency Departments**

Resolution that TMA (1) support legislation regulating free-standing emergency departments that would include a requirement to be open 24 hours a day, seven days a week, 365 days a year; (2) support legislation regulating free-standing emergency departments that would include a minimum requirement for life support equipment for both adults and pediatric patients, set forth minimum standards for licensed personnel staffing the emergency departments, and require certification by the Joint Commission or other such independent accreditation body; and (3) collaborate with the Texas College of Emergency Physicians regarding proposed regulations and oppose any proposed regulations that are onerous or go against TMA policy (Res. 204). **Amended the second resolve to read, “support legislation regulating free-standing emergency**

**departments that would include a minimum requirement for life support equipment and training for both adults and pediatric patients, set forth minimum standards for licensed personnel staffing the emergency departments, and require certification by the Joint Commission or other such independent accreditation body.”**

**Resolution 205 – Access to Emergency Care in Texas**

Resolution that TMA seek to establish a Texas bipartisan commission to examine, address, and support issues related to access to emergency care in Texas, or a coalition of organizations to address the current crisis (Res. 205). **Adopted.**

**Resolution 206 – Emergency Department On-Call Physicians**

Resolution that TMA actively work with health care organizations and governmental agencies to ensure adequate emergency department on-call specialist access; maintain current liability protection for treatment of emergency medical conditions; and ensure appropriate physician reimbursement, given existing and special hospital funding for emergency services (Res. 206). **Amended to read that TMA “actively work with health care organizations and governmental agencies to ensure adequate emergency department on-call specialist access; maintain current liability protection for treatment of emergency medical conditions; and ensure appropriate physician compensation, given existing and special hospital funding for emergency services.”**

**Resolution 210 – Reimbursement for Actual Costs of Immunizations**

Resolution that TMA work actively with the Texas Department of Insurance and Texas health plans to ensure Texas physicians are reimbursed for the cost of vaccinating their patients, including any reasonable administrative fee (Res. 210). **Referred with report back at A-09.**

**Resolution 409 – Health Insurance Company Foreign Customer Service**

Resolution that TMA through its Council on Socioeconomics study and make recommendations regarding the quality of customer service provided by health insurance companies, particularly the expertise of representatives, quality and accuracy of information provided, and communication skills (Res. 409). **Adopted.**

**Resolution 410 – Health Savings Account Penalty Increase for Non-Health Care**

Resolution that TMA urge Congress, through AMA, to increase minimum penalties for withdrawing health savings account monies for non-medical use to at least 20 percent (Res. 410). **Amended to read that TMA “urge Congress, through the American Medical Association, to increase the minimum penalties for withdrawing health savings account monies to offset any tax benefit to withdraw funds for non-medical purposes.”**

**Resolution 412 – The Effects of HIPAA**

Resolution that TMA study the Health Insurance Portability and Accountability Act and its positive and negative effects on the practice of medicine (Res. 412). **Adopted.**