Smoking ban approved

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LEGISLATIVE SESSION continued from page 1

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LEGISLATIVE SESSION continued from page 4

UTMB students thank TMA for help

“Thank you so much for your consideration and profound generosity. I truly appre-
ciate the Hurricane Ike Recovery Funds that you have offered to donate to me. This
really means so much to me.”

This thank you message was one of nearly 50 that medical students from The
University of Texas Medical Branch (UTMB) in Galveston sent to Texas Medical
Association (TMA) Immediate Past President Dr. Josie Williams expressing deep grati-
tude for help they received through TMA’s UTMB Medical Student Recovery Program.

As we went into this session, we had a long list of bills that we wanted to pass. We
got some things but not nearly as many as we wanted. It was easy to be disappointed, but we have to realize that we were able to fend off a lot of very bad legislation that would have been detrimental to us and to our patients.

The Galveston Medical Staff, the Galveston County Medical Society (GCMS), Harris County Medical Society (HCMS) and local stakeholders worked very hard with Rep. Craig Eiland this session to convince the Legislature to include money to help rebuild The University of Texas Medical Branch at Galveston. In March, GCMS and HCMS hosted a meeting with key Galveston County leaders, including hospital CEOs, physicians, medical society leaders, and community health leaders to assess the medical communities’ post-Ike needs and provide recommendations to the Legislature.

Source: TMA

The 81st Legislative Session was successful for our patients and organized medicine. Galveston County Medical Society (GCMS), Harris County Medical Society (HCMS), and local stakeholders worked very hard with Rep. Craig Eiland this session to convince the Legislature to include money to help rebuild The University of Texas Medical Branch at Galveston. In March, GCMS and HCMS hosted a meeting with key Galveston County leaders, including hospital CEOs, physicians, medical society leaders, and community health leaders to assess the medical communities’ post-Ike needs and provide recommendations to the Legislature.

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Our Texas Medical Association (TMA) raised a lot of interest about seri-
ous health reform issues such as medical loss ratio, rescission, silent PPOs, and premium rate increases. In the end, the Legislature just wasn’t interested in passing meaningful reform measures. Most of those bills just died in committee and never made it to the House or Senate floors.

Some other items of importance to physicians in the $182.3 billion state
budget include:

• Graduate Medical Education funding increased by 18.1 percent, which means Texas medical schools now receive $6.852 per resident per year;

• The Family Practice Residency Program received a 21.5-percent increase;

• The budget for mental health crisis intervention, doubled from 2008-
2009;

• Increased funding for the newborn genetic screening panel so the state can add cystic fibrosis screening;

• HB 2154 (Edwards) increases physician loan repayment program from $45,000 over five years to $140,000 over four years if the physician agrees to practice in medically underserved community for four years; and

• $4 million was included in the TID budget for our three-share para-
gram.

On the public health front, two TMA-backed immunization bills passed
early in the session. The first creates a lifelong immunization registry. The
second allows the state to share immunization data with other states when emergencies, such as hurricanes or other natural disasters, force Texas resi-
dents to evacuate. Also, a bill by Sen. Nelson to provide for a study of the vaccination needs of first responders and their families during a declared
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President’s Message

As I write this, there is much talk about the U.S. House of Representatives’ proposal to overhaul our nation’s health care system. The position of GCMS and Texas Medical Association (TMA) is firm, “do no harm.” We applaud Congress for

Page 4

The Galveston County Physician Newsletter / Summer 2009 / www.galvestonmcms.org

A very successful Legislative Session for our patients, physicians and UTMB

H.R. 3200 for outlawing insurance coverage denials for pre-existing conditions, controlling premium increases, and requiring health plans to be transparent and accountable.

As physicians, our primary goal is to improve the health of our patients. We take an oath to “do no harm” to our patients. This should be the goal of our legislators. We are concerned that this current bill would undo many of the things that are good about our current health care sys-
tem. The position of GCMS and TMA is firm, “do no harm.”

We are particularly concerned about the impact of the bill’s “public option” for insurance coverage, its ban on physicians owning health care facilities and for not permanently fixing the reimbursement system for Medicare that would ensure the physician payment system would automatically keep up with the cost of running a practice.

Our American Medical Association (AMA) and Texas Medical Association (TMA) are active-
ly working to influence the debate. AMA President Dr. Jim Rohack of Temple, Texas, and TMA President Dr. William Fleming of Houston, Texas, are leading the discussions on health sys-
tem reform.

Both TMA and AMA are working toward health system reform that:

• respects the financial well-being of our patients’ best inter-
ests and the maintenance of a strong patient-
physician relationship.

• remains centered on our patient’s best inter-

• HB 1888 (Davis), which establishes standards for rankings of physicians by health plans. More important, it requires health plans to ensure that any physician ranking

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**PRESIDENT’S MESSAGE**

From page 1

- replaces Medicare’s SGR with a formula that bases physician payments on the cost of care.
- promotes medical liability protection.
- promotes quality, prevention and wellness initiatives.
- provides affordable health insurance for all through a choice of options and eliminates denials for pre-existing conditions.
- recognizes that there is still much to be done to achieve near ideal health reforms, the AMA is using this opportunity to get the facts out and find common ground,” said Dr. Rohack in a news release July 28. “The AMA is committed to reform that makes the system better for patients and physicians.”

Dr. Fleming, TMA President-Elect Dr. Susan Rudd Bailey, and Chair of TMA’s Task Force on Health System Reform Dr. Nancy Dickie sent a letter to the Texas House Delegates stating their concerns over H.R. 3200. The TMA leaders have been actively working on Congress with health system reform, but reminded the representatives that physicians are ethically bound to work for the best interests of their patients and to provide leadership on public policy decisions. The principles approved by the TMA Task Force can be viewed at www.galvestoncms.org by clicking on “Health System Reform Updates” on the front page. TMA also is hosting public town hall meetings throughout the state.

Let’s use this opportunity to make sure health care is reformed right.

**TMA’s revenue cycle webinar**

The current economic environment brings a host of new challenges to revenue cycle management. More and more patients have a high-deductible health plan, and many are without insurance coverage. To help you with these challenges, this webinar seminar series focuses on proven ways to enhance your revenue cycle. One registration fee trains your entire staff and gives you the tools to let their voices be heard and encourage your patients to voice their concerns. Have your patients go to TMA’s patients Web site, www.texasdoctor.org, to let their voices be heard. Let’s use this opportunity to make sure health care is reformed right.

**Gov. vetoes bad liability bill**

Responding to a request from the Texas Medical Association, Gov. Rick Perry vetoed legislation that would allow hospitals to hire physicians. TMA asked the governor to veto the bill because it would have weakened the landmark liability lawsuit reform the governor, TMA, and its member physicians fought to hard pass in 2003.

The bill, House Bill 2154, would have modified the state’s Corporate Practice of Medicine Act and allowed government-owned hospitals in any county with fewer than 50,000 residents to hire physicians directly.

The Texas Trial Lawyers Association managed to add wording that diluted the liability reform law. Gov. Perry signed House Bill 2154 to help 114 medically-underinsured counties attract new physicians by helping them repay medical school loans.

Responsible for this legislative defeat was the TMA’s grassroots advocacy efforts. TMA members worked with their local legislators to let their voices be heard.

**CMS Scam alert**

The Centers for Medicare & Medicaid Services (CMS) has become aware of a scam where perpetrators are sending faxes to physicians posing as the Medicare carrier or Medicare Administrative Contractor (MAC). The fax instructs the physician’s staff to respond to a questionnaire to provide an accounting information update within 48 hours in order to prevent a gap in Medicare payments. The fax may have the CMS logo and/or the contractor logo to enhance the appearance of authenticity.

Medicare FPS providers, including physicians, non-physician practitioners, should be wary of this type of request. If you receive a request for information in the manner described above, please check with your contractor before submitting any information. Medicare send any information to a Medicare contractor using the address found in the download section of the CMS.gov Website found at www.cms.hhs.gov/MILGEnInfo/ or www.cms.hhs.gov/MedicareProviderSuppInvrl

**Red Flags Rule delayed**

To give creditors (including physicians) more time to review, develop and implement the Red Flags Rule on Identity Theft Prevention, the Federal Trade Commission (FTC) has postponed the compliance date until Nov. 1. For more information, sample policies, a helpful guide, etc. go to www.galvestoncms.org, click on Business of Medicine, then Practice Management for updates at the top of the page.

**Medical community mourns the loss of Louise Geerts**

Thanks to Mainland Medical Center and UTMB for their support of GCMS meetings.

Galveston County Medical Society (GCMS) announced with deep regret and sorrow the sudden passing of Louise Geerts, on July 7, 2009. Louise worked as an executive director of GCMS for seven years. In this role, she oversaw the overall day-to-day operations of GCMS. For the past 34 years, she also served as assistant executive vice president of the Harris County Medical Society.

Louise was born Jan. 31, 1945, in Corpus Christi, Texas. She studied nursing at the University of Houston. Louise showed great passion and energy in everything she did, from being a professional actress in theatre and film to nurturing her grandchildren and her garden. She could be found on most Saturdays working with The Luke Society to help care for the needs of the homeless. Louise had a strong commitment to be of service and was dedicated to both her family as well as her adopted family, the Houston/Galveston medical community.

She served as both a mentor and leader in the medical community.

A Celebration of Life Service was held July 8 at the John P. McGovern Museum of Health & Medical Science.

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Galveston and TMA leaders went to Chicago for the 2009 Annual Meeting of the American Medical Association (AMA) House of Delegates. President Obama spoke to the AMA House of Delegates about his ideas on health system reform on June 15. AMA President Donald J. Zir卷 said on ABC Primetime to ask President Obama a few questions regarding his plans.

Key health system reforms actions taken at the 2009 Annual Meeting of the AMA House of Delegates:

**Health System Reform Principles**

Adopted policy supporting health system reform alternatives that are consistent with AMA principles of pluralism, freedom of choice, freedom of practice, and universal access for patients.

**Medicare Physician Payment Reform**

Adopted a set of principles that should be upheld in the development of any Medicare physician payment reform efforts, including ensuring that reform efforts: promote improved patient access to care; are designed with input by the physician community; ensure payment rates that cover the full cost of sustainable medical practice; include participation options for all physicians; and ensure an appropriate level of physician decision-making authority over any shared-savings distributions.

**Patient-Centered Medical Home**

Clarified AMA support for the patient-centered medical home as a model for providing care to patients without restricting access to specialty care, and will urge the Centers for Medicare and Medicaid Services to work with the health insurance industry to design incentives to increase care coordination among all physicians.

**To Rightly Privatize**

Included in the AMA’s top advocacy priorities in 2009: the right of patients to privately contract with physicians; and the ability of physicians to collectively negotiate with health plans.

**Medical Liability Reform**

Adopted policy to press for effective medical liability reforms as part of comprehensive health reform legislation.

**Eliminating Restrictions on Pre-existing Conditions**

Adopted policy to support insurance coverage of pre-existing conditions with guaranteed issue in the context of an individual mandate.

**Incentives rather than Penalties for HIT Adoption**

Adopted policy cautioning against the use of financial incentives for HIT adoption for care coordination purposes.

**Health Insurance Underwriting Policies**

Adopted policy that urges insurance regulators to ensure patient safety and allow a reasonable timeframe for FDA exclusivity and patient expiration.

**Health Insurance Underwriting**

Adopted policy that urges insurers to use actuarial underwriting methods based on the presence of conditions that are valid predictors of morbidity and mortality.

**Prevention and Personal Responsibility**

Adopted policy to improve health and personal responsibility by strengthening and expanding public health initiatives, promoting physical activity, proper diet and personal responsibility, and working with concerned organizations to achieve this goal.

**Principles for Public Release of Physician Data**

Adopted a series of principles addressing the public release and accurate use of physician data, including patient privacy safeguards, data accuracy and security safeguards, transparency requirements, review and appeal requirements, physician profiling requirements, quality measurement requirements, and patient satisfaction measurement requirements.

For reference committee highlights and other information, go to www.galvestoncms.org.

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TMA’s revenue cycle

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This program will be available to order on Aug. 17. TMA designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. To order or ask questions, contact TMA Knowledge Center at 1-800-880-7955, or Gay Anderson at 1-800-880-1300, ext. 1411, or gay.anderson@texmed.org

2009 GCMS OFFICERS

President: Thomas Kimbrough, M.D.
President Elect: Daniel Piazza, D.O.
Vice President: Barbara Thompson, M.D.
Secretary Treasurer: Mary Godnick, M.D.

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She served as both a mentor and leader in the medical community. A Celebration of Life Service was held July 8 at the John P. McGovern Museum of Health & Medical Science. She is survived by her husband, Vic; children Doug (Brandi) Young, Clay Winner, Vic Greens Jr., Tommy Liebham, andAdam Geerts; as well a host of grandchildren, family and friends.

The family wishes that in lieu of flowers that memorials may be made to the Myelodysplastic Syndrome Foundation, www.mds-foundation.org, or the The Lake Society, 518 White Oak Pointe, League City, TX 77573. Louise’s bright smile, sense of humor and warmth will be missed by all.

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ABC Primetime

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LEGISLATIVE SESSION continued from page 1

Our Texas Medical Association (TMA) raised a lot of interest about serious health reform issues such as medical loss ratio, rescission, silent PPOs, and premium rate increases. In the end, the Legislature just wasn’t interested in passing meaningful reform measures. Most of those bills just died in committee and never made it to the House or Senate floors. Some other items of importance to physicians in the $182.3 billion state budget include:

- Graduate Medical Education funding increased by 18.1 percent, which means Texas medical schools now receive $6,852 per resident per year.
- The Family Practice Residency Program received a 21.5 percent increase.
- The budget for mental health crisis intervention, doubled from 2008-2009.
- Increased funding for the newborn genetic screening panel so the state can add cystic fibrosis screening.
- HB 1314 (Edwards) increases physician loan repayment program from $45,000 over five years to $160,000 over four years if the physician agrees to practice in medically underserved community for four years; and
- $4 million was included in the TDI budget for our three-party reform program.

On the public health front, two TMA-backed immunization bills passed early in the session. The first creates a lifelong immunization registry. The second allows the state to share immunization data with other states when emergencies, such as hurricanes or other natural disasters, force Texas residents to evacuate. Also, a bill by Sen. Nelson to provide for a study of the vaccination needs of first responders and their families during a declared disaster passed. A bill to expand the state’s child booster seat law also became law. Additionally, a number of bills related to obesity prevention were passed. Among those are SB 282 by Sen. Nelson, which awards grants to implement nutrition best practices in schools and early childhood environments, and SB 870, which directs Medicaid and CHIP to implement initiatives to help reduce childhood obesity among enrollees. The rest of the scope bills died in committee like so many other bills. A 52 percent increase in the premium rates for health plans was a major concern, but the rate increase did not pass this session. The 52 percent premium increase would have increased the premium rates for health plans by $70,490 to aid UTMB medical students post-Ike. Source: TMA

In a session in which the Legislature was more intent on killing bills than passing them, traveled to Austin to testify before a committee, sent us your issues. You can take credit for a large part of the success of this session for organized medicine. Together, we can do far more than any of us can do alone.

Smoking ban approved

Due to many of the physicians of the Galveston County Medical Society, the Galveston City Council has adopted a smoking ban that forbids lighting up in bars, restaurants, private clubs, and tobacco stores. The ordinance, affecting public health locations was adopted July 23 and will take effect Jan. 1.

Risk management assistance

The Texas Medical Association (TMA) has developed the Risk Management Distance Learning Seminar Series to provide a quick and easy way to stay up-to-date on important issues that can affect your practice’s liability risk. These one-hour, lunch audio seminars are a no-hassle way for you and your office staff to learn more about medical and legal compliance and practical ways to reduce the potential for professional liability — all without having to leave the office.

The next seminars are:

Thursday, Aug. 13, Noon to 1 p.m., Complexities in Beginning and Ending the Patient-Physician Relationship.

This session will help identify when a patient-physician relationship has been established and recognize difficult situations in termination of the relationship.

Thursday, Sept. 24, Noon to 1 p.m., Professional Outliers: Who Is One and What Can Be Done About Them.

Professional outliers are difficult to define. This session will provide a quick overview of the issues involved as well as strategies that may be helpful in addressing them.

WEBINAR

Wednesday, Oct. 14, Noon to 1 p.m., Medical Records - Consents for Treatment of Minors

State and federal laws guarantee patients’ access to their own medical records, but how such requests are handled is left up to the discretion of the health care provider. This webinar will provide an overview of this issue and strategies for providing medical records.

UTMB students thank TMA for help

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This thank you message was one of nearly 50 that medical students from The University of Texas Medical Branch (UTMB) in Galveston sent to Texas Medical Association (TMA) Immediate Past President Dr. Josie Williams expressing deep gratitude for help they received through TMA’s UTMB Medical Student Recovery Program. Initiated by the TMA Medical Student Section after Hurricane Ike, the program aimed to provide financial assistance to the hundreds of medical students who reported that rebuilding and replacing lost and damaged lab supplies and textbooks had exhausted their savings, and in some cases, their student loans as well.

The Texas Medical Association Foundation, philanthropic arm of TMA, raised $70,490 to aid UTMB medical students post-Ike. Source: TMA

A very successful Legislative Session for our patients, physicians and UTMB

The 81st Legislative Session was successful for our patients and organized medicine. Galveston County Medical Society (GCMS), Harris County Medical Society (HCMS) and local stakeholders worked very hard with Rep. Craig Iland this session to convince the Legislature to include money to help rebuild The University of Texas Medical Branch at Galveston. In March, GCMS and HCMS hosted a meeting with key Galveston, Harris County stakeholders, which included hospital CEOs, physicians, medical society leaders, and community health leaders to assess the medical communities’ post-Ike needs and provided an update on the progress of the Legislature. We were very successful and work has already begun to bring those critical facilities back on-line and reduce the burden on Mainland Hospital and other hospitals throughout the region. A number of other important bills were passed.

Managed care successes we had included:

- HB 1888 (Davies), which establishes standards for rankings of physicians by health plans. More importantly, requires health plans to ensure that any physician ranking system uses accurate physician data, allows the due process for physicians to occur prior to the publication of their ranking, and specifies that the measurement standards used be reliable, evidence-based and consistent across all health plans in the market.
- HB 3221 (Hancock) requires health insurers to notify the policyholder at least 30 days before changing his or her premium rates if payments are made via electronic transfer.
- HB 2356 (Hancock) provides important patient protections as well as a mediation venue to resolve disputes for out-of-network, facility-based physician claims. TMA and the specialty societies worked hard to ensure the legislation addressed medical concerns on time and in a workable fashion. A disputation process.
- SB 39 (Zaffirini) requires health plans to provide benefits for routine patient care costs in connection to clinical trials.

LEGISLATIVE SESSION continued on page 4