The Texas Medical Association "has the green light to fight for state legislation that will address two crucial issues for Texas physicians," thanks to the TMA House of Delegates, Council on Legislation Chair Ray Callas, MD, wrote in a letter to all TMA member physicians. Meeting in Dallas at TexMed 2016, the house on April 30 unanimously approved what Dr. Callas called: "The TMA Board of Trustees multi-faceted plan to preserve physicians' right to bill for services provided to our patients; and a Harris County Medical Society proposal that would free us from the pressure of the American Board of Medical Specialties' maintenance of certification (MOC) requirements."

"As chair of the TMA Council on Legislation, I am tremendously excited by these actions, and I pledge to you that your TMA leadership will follow through," Dr. Callas wrote. He pointed out that lawmakers in other states have enacted laws to ban physicians from billing for services provided to patients out of network. These laws fall short of helping patients hold the very insurers who sell policies with narrow networks accountable for the lack of access to in-network physicians and health care providers. The Obama administration and several presidential candidates have proposed similar nationwide measures. "We will not let it happen here in Texas," Dr. Callas said. "The plan the House of Delegates approved calls on TMA to push for legislation that holds insurance companies accountable for their inadequate and narrow networks. It extends the applicability of Texas' exemplary mediation program for $500-or-more balance bills to all out-of-network physicians and providers and facilities. It keeps physicians aligned with patients' needs and best interests." Read more about the plan and the extensive research that supports it in the cover story of the May issue of Texas Medicine.

The MOC proposal grew out of a new law that Oklahoma Gov. Mary Fallin signed last month. It would ban the use of MOC "as a condition of licensure, reimbursement, employment, or admitting privileges at a hospital" in Oklahoma. Dr. Callas said "several key Texas legislators … are quite interested in pursuing a similar measure here. The TMA house followed through perfectly." The resolution delegates adopted calls on TMA to "pursue legislation that eliminates discrimination by the State of Texas, employers, hospitals, and payers based on the American Board of Medical Specialties' proprietary MOC program as a requirement for licensure, employment, hospital staff membership, and payments for medical care in Texas."

Other highlights from TMA's 2016 annual meeting include: Dallas colon and rectal surgeon Don Read, MD's, installation as the 151st president of TMA; The election of Edinburg gastroenterologist Carlos Cardenas, MD, as TMA president-elect; and the honoring of Austin anesthesiologist Joe Annis, MD, 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**

Recommendation to approve revised TMA Election Process (SPKR Report 1-A-16). **Referred with report back at A-17.**

Recommendation that the TMA International Medical Graduate Section continue for an additional year with report back to the House of Delegates, through the Board of Trustees, at the 2017 Annual Session with information that demonstrates specific contributions of the IMG Section (BOT Report 8-A-16). Adopted.

Recommendations that: (1) specialty societies approved for representation on the Interspecialty Society Committee, as determined by the TMA House of Delegates, not undergo subsequent review for that representation; (2) attendance requirements applied to TMA standing committees not be applied to members of the Interspecialty Society Committee; (3) specialty societies approved for representation in the TMA House of Delegates whose elected/appointed delegates or alternates delegates do not participate be contacted to ascertain their continued interest in being represented; and (4) the Council on Constitution and Bylaws consider whether or not societies approved for representation in the House of Delegates be specifically named in TMA Bylaws (BOT Report 10-A-16). Adopted.


Recommendations to approve TMA policy which supports legislation that would: (1) require the Texas Physician Health Program (TXPHP) to provide monitors with copies of drug screen results for applicable participating physicians, and (2) provide civil immunity provisions for monitors of physicians participating in TXPHP (CM-PHW Report 1-A-16). Adopted.

Recommendation to approve amendments to the operating procedures of the Texas Delegation to the American Medical Association (TEXDEL Report 3-A-16). Adopted.

Recommendation to amend TMA Bylaws Chapter 10. Committees, Section 10.50 Standing committees of councils, Section 10.53 Council on Science and Public Health, subsection 10.535 Committee on Maternal and Perinatal Health by deleting current language and substituting the following:
10.535 Committee on Reproductive, Women’s, and Perinatal Health. The purposes of this committee shall be to: (1) address issues related to reproductive, women’s, and perinatal health; (2) review laws, regulations, and activities that have an impact on reproductive, women’s, and perinatal health in the state; (3) serve as the association’s source of advice concerning reproductive health, women’s health, and perinatal health issues; (4) collaborate with other professional organizations and governmental agencies working in these areas; and (5) study issues prioritized by the committee and make recommendations related to activities, policy, and education (CCB Report 1-A-16). **Adopted.**

Recommendation to amend TMA Bylaws Chapter 9. Councils, Section 9.80 Councils of the association, subsection 9.803 Council on Health Promotion, by deleting current language and substituting the following:

9.803 Council on Health Promotion. The council shall plan and oversee programs and activities that enable TMA, TMA Alliance, and TMA Foundation to improve the health of all Texans. The council shall be composed of nine TMA member physicians, three alliance members, and three members representing the TMA Foundation (CCB Report 2-A-16). **Adopted.**

Recommendation to amend TMA Bylaws Chapter 1. Membership, Section 1.20 Classifications, subsection 1.209 Student, as follows:

1.20 Classifications

1.209 Student. Full-time students pursuing a course of study in a Texas medical school recognized by the Texas Medical Board that leads to the degree of Doctor of Medicine or Doctor of Osteopathy shall be eligible for student membership in the county society in which the medical school or satellite campus where they are enrolled is located. Student membership shall cease upon termination or change in enrollment status.

Student members shall have all the privileges of membership except the right to vote and hold elective or appointive positions. However, student members may serve as voting Medical Student Section delegates or alternate delegates, may be elected to the designated position on the association’s AMA delegation, may be appointed to the designated member position on the Board of Trustees and the Committee on Membership, and may serve as special appointees to councils and committees (see Sections 9.38 and 10.30). Student members also may be granted voting privileges on committees of a county medical society, at the discretion of the county society (CCB Report 3-A-16). **Adopted.**

Recommendation to amend TMA Bylaws Chapter 9. Councils, Section 9.30 Composition, subsection 9.32 Term and Tenure, as follows:

9.32 Term and tenure. The term of service shall be three years, and the terms shall be staggered. Tenure of service shall not exceed two terms; serving as much as two years, whether by election of appointment, shall constitute a full term. The term for a member of the Council on Legislation shall begin on June 1 or at the end of the regular session of the Texas Legislature, whichever occurs last (CCB Report 4-A-16). **Adopted.**

Recommendations to retain policy 295.010 of the Policy Index as amended and approve “External Entity Appointments” as follows:
**External Entity Appointments:** When an external entity, including but not limited to a health insurance company, or HMO requests recommendations for appointment to a physician advisory committee or any other component, the TMA president shall recommend for appointment individuals who best represent TMA’s position. The names of those individuals recommended by TMA and subsequently appointed by the external entity shall be reported by the Office of the EVP to the House of Delegates for information at its next meeting (BOT Rep. 18-A-06) (CCB Report 5-A-16). **Adopted.**

Recommendation to: (1) retain policy 170.006 Physician Liability for Acts of Assistants, (2) delete policy 160.002 Texans Against Lawsuit Abuse, and (3) amend policy 160.003 Tort Reform Program and 175.001 TMB — Additional Funding for Legal Purposes in the Policy Index. **Adopted** recommendations 1 and 2; and adopted as amended recommendation 3 as follows:

**160.003 Tort Reform Program:** In responding to derogatory publicity disseminated on state and local levels, the Texas Medical Association voted to establish a mechanism by which the various efforts currently underway be coordinated in order to bring about more effective communication to the public and the Texas Legislature. TMA will work cooperatively with the Texas Medical Liability Trust and through the Texas Alliance for Patient Access in these endeavors (Res. 28V, p 156A, I-37 91; reaffirmed CL Rep. 2-A-03).


Resolution that the TMA Committee on Membership and Council on Constitution and Bylaws review the category of retired membership and explore redefining the rights and privileges of retired membership to include the right to vote and hold elected positions, with report back at TexMed 2017 (Resolution 101-A-16). **Referred.**

Resolution that TMA support passage of legislation making it unlawful to practice interventional pain management using fluoroscopy in this state unless such person has been duly licensed under the provisions of the Texas Medical Board (Resolution 103-A-16). **Adopted as amended.**

Resolution that TMA adopt policy as follows:

1. The Texas Medical Association: 1) supports the dignity of the individual, human rights, and the sanctity of human life; 2) opposes any discrimination based on an individual’s sex, sexual orientation, gender identity, transgender status, race, religion, disability, ethnic origin, national origin, age, or any other such reprehensible policies; 3) recognizes that hate crimes pose significant threat to the public health and social welfare of the citizens of the United States; 4) urges expedient passage of appropriate hate crimes prevention legislation in accordance with TMA’s policy through letters to members of Texas Legislature; 5) and registers support for hate crimes prevention legislation, via letter, to the governor of Texas; and

2. Membership in the Texas Medical Association, or in any constituent association, state, or national medical specialty society or professional interest medical association represented in the TMA House of Delegates, shall not be denied or abridged because of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, gender identity,
Resolution that TMA work with the Texas Legislature to sunset the Official Prescription Form tracking laws (Resolution 105-A-16). **Adopted.**

Resolution that: (1) the TMA Council on Legislation introduce legislation at the 85th Texas Legislature requiring the Texas Medical Board (TMB) executive director to be a licensed Texas physician; (2) the TMA Board of Trustees appoint a task force to study TMB’s schedule of physician disciplinary sanctions; and (3) any determined amendments or updates to TMB’s schedule of physician disciplinary sanctions, at a minimum, be formally presented to TMB for discussion and potential implementation in rulemaking and, at a maximum, be proposed before the legislature in bill form no later than the 86th legislative session in 2019. (Resolution 106-A-16) **Not adopted.**

Resolution that physicians in Texas not be required by any governmental agency or function to swear that they will not be dishonest in dealings with state agencies or functions, and that they not be required to swear that they will seek out colleagues that they suspect are guilty of misbehavior without specific guidance as to what is considered “misbehavior” (Resolution 107-A-16). **Referred with report back at A-17.**

**Reference Committee on Medical Education**

Recommendation that TMA adopt policy on Expanding J-1 Visa Waivers for Underserved Texas Communities (IMGS Report 1-A-16). **Adopted.**

Recommendation to approve TMA policy which supports legislation that would amend the statute to require “severe and persistent mental illness” and not “any mental illness” reportable to the Texas Medical Board (CM-PHW Report 2-A-16). **Referred.**

Recommendations to (1) retain policies 185.012 Physician Recruitment, 200.019 Medical School Curriculum Rural Health Program, 200.030 Preventive Medicine Education, 200.042 Informing Legislators about Medical Education Process, and 255.003 Undergraduate Medical Education; (2) delete policy 200.026 Residence Training Programs; and (3) amend 185.002 Physician Workforce — Primary Care and Specialty Training in the Policy Index (CME Report 2-A-16). **Adopted.**

Recommendation to adopt TMA policy on Opposition to Medical School and Residency Program Curriculum Mandates (CME Report 3-A-16). **Referred with report back at A-17.**

Recommendation to retain policy 70.005 CME in Texas, 70.008 CME Mandated Subject Content, and 200.029 Personalized Education Programs (CM-CE Report 1-A-16). **Adopted.**

Recommendations to: (1) retain policy 185.012 Physician Recruitment, 200.019 Medical School Curriculum Rural Health Programs, 200.042 Informing Legislators about Medical Education Process, 255.003 Undergraduate Medical Education; and (2) delete 205.026 Expansion of Medical Student Loan Forgiveness Program in the Policy Index (CM-PDHCA Report 1-A-16). **Adopted recommendation 1 of CME Report 2-A-16 in lieu of recommendation 1; and adopted recommendation 2.**

Recommendation of the following as TMA policy on Promoting Careers in Psychiatry Among Medical Students (CM-PDHCA Report 2-A-16). **Adopted as amended as follows:**
The Texas Medical Association recognizes the critical need to address the deep and widespread shortage of psychiatrists and child/adolescent psychiatrists in the state and supports targeted efforts to increase interest in psychiatry careers among medical students.

1. To be effective, loan repayment amounts for psychiatrists need to be sufficiently high to allow a majority of physician applicants to pay off their educational loans.

2. Loan repayment programs need to be promoted at the medical school level in order to influence specialty choices. These programs should also be promoted among residents at psychiatry training programs to encourage their selection of practices in the most underserved communities.

3. TMA supports targeted efforts by Texas medical schools to promote careers in psychiatry and child/adolescent psychiatry. These activities could include:
   a. Effective medical school applicant screening tools to proactively seek strong candidates for psychiatry training;
   b. Inclusion of psychiatrists in the admissions process and on admissions committees, as well as involvement in curriculum development;
   c. Efforts to provide students with increased clinical time with patients with mental illness including longitudinal clinical opportunities, not limiting their exposure to inpatient care;
   d. Informing students of the work/life balance often afforded by careers in psychiatry, and
   e. Greater emphasis on the scientific rigor of psychiatric medicine, including tying psychiatry to the neurosciences in the curriculum, identifying psychiatry research mentors, and providing greater student opportunities for both formal and informal research activities.

4. The Texas Medical Association supports activities at Texas medical schools for identifying the most effective methods for promoting psychiatry among interested students, including early shadowing/exposure, opportunities for participation in student interest groups or social events, role modeling by residents and psychiatry faculty, and other options for observing psychiatrists in practice.

5. The Texas Medical Association supports increased availability of psychiatry clerkship opportunities and summer experiences for second-year medical students in order to better influence specialty decisions.

6. The Texas Medical Association should provide targeted communications to medical students through e-newsletters and other media, to inform about specialties with the most severe shortages, including psychiatry and child/adolescent psychiatry.

7. Expand the number of psychiatry graduate medical education (GME) positions by 50 percent;

8. Develop and define new and significant roles for psychiatrists in both the state and local public mental health systems;

9. Explore career development programs for mid and late career psychiatrists in the evolving value based population healthcare models including collaborative and integrated practice models; and

10. Request that the state collect and report work environment and quality data for all public mental health sites of service so that system improvements can be accomplished.

Resolution that TMA: (1) formally adopt standards by which it can evaluate recertification programs that would be appropriate for Texas; (2) after adopting standards, begin the process of approving recertification programs offered by competing boards that meet TMA’s standards; and (3) publicize and advocate for the recognition of TMA-approved alternative recertification programs to hospitals throughout Texas (Resolution 201-A-16). **Referred.**

Resolution that: (1) TMA urge the Texas Legislature to fund pilot programs that would allow each Texas medical school to form a liaison with a fair share of Texas rural counties to focus on enhancing the admission rates of qualified medical school applicants from rural counties, exposing medical students to rural medical practices during at least one clinical rotation, and assigning primary care residents to rotations in rural Texas physician medical practices; (2) the total number of Texas rural counties be divided by the number of Texas medical schools in such a manner that each county knows with which medical school it should communicate; and (3) each medical school use the current annual scores found on the Robert Wood Johnson County Health Rankings as one measure of which rural county should receive priority attention (Resolution 202-A-16). **Not adopted.**

Resolution that TMA: (1) study the development of direct primary care as it is described in statute in Texas, including the creation of programs to assist physicians in establishing, operating, and growing direct primary care practices; (2) further study efforts to help educate the public, employers, and government officials in direct primary care and encourage the incorporation of direct primary care into the Texas health care economy, in both the private and public health care sectors; and (3) support education of medical students and residents in direct primary care (Resolution 203-A-16). **Adopted as amended.**

Resolution that TMA: (1) create programs to assist physicians in establishing, operating, and growing direct primary care practices; (2) educate the public, employers, and government officials in direct primary care and encourage the incorporation of direct primary care into the Texas health care economy, in both the private and public health care sectors; and (3) help establish programs that will educate medical students and residents in training in direct primary care (Resolution 204-A-16). **Not adopted.**

Resolution that TMA: (1) encourage the Texas Medical Board (TMB) to continue its support of addressing all physician shortages in Texas, and (2) ask TMB to consider a pathway to temporary Texas medical licensure for licensed out-of-state psychiatrists providing video psychiatry services that will not exceed 30 days from the date of their completed written application to the issue of their temporary Texas medical license (Resolution 205-A-16 – previously 102). **Not adopted.**

Resolution that TMA (1) supports the AMA’s Principles of Maintenance of Certification (MOC) H-275.924 to ensure physician’s choice of lifelong learning, and (2) pursue legislation that eliminates discrimination by the State of Texas, employers, hospitals, and payers based on the American Board of Medical Specialties’ proprietary MOC program as a requirement for licensure, employment, hospital staff membership, and payments for medical care in Texas. (Resolution 206-A-16). **Adopted as amended.**

Resolution that TMA recognize that recertifications by the National Board of Physicians and Surgeons and the National Board of Osteopathic Physicians and Surgeons are acceptable board recertifications for practicing physicians in the State of Texas for all purposes, including licensure, reimbursement, employment, and admitting privileges at a hospital (Resolution 207-A-16). **Referred.**

**Reference Committee on Science and Public Health**
Recommendations to: (1) delete policies 110.004 Cost Containment and Product Liability and 265.014 Pay for Performance Measures, and (2) amend policy 155.008 Direct Access Laboratory Testing (CHCQ Report 2-A-16). Adopted.


Recommendations that TMA work with: (1) physician member experts on human trafficking and ensure continued participation in the activities of the Texas Human Trafficking Prevention Task Force to help: a) identify and advocate public policy measures that strengthen infrastructure which will improve response to human trafficking victims; b) aid physicians in promoting the use of effective screening tools so they can identify potential victims of human trafficking; c) provide information to physicians on the availability of local resources in their communities, including information on treatment and recovery for victims of human trafficking, including trauma-informed interventions; and d) with requirements related to reporting suspected abuse of children and of potential victims of violence and/or sexual abuse and exploitation; and (2) county medical societies to encourage training at local health facilities on identifying human trafficking victims or request training from nationally recognized human trafficking support entities (CSPH Report 3-A-16). Adopted.

Recommendations: (1) That TMA: (a) advocate for stronger federal oversight and support additional quality studies of complementary and alternative medicine (CAM); (b) monitor Texas regulatory activities and trends in use of CAM to encourage communication between local public health entities and county medical societies, offering timely information on potential risks and scientifically proven benefits of specific CAM products; and (c) encourage physicians to register with the Food and Drug Administration to receive updates on suspected tainted products; (2) That TMA (a) serve as a resource for physicians by monitoring and sharing information on quality, evidence-based studies of CAM related topics, such as the free online continuing medical education programs provided by the National Institutes of Health Center for Complementary and Integrative Health (NCCIH) and resources offered by medical schools engaged in integrative health; and (b) convene physicians in integrative medicine and others with expertise to serve as an ongoing resource for physicians on CAM trends and issues; (3) That TMA recommend that physicians (a) ask about and include use of complementary products in the medication drug list for each patient; (b) counsel those who are using nonprescribed dietary supplements that these are non-regulated and their quality, effectiveness, and safety has not been established, and encourage patients to use reliable resources such as the NCCIH to learn about nonprescribed products or the use of mobile apps that offer up-to-date notices; and (c) counsel patients who are potentially vulnerable to adverse health outcomes because of their age or health condition or who are using prescribed medications to consult their physician before taking nonprescribed CAM products or starting new therapies; and (4) Delete TMA policies 260.063 Herbal Remedies and 260.069 Dangerous Herbal Preparations from the Policy Index (CSPH Report 4-A-16). Adopted as amended.

Recommendations to amend policies 50.007 Cancer Diagnosis, Treatment and Follow-Up and 330.008 Cervical Cancer Screening Education and Access in the Policy Index:

50.007 Cancer Diagnosis, Treatment, and Follow-Up: To ensure all Texans with a suspected or proven diagnosis of cancer receive appropriate, comprehensive, and evidenced-based care, TMA recommends that physicians involved in a cancer program
follow the latest Program Standards of the American College of Surgeons Commission on Cancer, and that all patients should have access to, as a minimum: (1) an accurate diagnosis obtained through the most minimally invasive biopsy, resection, or test necessary to provide an accurate cancer diagnosis; (2) a proper workup and staging performed in accordance with the American Joint Committee on Cancer staging system or other appropriate staging system; (3) a treatment plan developed by a multidisciplinary cancer conference, with recommended representation in the areas of genetic testing and counseling, palliative care, psychosocial care, and rehabilitation services; (4) appropriate management of pain and non-pain symptoms, screening and care for psychosocial distress, and support for health-related quality of life, including palliative care from diagnosis through end of life; (5) provision of a Treatment Summary and Survivorship Care Plan that reflects the treatment the patient received and addresses post-treatment needs and follow-up care; and (6) appropriate long-term follow up to monitor cancer recurrence and evaluate outcomes of cancer care. TMA will continue to educate physicians on the latest recommendations related to the care of cancer patients throughout their life span and advocate for state programs and policies that promote access to cancer prevention, early detection, and cancer treatment and supportive services for all Texans (Amended CM-C Rep. 3-A-06).


Adopted as amended.

Recommendations to: (1) retain policy 55.019 School Health Education; (2) delete policies 25.004 Alcoholic Beverages, 25.005 Drinking Age and Open Container Legislation, 25.009 Drunk Driving Zero Tolerance Laws, 25.011 Underage Drinking and Substance Abuse, 25.012 Effects of Alcohol on the Brains of Underage Drinkers, 25.013 Nationwide Legal Drinking Age of 21 Years, 25.014 Alcohol and Substance Abuse Education of Medical Students and Residents, 25.015 Teenage Drinking and Driving, 55.023 Scoliosis Screening, 55.042 International Border Crossing by Minors, 55.044 Student Life Style, 55.045 Screening Pediatric and Adolescent Injury Victims for Drugs and Alcohol, 55.047 Removal of High Alcohol Content From Medications Targeted for Use by Children and Youth, 55.048 Alcohol and Drug Abuse Education, 55.049 Alcohol and Youth, and 55.054 Electronic Health Care Information for Children; and (3) amend policies 55.007 Adolescent Health and Substance Abuse, 55.024 Single Information System for DSHS Tests and Lab Results of Texas Children, 55.046 Recommendations for Ensuring the Health of the Adolescent Athlete (CM-CAH Report 1-A-16). Adopted.


Recommendations that TMA: (1) promote awareness and education for physicians, legislators, and the public on the importance of adequate parental leave, especially paid leave, in ensuring good maternal and infant health outcomes and promoting the health and well-being of the family; (2) advocate for state, local, and private adoption of parental leave policies that provide adequate time to give birth, recover, nurse new babies, and allow for parental bonding following the birth or adoption of a child; and (3) recommend at least 12 weeks of paid maternity leave and at least two weeks of paid paternity or partner leave following the birth or adoption of a child (CM-MPH Report 1-A-16). Referred.
Recommendations to: (1) delete policies 260.054 Family Planning Funding and 330.010 Women’s Health, and (2) amend policies 260.075 Preventive Health Care for Texas Women and 330.006 Discharge of Mothers and Babies Following Delivery (CM-MPH Report 2-A-16). Adopted.

Recommendation to adopt new policy 280.010 Physician Role in Promoting Organ and Tissue Donation and Transplantation. The Texas Medical Association supports efforts to increase organ and tissue donation and availability for subsequent transplantation while maintaining the respect and dignity of all Texans. Initiating discussion with patients as appropriate and urging them and their families to record their choice of organ and tissue donation through the Texas organ and tissue donation registry is the central component of an effective organ and tissue donation and transplantation process. TMA can further promote organ and tissue donation by:

1. Encouraging TMA members and county medical societies to engage in organ and tissue donation issues. Activities may include:
   a. Providing resources and information to TMA members and county medical societies on local and regional opportunities to increase organ donation such as national initiatives like Workplace Partnership for Life, which educates members and staff on organ and tissue donation.
   b. Encouraging county medical societies to engage regularly with their local medical examiner and/or justices of the peace and hospital-based organ procurement organization representatives to review the processes used for organ transplantation and assess the need for improvements to reduce barriers to donation and transplantation.
   c. Encouraging members to be informed of their respective institutional donation policies and procedures.
2. Proving education on expanding donor opportunities, including information and continuing medical education on the process for notifying the local organ procurement organization, traditional neurological brain death criteria, donation after cardiac death, and extended criteria donors.
3. Supporting state and federal initiatives that could potentially improve rates of organ and tissue and subsequent transplantation. This includes working with the Texas Hospital Association, the Texas Association of Counties, and other stakeholders to inform and improve awareness and efforts to monitor and evaluate policy models such as mandated choice or presumed consent for organ and tissue donation.
4. Support state and federal legislative initiatives that remove financial barriers to living organ donation, such as providing access to health insurance coverage for any medical expenses related to the donation without regard to when they arise.
5. Support the American Society of Transplantation (AST) and American Society of Transplant Surgeons (ASTS) as they investigate different models of providing or supplementing donor health insurance, which could include tax incentives, public/private partnerships with the Centers for Medicare & Medicaid Services and health insurance companies, and even philanthropic efforts. (CSPH/STT Report 2-A-16 and CSE Report 4-A-16). Adopted in lieu of CSPH/STT Report 2 and CSE Report 4.

Resolution that TMA work with the Texas Legislature to require: (1) wholesale drug distributors to report their ARCOS data directly to the Texas Prescription Monitoring Program, and (2) pharmacies to report their sales daily to the Texas Prescription Monitoring Program, and (3) the Texas State Board of Pharmacy to generate public reports (de-identified) of the top 10 wholesale controlled substances by ZIP code, monthly, or more frequently as indicated (Resolution 301-A-16). Adopted as amended.
Resolution that TMA: (1) not promote, or allow to be promoted, nonscientific therapies, treatments, products, or methods, at its conferences, events, or meetings; (2) promote education of both physicians and the public on unscientific and pseudoscientific practices; and (3) promote awareness among the Texas Legislature about unscientific and pseudoscientific practices and invoke its scope-of-practice mandate to resist legislation that promotes complementary medicine and alternative medicine (Resolution 302-A-16). Not adopted.

Resolution that TMA pursue amendment of Section 46.035 of the Penal Code so that it is an offense for a concealed handgun license holder to intentionally, knowingly, or recklessly carry a handgun, as defined by state law, into a state-operated mental health facility; that is, a state hospital or a state center with an inpatient psychiatric component that is operated by HHSC, as defined in 25 TAC, Chapter 412. (Resolution 303-A-16). Adopted as amended.

Resolution that TMA work with the Texas Legislature, Texas Health and Human Services Commission (HHSC), and the Office of the Governor to increase: (1) Medicaid funding in the FY 2018-19 state budget for medications that have been proven to cure Hepatitis C, and (2) access to these curative Hepatitis C medications by eliminating the regulatory and budget barriers that deter patients in dire need from receiving them. This includes advocacy to relax fibrosis score criteria so it aligns with recent Centers for Medicare & Medicaid Services guidance and promotes access (Resolution 304-A-16). Referred for decision and action.

Resolution that TMA support: (1) the efforts of the Texas Elder Abuse and Mistreatment Institute in its research on elder self-neglect, and (2) the American Medical Association’s efforts on nationwide adoption of laws on the physician duty to report suspected or confirmed elderly abuse (Resolution 306-A-16). Adopted as amended.

Resolution that TMA: (1) recognize the importance of delineating gender identities in patients to promote the delivery of thorough medical care and support the addition of gender and sex options on patients’ medical records, and (2) support patient data collection that is inclusive of non-binary gender identities, as it will allow for relevant medical research (Resolution 307-A-16). Referred.

Resolution that TMA will: (1) encourage the Texas Commission on Jail Standards to develop a single, unified, suicide prevention plan for correctional facilities in the state of Texas and (2) submit and support a proposal to the Texas Commission on Jail Standards to require that all correctional facility officers and staff, both county and city, in the state of Texas, undergo suicide prevention training at hire, and at annual retraining, support increased state oversight of suicide prevention curricula and training of correctional facility officers, with annual recertification (Resolution 308-A-16). Adopted as amended by substitution.
Resolution that TMA work with Texas Department of Family and Protective Services and Child Protective Services to eliminate barriers to useful and productive interaction with physicians for the benefit of the children (Resolution 309-A-16). Adopted.

Resolution that TMA: (1) work with the Texas Department of State Health Services and other stakeholders to support increased research on newborn falls, (2) encourage education of parents and health care professionals on risk factors and prevention of newborn falls in Texas hospitals, and (3) support implementation of newborn fall prevention plans and post-fall care protocol in Texas hospitals (Resolution 310-A-16). Referred with report back at A-17.

Resolution that: (1) TMA advocate legislation banning conversion therapy for patients under 18 years of age in Texas on the basis that they are minors, (2) TMA support prohibiting state-licensed therapists from engaging in these scientifically discredited practices, and (3) regulated practices do not include therapies that provide support for youth or the facilitation of youth’s coping and identity exploration and development, including sexual orientation-neutral efforts to prevent or address unlawful conduct or unsafe sexual practices, or therapy that is designed to aid a person in a transition from one gender to another (Resolution 311-A-16). Referred.

Resolution that TMA support: (1) legislation that requires government implementation and regulation of helmet safety guidelines, including standardized helmet design criteria that require high schools to incorporate helmet designs which meet a certain safety threshold, in order to lower the incidence of concussions; (2) legislation that recommends that physicians directly provide information about psychiatric support to patients that have had a concussion; and (3) research about the efficacy of football helmet safety standards (Resolution 312-A-16). Not adopted.

Resolution that TMA: (1) develop informational materials for policymakers on the limitations of abstinence-only and abstinence-until-marriage programs, (2) encourage policymakers to base funding decisions and laws on the well-designed scientific research with outcome data measured in terms of pregnancy rates and sexually transmitted diseases, and (3) promote professional preparation standards which enhance training in sexual education for teachers and health care professionals (Resolution 313-A-16). Not adopted.

Reference Committee on Socioeconomics

Recommendations to: (1) retain 320.006 Managed Care Academic Health Centers Medicaid Patient Base, and (2) amend 100.001 Patient Transfers of Women in Labor (CHSO Report 1-A-16). Adopted.

Recommendations to:
1. Support the use of a Medical Orders for Scope of Treatment (MOST) document that is:
   a. A written expression of the unique values and goals of a patient in relation to medical care, expressed by a patient or a surrogate decisionmaker;
   b. Produced as a product of a conversation with a physician, a midlevel provider under appropriate supervision and delegation, or another person who is properly trained to conduct the conversation;
   c. Signed by the patient or, if the patient lacks capacity, by the patient’s surrogate decisionmaker(s);
   d. Verified and signed by a physician (or midlevel provider under proper delegation) who has established that the patient or surrogate understands and agrees with the form contents;
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e. Reevaluated periodically AND when there is a change in the patient’s status;
f. A guide concerning patient wishes for medical care to be used by any medical caregiver, but does not over-ride any physician’s independent clinical decisionmaking; and
g. Not legislatively mandated or modified in any way; and

2. Work with the MOST Coalition to develop an education program for Texas physicians regarding the Medicare advance planning payments and the use of the MOST document (CHSO Report 2-A-16). **Adopted as amended.**

Recommendation to amend policy 290.009 Guidelines for Electronic Communications with Patients (CPMS Report 2-A-16). **Adopted.**

Recommendation to adopt as policy: The Texas Medical Association strongly objects to the National Association of Insurance Commissioners and state insurance regulators adopting regulations that fall outside of regulation of insurance companies. The regulation of physicians and other providers by insurance regulators is not acceptable and should remain with the appropriate state authority such as the Texas Medical Board (CSE Report 1-A-16). **Adopted.**

Recommendation to adopt as policy guidelines the health plan should adhere to regarding maintaining current and accurate provider directories (CSE Report 2-A-16). **Adopted.**

Recommendation to adopt policy on improving patient-payer communication as follows: The Texas Medical Association encourages health insurance companies and other payers to communicate with patients on the importance of enrolling in electronic communication and website access, and educate patients on the services they can conduct electronically with these companies (CSE Report 3-A-16). **Adopted.**

Recommendations that: (1) TMA inform physicians of the current timelines in statute and regulation. Any education effort should cover a physician’s rights under existing utilization review laws and the appropriate steps to take when filing a complaint with the Texas Department of Insurance, the agency charged with regulating utilization review; and (2) amend policy 145.024 Medical Decision Makers Licensed in Texas (CSE Report 5-A-16). **Adopted.**


Recommendations that TMA: (1) reiterate its commitment toward finding a path forward to expand access to health care for poor and low-income Texans; (2) broadly and frequently communicate to the public, the media, and the legislature the vital role health insurance coverage plays toward decreasing health care disparities and improving the physical and behavioral health status and well-being of our patients; (3) establish a study group to (a) evaluate the potential role a Section 1332 waiver alone or in collaboration with a Medicaid 1115 waiver could play in achieving the association’s goals of expanding the availability of affordable, comprehensive health insurance; and (b) develop policy principles to guide the association during any legislative deliberations regarding Section 1332 and/or Section 1115 waivers;
and (4) continue to vigorously pursue Medicaid red tape reduction and competitive payments for physicians (SC-MCU and CM-MHPC Joint Report 3-A-16). **Adopted.**

Resolution that: (1) the Texas Delegation to the American Medical Association take to the AMA House of Delegates a resolution requiring that AMA work with the Centers for Medicare & Medicaid Services (CMS) to give fair due process to physicians by creating a “fast track” review process when physicians are being investigated for Medicare fraud that appears to be an innocent clerical error made on a Medicare application; and (2) AMA also work with CMS to immediately reactivate physicians’ Provider Transaction Access Numbers (PTANs) once CMS determines that a clerical error, not fraud, has occurred, thus allowing the Medicare administrative contractor to pay physicians for care provided to Medicare patients, with no penalty applied (Resolution 401-A-16) **Adopted.**

Resolution that TMA: (1) endorse the movement for acceptance of Medicaid expansion in Texas, and (2) advocate in all pertinent forums for increased support of Medicaid expansion by outlining the potential benefits of such expansion, and its current successes in other states in the country (Resolution 402-A-16). **Not adopted.**

Resolution that: (1) the Texas Medical Association work with the Texas Legislature to identify state or federal funds with which to compensate physicians who are furloughed after an infectious disease outbreak, and (2) because physicians are not allowed contact with their families during the furlough, TMA work with the legislature to ensure that social and psychological support are available for the physicians and their families (Resolution 403-A-16). **Referred.**

Resolution that TMA make finding effective solutions to the growing problem of Texans unable to obtain affordable health insurance a high legislative and regulatory priority (Resolution 404-A-16). **Adopted.**

Resolution that TMA:

1. Support programs whose purpose is to contain the rising costs of prescription drugs provided that the following criteria are satisfied: a) physicians must have significant input into the development and maintenance of such programs; b) such programs must encourage optimum prescribing practices and quality of care; c) all patients must have access to medically indicated prescription drugs necessary to treat their illnesses; d) physicians must have the freedom to prescribe the most appropriate drug(s) and method of delivery for the individual patient; and e) such programs should promote an environment that will give pharmaceutical manufacturers the incentive for research and development of new and innovative prescription drugs,

2. Study the issue of drug pricing, including whether large price increases impact patient access to critical medications.

3. Support the application of greater oversight to the establishment of closed distribution systems for prescription drugs.

4. Support the mandatory provision of samples of approved out-of-patent drugs upon request to generic manufacturers seeking to perform bioequivalence assays.

5. Work with interested parties to support legislation or regulatory changes that streamline and expedite the FDA approval process for generic drugs.

Resolution that: (1) TMA support changes in law and regulation to see that the decision as to whether treatments or administration of a medication as medically necessary should be a determination of the physician, not the insurance company; (2) all costs of providing treatments, including the supplies that previously had been deemed the cost of doing business, should be paid in full including medication, masks, tubing, etc., not only for albuterol nebulizers but for all procedures, administered medications, and treatments performed in the office; (3) TMA advocate that the indications for albuterol treatments should include wheezing, asthma exacerbation, bronchiolitis, bronchitis, shortness of breath/hypoxia, chronic obstructive pulmonary disease, fibrosis, and all other acute or chronic lung conditions; and (4) the Texas Delegation to the American Medical Association takes this resolution to the AMA House of Delegates for consideration (Resolution 406-A-16). Referred.

Resolution that TMA: (1) educate physicians about how patients may go about filing a complaint regarding their insurance company health benefits, and (2) advocate for legislative changes that require insurance companies and third party administrators of all health insurance plans to educate consumers regarding their full and current health care benefits so that physicians are not burdened with teaching patients about health insurance products (Resolution 407-A-16). Adopted as amended.

Resolution that: (1) for drug formulary systems to be acceptable in inpatient hospitals and other institutional settings, they must have an organized medical staff and a functioning Pharmacy and Therapeutics Committee composed solely of physicians from each of the appropriate departments of the general medical staff; (2) formulary systems in inpatient hospitals and other institutional settings must provide a mechanism to inform the physician prescriber in a timely manner of any substitutions, and allow the physician prescriber to override the system when necessary for an individual patient without inappropriate administrative burden as well as provide a mechanism to ensure that patients/guardians and treating community physicians are informed of any change from an existing outpatient prescription to a formulary substitute while hospitalized, and whether the prior medication or the substitute should be continued upon discharge from the hospital; (3) formulary systems in inpatient hospitals and other institutional settings allow for the continuation of medications as prescribed by the patient’s community physician for short hospital stays, i.e., less than two weeks; (4) insurance companies/pharmacy benefit managers be required to cover all physician medication orders following discharge to account for any adjustments made because of formulary substitutions in the inpatient hospital or other institutional setting; and (5) the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates (Resolution 408-A-16). Not adopted.

Resolution that: (1) all Texas physicians, regardless of specialty, as well as health care entities should be allowed to contract with patients directly for the provision of any professional care, surgical and nonsurgical procedures, and diagnostic testing, regardless of whether or not the patient has health care coverage (private, state, or federal) and regardless of whether or not the physician is contracted with a health care coverage entity (private, state, or federal). Restrictions on such care and transactions by private, state, or federal entities should be disallowed in Texas; and (2) any Texas physician or health care entity should be able to directly provide services to a patient for an agreed fee, payment in kind, or no fee, without repercussions by any private, state, or federal entity. The financial details of such transactions shall remain private between the patient and physician and/or health care entity (Resolution 410-A-16). Adopted.

Resolution that: (1) TMA work to eliminate the bureaucratic delays in authorizations for medications, medical care, and radiology services; (2) TMA work to eliminate prior authorizations and approvals by nonphysician practitioners and physicians not of the same specialty as the ordering physician who work for insurance plans and third-party administrators, which includes health care payment plans, Medicare, Medicaid, and other government payers; (3) TMA develop a legal strategy to bring about these changes,
as well as provide for monetary awards for any harm done to the patient and/or physician; and (4) the Texas Delegation to the American Medical Association take this resolution to the AMA House of Delegates for consideration (Resolution 411-A-16). **Not adopted.**

Resolution that TMA: (1) collaborate with veteran’s organizations and the Texas Health and Human Services Commission to encourage education of veterans on current U.S. Department of Veterans Affairs (VA) health care access policy changes and the Texas Veterans App; (2) formally support AMA policy H-510.985, H-510.986, H-510-989, and H-510-991; and (3) continue to encourage Texas physicians to join the TMA VA registry and participate in the care of veterans (Resolution 412-A-16). **Referred.**

Resolution that the: (1) Texas Delegation to the American Medical Association take this or a similar resolution to the AMA House of Delegates to request that the Centers for Medicare & Medicaid Services delay the implementation of downside risk in alternative payment models (APMs), and reduce the resulting exposure for physicians to the downside risk in APMs; and (2) TMA request that the AMA make this a high priority for legislative advocacy in 2016 (Resolution 413-A-16). **Referred with report back at A-17.**

Recommendations: (1) to adopt BOT Report 12-A-16 Improving Network Adequacy and Out-of-Network Billing Policy; (2) that the Texas Medical Association advocate legislatively for: (a) mediation for all out-of-network services that is available to patients at all facilities while maintaining the current $500 threshold after copayments, deductibles, and coinsurance as well as mandatory increased state agency oversight of insurers that are often brought to mediation; and (b) development of a standard form for physicians to disclose to patients the identity of other physicians or nonphysician practitioners typically utilized in the facility where the planned surgical procedure or labor and delivery will occur. The form should contain disclaimers for unanticipated complications or events and instruct patients on how they may reach out to those physicians and nonphysician practitioners for further information; (3) to reaffirm and ardently pursue legislative goals in TMA Policy 145.032: Improving Network Adequacy in Health Insurance Plans. This adopted House of Delegates policy, which seeks to hold insurers accountable for their actions, is relevant and essential to success; and (4) to refer adopted BOT Report 12-A-16 to appropriate TMA councils and committees to monitor benchmarking laws and develop needed policy (BOT Report 12-A-16). **Adopted.**

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