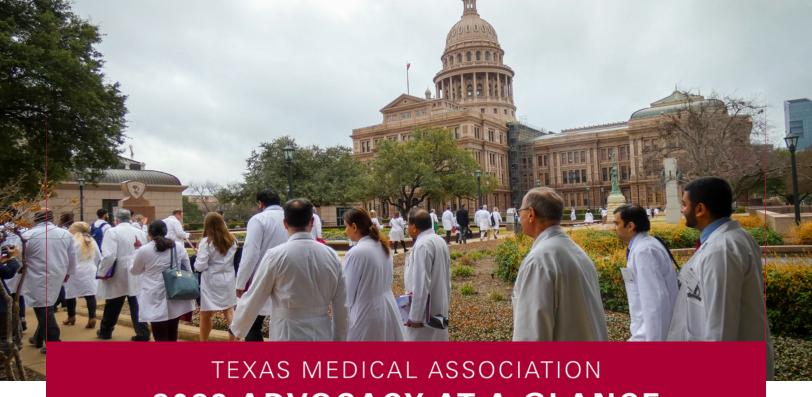


PATIENT CARE PROTECTED

2023 LEGISLATIVE WRAP-UP





2023 ADVOCACY AT A GLANCE

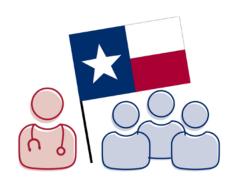


450+

TMA physicians, medical students, and alliance participants

61 Č TMA PHYSICIANS TESTIFIED

LIVE AND **TESTIMONIES**



TMA visited all 181 legislative offices during First Tuesdays at the Capitol events

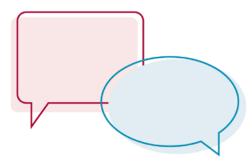
PHYSICIAN-LED RESULTS

At the heart of the Texas Medical Association's legislative agenda was protecting the practice of medicine and the patient-physician relationship, whether from interference from insurers and other nonmedical entities, laws that lower the standard of care, or public health threats.

The House of Medicine stood fast in its mission to attain results on TMA's top 10 legislative priorities set by TMA's Council on Legislation in fall 2022.

Legislative wins were hard fought, requiring work from every angle of the association – especially its impressive grass roots. More than 450 physicians, medical students, and alliance members attended First Tuesdays at the Capitol, the association's premier lobby event. More than 60 physicians showed up to testify, and more than 1,700 emails and calls were sent or made to educate lawmakers on key issues.

In the end, TMA garnered wins on every top 10 legislative priority.



TMA MEMBERS SENT

1,700 MESSAGES

to their legislators via phone or email

TMA'S TOP 10 LEGISLATIVE PRIORITIES

- Stop scope-of-practice creep/Improve graduate medical education funding
- 2. Improve women's reproductive health
- 3. Increase physicians' Medicaid payments
- 4. Improve coverage for women and children on Medicaid
- 5. Protect 2003 medical liability reforms
- 6. Protect physician autonomy/Uphold corporate practice protections
- 7. Reduce prior authorization hassles
- 8. Protect vaccine laws/ Modernize ImmTrac2
- Improve network adequacy/ Protect Texas' surprisebilling law
- 10. Ensure regulation and taxing of e-cigarettes



2,158





IN FAVOR

When Texas voters were asked if they would favor or oppose allowing nurses and other nonphysician practitioners to treat patients and prescribe medicine without the oversight of a licensed physician, even if it saved money,...

MORE THAN 2/3
OF TMA POLL
RESPONDENTS
FROM BOTH
PARTIES WERE
OPPOSED.

STOP SCOPE-OF-PRACTICE CREEP

Goal: Protect independent diagnosing and prescribing as the practice of medicine; address current workforce shortages in a way that ensures patients have access to the same standard of care, no matter where they live.

Results: Despite a record-breaking number of bills filed this session, including more than 130 related to scope-of-practice expansion, TMA stopped scope creep in its tracks, preserving patients' access to high-quality, physicianled care and sending a strong message to lawmakers that such legislation was a nonstarter.

Nonphysician practitioners spent the session arguing that scope expansion was a necessary response to physician workforce shortages, especially in rural and underserved areas. TMA not only debunked these claims but also advocated for the right solutions, including significant increases in graduate medical education funding, which helps bolster the state's physician workforce without jeopardizing patient safety.

TMA's crowning achievement this session was stopping two bills that would have enabled advanced practice registered nurses to practice independently.



INCREASE GME FUNDING

TMA won sustainable workforce solutions that expand access to care in the short term while shoring up Texas' physician workforce in the long term. These 2024-25 investments are in graduate medical education (GME), physician residency programs, and medical school tuition loan repayment.

- **GME Expansion Grant Program** received \$233 million in the 2024-25 biennium up 17% over the 2022-23 biennium. The program supports the creation of new residency slots necessary to maintain the target 1.1-1 ratio of residency slots to medical school graduates.
- Residency training programs sponsored by medical schools were allocated \$116 million – up 12%. The funding helps offset the cost of teaching residents.
- The Family Practice Residency Program will receive \$16.5 million in 2024-25, up from \$9 million. Its grants go to the state's nationally accredited family medicine residency programs to increase the number of physicians who choose that specialty.
- The Physician Education Loan Repayment
 Program will receive \$35.5 million, up from \$29.5
 million. The program incentivizes primary care
 physicians and psychiatrists to practice in rural and
 underserved areas by paying off their student loans.
- The Joint Admission Medical Program (JAMP)
 will receive \$11.7 million, up from \$9.7 million.
 JAMP encourages economically disadvantaged
 students to pursue careers in medicine by offering
 scholarships, paid internships, mentorship, and
 other support.
- The Rural Residency Training Program will receive an inaugural allotment of \$3 million. TMA initiated the 2019 creation of this program, which will issue grants to fund new residency positions in nonmetropolitan areas.

FUNDS GRANTED

\$233 MILLION

for the GME Expansion
Grant Program

\$116 MILLION

for Residency training programs

\$16.5 MILLION

for the Family Practice Residency Program

\$35.5 MILLION

for the Physician Education Loan Repayment Program

\$11.7 MILLION

for the Joint Admission Medical Program

\$3 MILLION

for the Rural Residency Training Program

IMPROVE WOMEN'S REPRODUCTIVE HEALTH

Goal: Get clarity for physicians on how they can safely treat pregnant women while protecting the patient-physician relationship.

Result: Physicians entered the 2023 legislative session with heavy concerns over and difficulties in interpreting Texas' abortion statutes when caring for pregnant women in crisis. A last-minute bill signed by Gov. Greg Abbott now provides some legal defenses under Texas' abortion ban when treating certain potentially lifethreatening pregnancy complications.

The new law creates a narrow exception under Texas' "trigger" law, which banned most abortions in the state following the U.S. Supreme Court's reversal of *Roe v. Wade* in June 2022. That trigger law does include an exception for life-threatening conditions arising from pregnancy. Since that high court ruling in *Dobbs v. Jackson Women's Health Organization*, providing abortion in Texas in violation of the law is a felony offense.

It does not change existing Texas law prohibiting abortion; it does, however, allow for an exemption from civil liability under the trigger law when a physician "exercised reasonable medical judgment in providing medical treatment to a pregnant woman in response to: 1) an ectopic pregnancy at any location; or 2) a pre-viable premature rupture of membranes." The bill created the exception by offering physicians an "affirmative defense" in a liability claim – in other words, the

physician must show he or she exercised reasonable judgment in providing such treatment. The bill also contains a similar defense to criminal liability. The new law takes effect Sept. 1.

Another measure was passed that requires health plans, including Medicaid and Medicaid managed care, to allow women with an existing prescription for a contraceptive medication to obtain up to a 12-month supply at one pharmacy visit. That's after receiving an initial 90-day supply if the prescription is new.

A last-minute bill signed by Gov. Greg Abbott now provides some legal defenses under Texas' abortion ban when treating certain potentially lifethreatening pregnancy complications.

6% RATE INCREASE

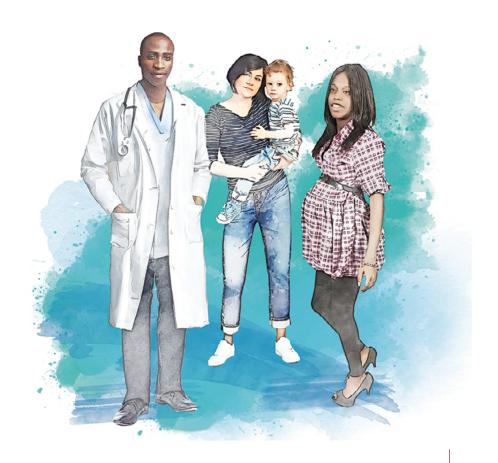
in Medicaid payments to improve access to pediatric and maternal services

\$1,500 ADD-ON PAYMENT

for labor and delivery

\$50 MILLION GRANT PROGRAM

for rural hospital maternal health care



INCREASE PHYSICIANS' MEDICAID PAYMENTS

Goal: Help physicians grow their Medicaid panels and access to care with healthier payment rates.

Results: Texas physicians had not seen a Medicaid payment increase in more than a decade, except for a brief, temporary one that took place in 2013-14 under the Affordable Care Act.

6% rate increase in Medicaid physician payments to improve access to pediatric services. The rate increase affects physicians treating children and young people aged 0 to 20. The budget also adds a 6% increase in Medicaid payment rates for labor and delivery, including Cesarean sections and any other surgeries performed in the course of a delivery.

Legislators also approved a Medicaid "add on" payment of \$1,500 per delivery, up from \$500, and approved a \$50 million grant program designed to sustain rural hospitals and invest in rural maternal health.

FUNDS GRANTED

\$2.3 BILLION

for overall mental health services

\$122 MILLION

for the Texas Child Mental Health Care Consortium

\$28 MILLION

for loan repayment for mental health professionals

IMPROVE MEDICAID COVERAGE FOR WOMEN AND CHILDREN

Goal: Pursue more comprehensive coverage of and secure additional funding and resources for maternal and behavioral health care for women and children.

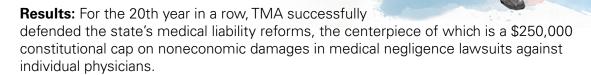
Results: The culmination of multi-session efforts, TMA scored a long-awaited win for maternal health by working with lawmakers to extend postpartum Medicaid coverage from two months to a full year. Another measure passed that calls for pregnant women enrolled in Medicaid managed care and other state programs to be screened for nonmedical drivers of health, the factors that affect people's health where the live, work, and play. This means women who lack transportation or food can get connected with the services they need.

Behavioral health services for women and children also received a boost, including:

- \$2.3 billion for overall mental health services, including for community mental health services and grant programs for adults and children, substance use disorder treatment, and mental health hospitals;
- \$122 million for the Texas Child Mental Health Care Consortium – the umbrella organization for the Child Psychiatry Access Network (CPAN) and the Texas Child Health Access Through Telemedicine (TCHATT) initiatives; and
- \$28 million for loan repayment for mental health professionals, including psychiatrists, a major increase of \$25.9 million.

PROTECT MEDICAL LIABILITY REFORMS

Goal: Preserve Texas' landmark 2003 tort reforms, which continue to undergird a strong Texas physician workforce.



TMA also championed legislation that strengthens the Texas Medical Board (TMB) with funding for additional staff – necessary to maintain oversight of physicians and to accommodate the influx of medical license applicants from other states. The 2024-25 state budget includes an additional \$5 million for TMB, which will allow the state agency to increase its staff by 30 full-time employees.

PROTECT PHYSICIAN AUTONOMY/ UPHOLD CORPORATE PRACTICE PROTECTIONS

Goal: Protect physicians from being criminalized for the practice of medicine and keep nonmedical entities from interfering with patient care.

Results: Despite an onslaught of attempts by state government and corporate entities to undermine the patient-physician relationship, TMA successfully prevented any new measures criminalizing patient care this legislative session. In line with its top priorities, TMA kept these and other intrusions into the patient-physician relationship at bay, ensuring physicians can exercise their independent medical judgment to do what's best for their patients and practices.

REDUCE PRIOR AUTHORIZATION HASSLES

Goal: Build on the success of last session's gold-card law by advancing further prior authorization reform.

Results: TMA followed up on its 2021 goldcard success with a new prior authorization reform for vulnerable patients and other insurance-related policy wins this session.

Legislation signed into law restricts insurers from requiring more than one prior authorization request annually for patients with autoimmune and certain blood disorders.

TMA also secured the passage of other patient and physician protections penned into law, including legislation that prohibits the practice of white-bagging – insurers requiring physicians to purchase drugs through the health plan's specialty pharmacy – known to cause dosage discrepancies and patient safety concerns; and legislation that bans "copay accumulators," meaning health plans cannot effectively pocket drug manufacturer coupons by refusing to apply them to patients' deductibles or out-of-pocket maximums.

TMA also stopped several bills that would have allowed health plans to steer patients to physicians and other health care professionals of their choosing, regardless of quality, and that would have undone patient and physician protections.



"[House Bill 755]

is a big step in reducing the hassle [for people on chronic medication [who] have to get prior authorization every time they need treatment or a refill for their prescription."

Tilden Childs, MD, Fort Worth CHAIR, TMA COUNCIL ON LEGISLATION

PROTECT TEXAS' VACCINE LAWS

Goal: Protect current vaccine laws and upgrade the state's vaccine registry system to make it more user-friendly for practices.

Results: TMA successfully fended off nearly 40 bills that threatened to erode access to routine childhood vaccinations or damage the state's robust vaccine infrastructure.

Other vaccine-related wins that TMA supported include a \$109 million increase in the state budget for disease prevention, epidemiology, and surveillance, and a \$6 million increase for low-cost vaccinations for children and adults.

IMPROVE NETWORK ADEQUACY AND SAFEGUARD TEXAS' SURPRISEBILLING LAW

Goal: Enhance enforcement of and accountability under state network adequacy laws and protect Texas' surprise-billing law.

Results: Physicians' ongoing struggles with health plan contracting galvanized TMA to champion network adequacy reform at the Texas Capitol. The regular session wrapped up with the unanimous passage of legislation that will cement the state's network adequacy rules and strengthens insurers' accountability under them. The legislation restricts insurers from making unilateral contract changes and tackles the problematic waiver process, which leaves patients unprotected and in the dark.

TMA also fended off bills threatening Texas' 2019 <u>surprise-billing law</u>, which is intimately tied up with effective network adequacy and differs from the federal surprise-billing law in that it doesn't favor health plans in arbitrating payment disputes.

REGULATE AND TAX E-CIGARETTES

Goal: Increase funding for vaping prevention and cessation programs and create an excise tax to deter youth buying e-cigarettes.

Results: State lawmakers gave tobacco-control advocates – among them Texas physicians – a big victory by budgeting a nearly \$4.3 million increase for nicotine cessation and prevention efforts. TMA-supported legislation also now makes it more difficult to market e-cigarettes to youth.

Other public health wins TMA supported include:

- Legislation that requires each school district to make an opioid antagonist like naloxone available on all campuses that serve students in grades 6 through 12;
- A \$30 million budget increase for the prevention of HIV and sexually transmitted diseases; and
- Maintaining funding of \$300 million for the Cancer Prevention & Research Institute of Texas.



TMA-SUPPORTED WINS

\$4.3 MILLION

budget increase for nicotine cessation and prevention efforts

\$30 MILLION

budget increase for prevention of HIV and sexually transmitted diseases

Editorial note: All content was pulled from Texas Medicine Today, TMA's daily newsletter, and Texas Medicine, TMA's magazine. To read the full stories, go to texmed.org/Legislature.