

Priorities for the 2019 Texas Legislature

We Need to Keep Texas Medical School Graduates in Texas Residency Programs

It's no secret that doctors tend to stay in the states where they receive their specialized medical residency training. As such, Texas needs to invest appropriately in graduate medical education (GME)—not just build more medical schools—to train our next generation of physicians. Otherwise, we are using Texas taxpayer funding to train doctors for other states.

Support

- ✓ **HB 1065 by Ashby/SB 1084 by Kolkhorst.**
Support the development of rural health GME tracks to produce more physicians for rural Texas.
- ✓ **HB 2261 by Walle/SB 998 by Hinojoas.**
Increase Physician Education Loan Repayment Program maximum by \$5,000 per year.

We Need Fair Medicaid Payments and Processes for Texas Physicians

It's time to modernize Medicaid, a program vital to improving the health of Texans of all ages. This starts with paying physicians at least as much as it costs us to care for patients in the Medicaid program. The Legislature should allocate funds to ensure competitive and appropriate Medicaid payments, prevent Medicaid payment rate cuts, and promote fair payment to match inflation and cost of practice increases. Medicaid also must reduce administrative burdens and bureaucracy surrounding physician participation in Medicaid and all other health benefit programs, reduce unnecessary prior authorization requirements, and integrate Medicaid and managed care enrollment and credentialing.

- ✓ Funding for medical residency programs
- ✓ Fair Medicaid payment rates and processes
- ✓ Patient protections from unqualified providers



Support

- ✓ **SB 1186 by Buckingham/HB 2327 by G. Bonnen.**
Require health maintenance organizations to notify physicians and plan enrollees which procedures require prior authorization and what the process entails. Additionally, physicians whose prior authorization requests are approved routinely by the health plan are exempt from further prior authorization requirements if deemed appropriate by Texas Department of Insurance (TDI) rule.

(continued)

✓ **SB 1187 by Buckingham/HB 2387 by G. Bonnen.**
Require a utilization review program to be directed by a physician licensed in the state of Texas.

✓ **SB 1188 by Buckingham/HB 1880 by S. Davis.**
Require health plans' online directories to be updated every two business days. Require TDI to perform network adequacy examinations at least every two years for PPO products and for health plans that are taken to mediation the most due to out-of-network surprise bills.

✓ **SB 580 by Campbell/HB 2099 by Lambert.**
Prohibit a health plan from changing a patient's drug coverage upon plan renewal if the patient has been stable on that medication.

✓ **HB 2408 by Julie Johnson.**
Disallows prior authorization requirements for state-mandated health plan benefits, such as mammograms and prostate cancer screening.

✓ **HB 2520 by Julie Johnson.**
When health plans approve a prior authorization request for elective health care services, requires them to tell patients ahead of time about (1) the network status of physicians or providers who may participate in the service, and (2) the patient's expected financial responsibility.

We Need to Protect Texas Patients From Unqualified Health Providers

The practice of medicine is reserved for those who have completed medical school and have appropriate and proper licensing. Other health providers have important skills that complement physicians' in caring for our patients, but lowering the standards for medical training and physician oversight is unhealthy and dangerous.

Support

✓ **HB 4312 by Sheffield.**

Reading, interpreting radiographs, and rendering a diagnosis is the practice of medicine and should be performed by a licensed physician.

Oppose

✗ **HB 1792 by Klick.**

Would grant advanced practice registered nurses (APRNs) "full practice authority" - their term for independent prescribing without delegation, supervision, or limitation.

✗ **HB 927 by White.**

Would grant APRNs "full practice authority" and independent prescribing in health professional shortage areas - not just rural but many urban areas as well.

✗ **HB 2733 by Stephenson.**

Would expand chiropractors' current statutory scope of "musculoskeletal" to "NEUROmusculoskeletal," an unnecessary and unwise expansion.

✗ **SB 732 by Hughes/HB 29 by Minjarez.**

Would allow direct access to physical therapists without a referral by a physician and would allow physical therapists to treat for up to 30 days without the patient having a medical diagnosis or physician authorization for physical therapy.



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