



Physicians Caring for Texans

Comments to Texas Sunset Advisory Commission
December 9, 2016
Ray Callas, MD, representing the Texas Medical Association
RE: Texas Medical Board

Chairman Gonzalez, members of the committee, I am Dr. Ray Callas, representing the Texas Medical Association. I am an anesthesiologist from Beaumont and I serve as Chairman of our association's Council on Legislation.

In reviewing the Sunset staff report for the Texas Medical Board it was generally quite positive. And frankly, TMA largely agrees with that assessment, particularly in light of the TMB having licensed more than 5,000 physicians last year, easily double the number of medical licenses it was processing as late as 2004.

There are several issues TMA has shared as part of the agency review and while they are not specifically addressed in the report, they are important issues to physicians.

1. In a disciplinary investigation of a complaint against a physician, the Board should be required to share with the physician complete copies of each of the expert reports with all identifiers of the expert reviewer, except specialty, redacted. One, it is only fair to provide the physician all the information the Board has assembled, not just a compilation of the bad. Two, it continues to protect the panel of experts who provide a professional assessment of the physician's care.
2. Allow the Board itself to initiate an investigation against a physician or other individual who is attempting to use the complaint process as a means of competitor harassment. It does not happen often but when it does it should be aggressively pursued by the Board.
3. Allow the Board greater leeway to impose a remedial plan for minor administrative or technical violations of the Medical Practices Act that do not involve allegations of substandard care or patient harm. Right now, a physician is allowed a lifetime maximum of ONE remedial plan. We believe that restriction should be lifted and left to the Board's discretion for these minor administrative violations. In addition, we should consider a mechanism to remove these actions for administrative violations from the physician's on line record after an appropriate period of time. (5-7 years??)
4. Finally, while the Sunset recommendation is to remove the cap on fees the Board imposes for licensing, we believe there is good reason to keep the statutory cap. It does serve to keep licensing fees within a generally reasonable range.

Apart from these specific proposals, the Texas Medical Association continues to advocate for a fairer and more transparent disciplinary process. Most of these process improvements do not rise to the level of a statutory request but can be affected by Board procedures and processes.

To this end, we have requested the Board to convene a stakeholder process in order to discuss improvements in fairness and transparency and we look forward to those discussions whenever our request can be granted.

Finally, let me address an emerging issue that you've been dealing with for many of the licensing boards: mandating checks of the prescription drug monitoring program. More generally, it boils down to how we can work with you to help address issues with opioid abuse.

Physicians have an obligation to our patients and to you to work for responsible and effective solutions. TMA and others worked for three sessions to move the PDMP over to the Board of Pharmacy because we saw its value as a clinical tool. Thanks to Senate Bill 195 from last session, sponsored by my colleague and friend Dr. Charles Schwertner, we accomplished this.

And while the Board of Pharmacy has had this program only since September 1 of this year, we already have seen significant changes in the PDMP – it appears to be running on a robust platform, the presentation of the information is markedly improved, and ease of use appears to be miles ahead of the previous system. In fact, at a conference just this past weekend we had a representative of the Board of Pharmacy demonstrate the program to the physician leaders of the TMA and our medical specialty societies.

We do want to work with you to make sure that we are harnessing this new technology in a meaningful and practical way. And in a way that helps physicians provide better care for our patients. I do want us to be mindful of imposing additional burdens on physicians and patients and the special needs of patients in emergency situations, those suffering through cancer treatment and those dealing with pain management in end of life care.

Having said that, we look forward to working with you, the other groups representing prescribing practitioners, the Texas Medical Board and the Board of Pharmacy to this end.

Thank you for allowing me to appear today.
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