

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Tuesday, April 03, 2018 3:27:07 PM

-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Tuesday, April 03, 2018 3:01 PM
To: Sunset Advisory Commission
Subject: Public Input Form for Agencies Under Review (Public/After Publication)

Agency: TEXAS MEDICAL BOARD

First Name: John

Last Name: Jackson, M.D.

Title: Chair, Tarrant Co Med Society PHW Committee; Former Member and Presiding Officer, TXPHP Gov Board; Former Mbr/Chair, TMA PWH Com

Organization you are affiliated with: Tarrant Co Med Society; TXPHP Advisory Committee.

Email:

City: Aledo

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed:

Funding (Page 35 of the report):

The report notes a budget of \$561,462, and an income of 422,600 from participant fees (limited by statute to \$1200/yr/participant) with the shortfall being made up by the TMB. It is estimated by the Federation of State Physician Health Programs (FSPHP) that for a "mature" PHP to provide ideal administrative participant support/monitoring services, a figure of over \$5,000/participant would be necessary. This estimate was known during the time the TXPHP was being formed, and thus the TXPHP was founded knowing it would be underfunded. With the increase in categories of participants beyond physicians, and physician assistants originally discussed, and the fact that essentially all of licensee categories added have less financial means to pay even the underfunding amount of \$1200/year, the funding deficit will only continue to become larger.

Percentage participation of at risk population (page 36):

The report states "estimates of how many physicians have potentially impairing conditions ranges from 12 to 15 percent, the program is currently serving just 0.4 percent of Texas physicians." The FSPHP's consensus is that a "mature" and well-funded PHP should seek an enrollment of 1-2% of practicing physicians in a state, understanding that the actual percentage of physicians with a potentially impairing condition is not know, but the "point-prevalence" of 4% of physicians at any time is more likely than the 12-15% cited in the report.

Contractual Relationships between PHPs and Medical Boards (pages 36-37):

Of the 47 states which have a PHP, only 5(or 6) are formed within/attached to the state's Medical Board, the remainder are formed under an independent organization, often a 501c3 associated with a state's medical association, at other times fully independent. A small minority exist without a formal "contract" or memorandum of understanding with the state Medical Board (less than 8 by the information on the FSPHP website). 30 PHPs receive the majority or significant funding from the state's licensing fees, including all those formed within/attached to their

medical boards, except Texas. 15 PHPs receive funding through their state's medical society and 10 of these states also receive state licensing fees as well (that is, 15 states receive funding from both the medical licensing fees and the state medical association. Malpractice companies, participant fees, hospital and private donations are also common contributors.

Any Alternative or New Recommendations on This Agency:

Funding:

In order to properly function, the TXPHP must be appropriately funded. Under existing statute, this is not possible. Participant fees should not be raised, as existing other costs to the participants (those monitored for SUD with drug testing) additional yearly costs begin at nearly \$5,000 a year, yet do have the potential to be less expensive as compliance is shown and testing frequency is reduced. Many, if not most, of those on a SUD agreement also bear the cost of residential treatment, ranging from \$25,000 to nearly twice that, costs that often are not covered under medical insurance.

Addition of a nominal fee for one's Medical License in Texas (which has in the last several years fallen) of \$50 would create \$1,925,000 per year (licenses being renewed only every two years – 77,000 licensed physicians in Jan 2018 X \$50 = 3,850,000; only half of which renewed in any one year); a

\$25 addition to the fee, tagged for the TXPHP, would create \$962,500 per year. Adding the ability of the TXPHP to accept grants, tax free donations (?), and contributions from hospitals and malpractice carriers would also help with needed funding. This would go far to free the TMB from covering shortfalls in funding, as well as allowing adding needed personnel and other administrative needs. Ideally, any unused dollars from such funding by the TXPHP could remain within the TMB.

A concerted effort to seek financial support and “buy-in” to the TXPHP Mission by the Texas Medical Association should also be pursued. Cooperation between the TMA PHW Committee and the TXPHP could make both stronger, and could work toward shared goals. The TMA PHW has vast experience with continuing education programs vital to informing physicians and others about physician health issues, and should be continued and supported by the TXPHP.

Participation percentage accuracy:

The figures calculated by the Sunset Commission, I believe, used raw figures of licensed physicians in Texas, including the nearly 20% of licensees that practice out of state, thus lowering the percentage of physicians enrolled here (70,000 total, 13,500 out of state), which would raise the participation percentage to 0.50% from 0.41%. (The TXPHP is not a “mature” nor well-funded program.)

The issue of Medical/Executive Medical Director continuity:

The limitations in salary compensation for this position has undoubtedly contributed to this issue. Compensation limits within the State salary structure was something that frankly was not considered in developing the TXPHP by those of us involved, at least on the physician side. I do not have figures for average compensation across the FSPHP, but I know that when our salary cap is mentioned in discussion with other states, it is always recognized as “you’ve got a real problem.” Only if the TXPHP were reconstructed in one of the alternate forms mentioned (an independent 501c3, or one associated with the TMA could this be addressed???) Any such change would require a strict memorandum of understanding – much of which exists in a very reasonable and fair structure in the existing relationship between the TXPHP and the TMB. Failure of compliance would threaten the contract with that entity, and the emergence of a new one.

My Comment Will Be Made Public: I agree