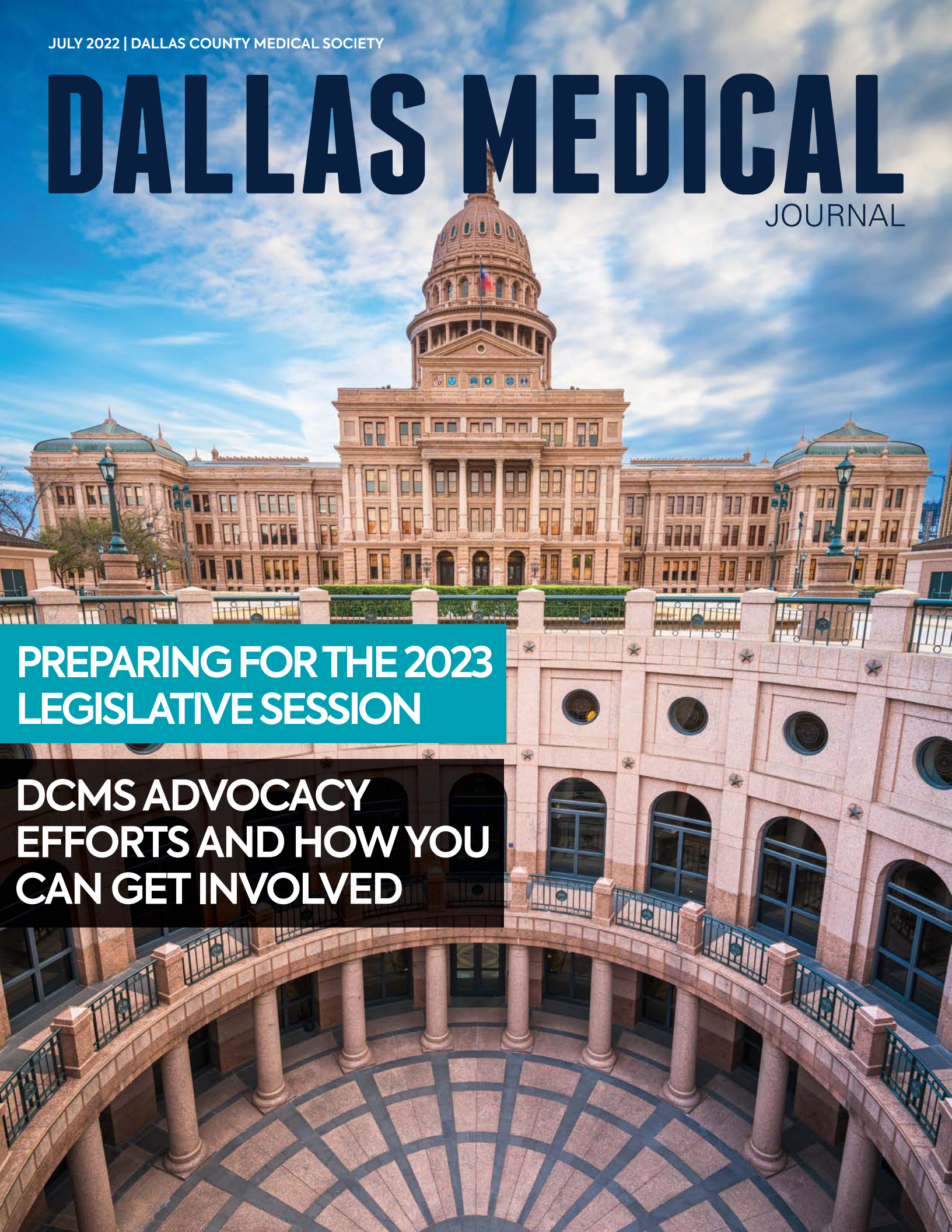
JULY 2022 | DALLAS COUNTY MEDICAL SOCIETY

DALLAS MEDICAL JOURNAL



PREPARING FOR THE 2023 LEGISLATIVE SESSION

DCMS ADVOCACY EFFORTS AND HOW YOU CAN GET INVOLVED

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DALLAS MEDICAL JOURNAL

July 2022 Vol. 108 No. 7

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PRESIDENT'S PAGE

ADVOCACY FOR MEDICINE: GET INVOLVED!

Samuel J. Chantilis, MD

In this issue, we are going to focus on legislative issues, and to this extent, I will share my past experiences with the Texas legislature. But first, I would like to share with you one of the highlights of my professional career. As the president of the Dallas County Medical Society, one of my duties — based on a tradition that dates back to the 1970s — is to administer the Hippocratic Oath to the graduating class at the University of Texas (UT) Southwestern. Coincidentally, I graduated from UT Southwestern Medical School 35 years ago in 1987. Although there are some parts of my own graduation that are vague, I remember most of the event as if it happened yesterday.

My graduation was in McDermott Plaza, which was outside, and started in the late afternoon. We were dressed in full graduation regalia, which made the temperature seem warm. I recall listening to Dr. Charles Sprague giving our Commencement address while sitting in our foldout chairs. This year's Commencement ceremony was held in the Meyerson Symphony Center, an elegant building that captured the significance of the ceremony, indoors, with comfortable seating. I must admit that I was a tab bit jealous!

Hippocrates was a Greek physician who lived in the fourth and fifth centuries AD and who is largely credited as being the founder of medicine. Medical school teaches that science of medicine and, hopefully, a little about the art of medicine. The medical profession is steeped in ethical principles to which the Hippocratic Oath applies. Taking the Hippocratic Oath is a monumental moment for all physicians – and a memorable occasion.

Please read the oath that was administered to this year's graduating class, and renew your own vows to practice medicine in an ethical and professional manner.

HIPPOCRATIC OATH:

I PLEDGE THE FOLLOWING AS AN EXPRESSION OF THE SPIRIT IN WHICH
I WILL STRIVE TO PRACTICE MEDICINE:
TO PROMOTE HEALTH AND TO RELIEVE SUFFERING IN BOTH
THE LIVING AND THE DYING.
TO APPROACH ALL MY PATIENTS WITH INTEGRITY, CANDOR,
EMPATHY, AND RESPECT.
TO HONOR THE CONFIDENCES ENTRUSTED TO ME.
TO BE A STUDENT AND A TEACHER ALWAYS, AND TO REMAIN
CONSCIOUS OF MY LIMITATIONS.
TO PLACE THE WELFARE OF THE PATIENTS ABOVE PERSONAL
GAIN, / AND TO PROTECT PATIENTS FROM IMPROPER CARE.
TO RESPOND ALWAYS IN AN EMERGENCY.
TO IMPROVE HEALTH CARE FOR THE UNDERSERVED,
AND TO WORK TO CHANGE THOSE CONDITIONS IN SOCIETY
THAT THREATEN THE HEALTH OF THE COMMUNITY.
TO WITHDRAW FROM ACTIVE PRACTICE WHEN I AM NO LONGER
CAPABLE OF FULFILLING THESE PLEDGES.
TO KEEP THE PROMISE OF HIPPOCRATES: "ABOVE ALL, DO NO HARM."
I MAKE THESE PLEDGES SOLEMNLY, FREELY, AND UPON MY HONOR.

Advocacy for Medicine

As I become more involved in advocacy through the Dallas County Medical Society, I have spent more time paying attention to the political process and, through participation in TEXPAC, the Texas Medical Association (TMA) Political Action Committee, have been trying to pay attention to races outside my own voting district.

Most of us are not in tune with the political process. Only approximately 18% of registered voters in Texas voted in this year's primaries. Granted, this is not a presidential election year, but turnout was not enthusiastic regardless. I have not voted in every election, but I have certainly voted in every presidential election since I turned 18. My first presidential election was in 1980, when Ronald Reagan was running against incumbent Jimmy Carter. That was perhaps the first time I participated in the political process. Like most of us, my early years

were focused on my career.

Legislative Involvement

My first participation in the Texas legislative process occurred around the year 2000. I had just started my private practice, and I had a particularly large egg-donation practice. In the early days, legislation did not exist to regulate third-party arrangements such as sperm and egg donation or the use of gestational carriers. Texas had a law for sperm donation in effect at that time but not for egg donation or gestational carriers. Nationwide, there were several prominent cases in which the courts could not decide legal parentage because there simply were not laws that existed to determine the legal rights of parents or intended parents. This was an example in which new technology created circumstances for which society and our legal system had not implemented appropriate laws to regulate the new technology. Instead, private contracts between the donors and intended parents were used to determine parenthood, but sometimes the parties had issues and went to court.

In 2000, an organization called the National Conference of Commissioners on Uniform State Laws drafted a document titled the Uniform Parentage Act with the intent of addressing parentage in all forms of assisted reproduction, including egg donation, sperm donation, and embryo donation. The purpose of the act was to define parenthood with assisted reproductive technology following a controversial case in California and others elsewhere

In 2000, having been a stakeholder in oocyte donation, I had a strong interest in this law. I don't even recall how it was referred to me, but somehow, I was consulted to discuss the practical aspects of this law. In this off year for the Texas legislature, I recall meeting Representative Phil King, who was chairman of the committee assigned this task. This is the first time I really appreciated how hard our legislative representatives worked. They may only meet officially for four months every two years, but the preparation behind any bill occurs months, if not years, before presenting it to the legislative session.

Ultimately, some group in Texas was promoting the Uniform Parentage Act, and somehow, I became involved. I was excited to participate because passage of this act would have allowed an egg donor recipient to be the legal parent if the egg donor consented to donating eggs. Texas already had a similar law for sperm donation but not egg donation nor embryo donation.

I remember that Representative King was initially uncomfortable with this, and I was unsure if this would even be presented to the committee. Ultimately, this was a good law for Texas, and I recall working with Representative King's assistants to edit the bill to become more palatable for Texas voters. When the legislative session came in 2001, I remember following the manipulations of this proposed law through the committee and legislative process. I recall writing letters to the committee chair and my local representatives and calling my fertility physician colleagues across Texas to write letters or leave messages on answering machines in support of this bill.

Somehow, the bill was brought before the committee, and furthermore, I was asked to testify before the committee in Austin, but I was already scheduled to be out of town during the week that I was to testify. Instead, I wrote a four-page document explaining why this would be a good bill for Texas and sent my donor coordinator, Linda Blankenship — who has since retired — to Austin to read this statement before the committee.

I remember following this bill through the many versions going back and forth, and at some point, even though all stakeholders agreed that this bill would be good for Texas, I recall thinking that the bill would not get out of committee. What I didn't know or understand was that this was simply the political process. Ultimately, somehow this bill made it out of committee, and furthermore, the bill was approved by the Texas legislature in 2001 and became effective later that year. This was a good thing for Texas. My impression of the process was that it was difficult for any bill to be enacted given the debate and political process. I am still amazed that any bill gets passed.

My next venture with legislation was in 2003, which was H.B. 4, the Texas Medical Malpractice and Tort Reform Act. There were two organizations, among others, that were lobbying for tort reform: Texas Alliance for Patient Access, which was largely a physician and hospital group, and Texans for Lawsuit Reform, which was largely a business organization. Medical liability insurance companies were leaving Texas in droves, and insurance costs for liability were skyrocketing. There were some counties that were having a difficult time recruiting physicians in high-risk specialties, such as neurosurgeons and OBGYNs. The city of Corpus Christie, along with many rural counties, was having a difficult time recruiting physicians

I remember participating by asking my colleagues to call their representatives to let them know to vote yes for tort reform. I recall discussing the issue with my friends, and even my patients. Ultimately, the Tort

Photo by Nidhish Lokesh, third year medical student, UT Southwestern Medical School

Reform Act passed. It was a Texas miracle. My May issue of the presidential article explains the tort reform process in more detail

21st Century Cures Act

The 21st Century Cures Act, commonly referred to as the Cures Act, is a federal law that was signed in December 2016. (This is distinctly different from the Cares Act, which was passed during the COVID-19 pandemic.) The Cures Act was intended, among other things, to ensure that patients were able to access their own medical data more easily. In addition to test results, such as blood tests and pathology reports, physician notes could also be viewed by patients through their patient portal. The Cures Act had many aspects that were intended to advance the access and exchange of electronic health information. Although it was signed into law in December 2016, the final version went into effect on June 30, 2020, and as of April 2021, patients are supposed to have access to these records and notes.

While this had many good intentions, and the bill was passed by partisan support, there have been some unintended consequences. Patients are now able to view test results at the same time that physician offices receive the results. And while this is generally not an issue for most blood tests, there are times that test results can be confusing to patients, resulting in patient anxiety. Most specifically, Dr. David Gerber, oncologist at UT Southwestern, has raised concerns about the bill's provisions with respect to cancer patients. By way of example, a biopsy to rule out cancer is typically sent to the pathologist. The pathologist writes a report that is intended primarily to be read by physicians, and physicians typically interpret the data and advise the patient of the results and the best course of action. Because of the Cures Act, patients now have access to electronic health record test results and often review these results before their physicians can interpret and explain the results. Ultimately, this means that the patients are now potentially reading pathology reports that may indicate a diagnosis of cancer, or perhaps precancer, without having the benefit of explanation from the physician or healthcare provider to help explain or interpret the results.

While very few physicians have an issue with sharing a calcium or cholesterol result, there has been controversy over whether a patient should learn about a biopsy result from logging in to an electronic record, particularly if it is cancer, without having the benefit of an explanation or interpretation from a physician.

I can also state, from speaking with my colleagues, that many electronic records are not in compliance. For example, before the Cures Act went into effect, most electronic records required a physician to review the data before being published to a patient portal. Many programs are probably not in compliance given that this went into effect only a year ago.

In my own specialty, I can see problems with genetic testing as it relates to embryos. Many patients prefer not to know gender, for example, and sometimes the results of genetic tests for embryo biopsy are complicated and difficult to interpret.

The Cures Act did create a process for exceptions, and at least one state, Kentucky, has passed a law that allows physicians three days (72 hours) to contact the patient to explain certain results for cancer and other genetic tests before being published to the patient portal.

At the time of this writing, the TMA is contemplating whether or not to try to promote similar legislation in Texas that would allow physicians a three-day or longer window to receive pathology reports or genetic testing reports so that physicians could contact the patient to explain the results before being impacted in a negative fashion.

Dr. Gerber is a proponent of this legislation and notes several studies that support the observation that physician interpretation at the time of disclosure results in a more positive patient experience.

First Tuesdays: The Whitecoat Invasion

For many years, I have heard of the TMA Alliance sponsoring the Whitecoat Invasion in Austin, known as First Tuesdays, a biannual event that started in 2003 to encourage tort reform. On the first Tuesday of the month, physicians from all across the state meet at the TMA headquarters in Austin and then go meet with various legislators to discuss issues that are important in medicine. Although I had wanted to do this for many years, my first First Tuesday was in February 2019. I participated briefly in a rattlesnake exhibit, which is probably not the result of good judgment. Apparently, on the first Tuesday of February, the Sweetwater Jaycees sponsor a rattlesnake exhibit in the open atrium by the underground offices at the capitol. Sweetwater, Texas, is of course known for the rattlesnake roundup held in the second week of March each year. COVID-19 complicated the 2021 legislative Whitecoat Invasion, but it was conducted virtually. We are all hoping that we can resume our normal activities in 2023 to advocate for our practices.

During each legislative session, hundreds of bills are filed that potentially affect the profession of medicine. Whether the issue is tort reform, Medicaid expansion, scope of practice, or a multitude of other issues, the TMA and its county societies will continue to advocate for our patients and the medical profession.

I encourage all physicians to get involved in the process and let your representatives know how you feel about certain issues that affect your practice. While I'm still amazed that the process, which seems rather dysfunctional, ultimately functions, it is important for all of us to be involved. If you have a legislative issue that you feel needs to be addressed, please contact the Dallas County Medical Society to discuss this issue, and get involved! **DMJ**

Children's Health℠ Rehabilitation and Therapy Symposium

Saturday, Sept. 10, 2022

Conference: 7:45 a.m. - 6:35 p.m.

Location:

Web Broadcast

Course Overview:

The field of pediatric rehabilitation medicine is a unique subspecialty that utilizes an interdisciplinary approach to address congenital and child-onset functional impairments. The primary focus of this course is to address a variety of topics concerning rehabilitation management with an integrative perspective. Topics to be discussed include the following:

Topics This Year Include:

- Deep Brain Stimulation
- Analyzing and Addressing Gait Disorders
- Pediatric Feeding Disorder
- Pediatric Palliative Care
- Functional Seating and Mobility
- Augmentative Communication

Who Should Attend:

Pediatric physicians (neurology, rehabilitation, primary care), residents, fellows and medical students, physician assistants, nurse practitioners, registered nurses, therapists (OT, PT, ST), and psychologists. We welcome any other clinical practitioner who is interested in attending.

Register at childrenslearn.com

Registration closes Thursday, Sept. 8, 2022, at 11:59 p.m.

Registration Fee:

Physicians $125
PA $125
PT $100
OT $100
ST $100
RN $75
Residents/Medical Students $75

CME: Credit Designation: The Children's Health designates this live activity for a maximum of *9.0 AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Ethics Designation Statement: This course has been designated by Children's Health for 1.00 credit of education in medical ethics and/or professional responsibility.

CNE: Children's Health Clinical Operations is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

This activity provides up to 9.0 contact hours.

Speech Therapy: This course is offered for 0.9 ASHA CEUs (Various level, Professional area).

Physical Therapy: This activity has been applied for through the Texas Board of Physical Therapy Examiners for 9.0 CCUs.

Occupational Therapy: Children's Health Rehabilitation and Therapy Symposium" is a TOTA Approved Course from September 10, 2022 to September 10, 2023 — Course #476-048.

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ASHA CE
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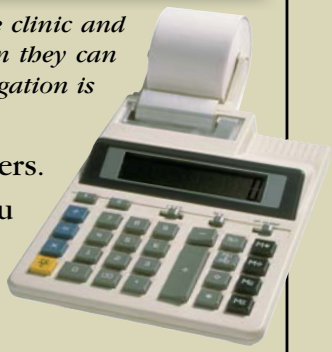
FACT: Physicians earn more money per hour in the clinic and the O.R. — practicing the skill of medicine — than they can playing accountant, coder or office manager. Delegation is the key of every successful business enterprise.



Operations: The contract summary and SPA Compare may easily be used by your collections operation to be sure that you are being paid properly under the SPA Contract. SPA maintains relationships with its contracted health plans which help you receive what you are entitled to under the SPA Contract.

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EVP/CEO LETTER

PREPARING TO ADVOCATE

Jon R. Roth, MS, CAE

I'm writing this article just days after returning from the American Medical Association (AMA) annual House of Delegates (HOD) session, which was held in person for the first time in three years. The Texas Delegation, which includes many Dallas County Medical Society (DCMS) physician leaders, was present and influential in many of the policy discussions considered by delegates during the business meetings of the House of Delegates. As one of the county medical society CEOs who attended this meeting, it was a privilege to participate and to support the Texas Medical Association (TMA) delegation in its important work.

The timing of the AMA HOD session was fortuitous as it relates to the anticipated 2023 Texas legislative session, which will run for its scheduled 140 days beginning January 10 and adjourning May 29. However, if history has taught us anything, we also anticipate a number of special sessions to be called after the regular session to deal with a myriad of hot-button issues that do not get resolved during the regular course of business.

What was interesting to observe at the AMA HOD session is that although individual states think they may have unique, complicated issues regarding physicians caring for patients, it is evident that we have far more in common with our counterparts across the country than we have differences. Physicians across America are dealing with a number of similar issues no matter where they call home. This was evident in the resounding support for the AMA's newly announced Recovery Plan for America's Physicians, which seeks to generate meaningful solutions for a number of concerns, including:

- Fixing prior authorization
- Reforming Medicare payments
- Fighting scope creep
- Supporting telehealth
- Reducing physician burnout

In Texas, we have a great head start on the first item: fixing prior authorization. Thanks to TMA's leadership and the physicians in county medical societies talking with their state legislators during the 87th Legislative Session in 2021, Texas was able to pass the "gold card" bill (H.B. 3459) to reduce prior authorization hassles. Under H.B. 3459, for certain health plans, physicians can earn a continuous exemption from prior authorization — or a "gold card" — by earning approvals on at least 90% of their prior authorizations on a given service over a six-month period. The law applies to prior authorization requests effective January 2022. The Texas Department of Insurance is currently promulgating regulations to effectively implement the bill. It was gratifying to hear so many of the compliments and accolades for Texas' gold card bill from many states and delegations at the AMA meeting. Clearly, TMA's legislative bill is being used as a blueprint for many other states that are looking to introduce similar legislation in their upcoming legislative sessions.

The other priorities in AMA's recovery plan are also important to physicians in Texas and across the nation. Physicians from delegations that stretched coast to coast all provided testimony in the HOD on the urgent need to concentrate AMA resources on reforming Medicare payments, fighting scope creep, supporting telehealth after COVID-19, and reducing physician burnout. These are also important and timely issues here in Texas, and the Texas delegation did its part to support, and in some instances author, AMA HOD policies that address these concerns. In some ways, it was comforting to know that physicians in other states shared the pain that Texas physicians experience daily and that the AMA heard these concerns loud and clear. Through its work with the Federation of State Medical Associations, the AMA and the states all hope to be able to make measurable progress on these pressing items.

As Texas prepares for the 88th Legislative Session, we will seek to confront these and other issues that physicians face in practice every day. Through the collaboration between the TMA, county medical societies, and specialty organizations, we hope to make the environment for physician practice that much better. It is impossible to fix all the problems at once, but like was accomplished with the gold card legislation, we can seek to take advantage of opportunities when they present themselves and move the needle on important priorities.

We invite all DCMS members who are interested in being involved in advocacy to reach out and join our DCMS Grassroots Advocacy Subcommittee. You are the expert, and we know that the house of medicine is served well when we place our members in positions to have conversations with Dallas-area legislative officials. Reach out to info@dallas-cms.org to get involved today. **DMJ**

Jon R. Roth, MS, CAE
DCMS EVP/CEO

HOUSE CALL

TEXAS LEGISLATURE TO PRIORITIZE HEALTH CARE REFORM IN 2023 SESSION

By Brandon Kulwicki, Attorney with Hall, Render, Killian, Heath & Lyman, P.C.

Texas lawmakers got their first look at legislative priorities, with health care legislation taking center stage for both the House and Senate agendas. Although the Texas legislative session will not begin until January 10, 2023, Lieutenant Governor Dan Patrick and Speaker of the House Dade Phelan have released their interim assignments, providing Texans with an idea of what policy priorities lawmakers are directed to investigate for the upcoming legislative session.

House Speaker Phelan issued a proclamation creating the House Select Committee on Health care Reform, which will include studying ways to improve health care quality and reduce costs in Texas. At the same time, Lieutenant Governor Patrick announced the 2022 Interim Legislative Charges for the Senate, delegating various tasks to state senators who will provide suggestions for prospective legislation, which also coincide with the Interim House Charges.

Health care is a topic of particular interest to the medical community, as the state's current health care system is burdened by increasing costs and disparate access. Some of the interim charges include creating a new committee on health care reform, reviewing the financial impact of federal decision-making affecting Medicaid waivers, and overseeing the implementation of the Healthy Families, Healthy Texas initiative passed by the 87th legislature.

House Select Committee on Health Care Reform

Speaker Phelan announced the formation of an 11-member committee tasked with researching and monitoring a wide variety of issues revolving broadly around the implications of excessive health care costs in the state's health care delivery system.

According to the proclamation, "The committee is created to provide a cross-jurisdictional forum for the examination and consideration of issues that broadly affect the state's health care delivery system."

The committee's main initiatives are to review high health care costs and propose fiscally responsible ways to provide Texans with access to high-quality and affordable health care services, such as through increased transparency and improving access to health care pricing data so that Texans can make more informed decisions about their care. Some of the House Select Committee's duties include:

- Investigating the implications of excessive health care costs on the efficacy of Texas Medicaid and the private health insurance market.
- Monitoring current price transparency requirements and studying ways to increase competition.
- Recommending ways to reach eligible families not enrolled in Medicaid or CHIP, including low-income and rural populations.
- Examining the impact of delayed care on the state's health care delivery system and recommending best practices to get patients with delayed health interventions back into the health care system.

Representative Sam Harless (R-Spring) and Representative Toni Rose (D-Dallas) will serve as the new House Select Committee's chair and vice-chair, respectively. Furthermore, two of the committee's members are also physicians: Representative Greg Bonnen, MD (R-Friendswood) and Representative Tom Oliverson, MD (R-Cypress). Many hope that involving physician lawmakers in the legislative process will provide a necessary perspective that nonphysician legislators cannot.

Senate Committee on Human Services

Legislative directives from Lieutenant Governor Patrick and Speaker Phelan focused on assigning their respective committees to review the Medicaid waivers issued to the state at the beginning of the COVID-19 public health emergency. Texas Medicaid enrollments have risen significantly since the beginning of the pandemic, adding over 1.3 million people to the state Medicaid program. With the federal government starting to discuss the end of the public health emergency, Texas legislators are preparing for the significant impact of the end of the waivers that affect Medicaid funding for children and low-income individuals.

The Senate committee was explicitly charged with monitoring the "financial impact of federal decision-making affecting supplemental Medicaid funding for Texas hospitals and health care systems," including "negotiations between the Centers for Medicare and Medicaid Services and the Texas Medicaid agency regarding the state's 1115 Medicaid waiver and other federal proposals reducing supplemental funding streams for Texas."

Similarly, the House Committee on Human Services was tasked to "review federal decisions that may impact the delivery and financial stability of the State's health programs, including the Centers for Medicare and Medicaid Services' rescission of its prior approval of the State's 1115 Waiver."

Medicaid 1115 Waiver Extension

Because the Texas Health and Human Services Commission (HHSC) announced that the federal government has approved a Medicaid waiver that will allow the state to expand its Medicaid managed care program while preserving hospital funding until 2030, the Texas House and Senate will no longer need to address the 1115 Medicaid waiver dispute.

Initially, the Centers for Medicare and Medicaid Services (CMS) revoked the waiver due to Texas' alleged failure to follow procedural requirements. In response, Texas filed a lawsuit, and a federal district court judge reinstated the waiver, which CMS opted to accept because "it is not the best use of the federal government's limited resources to continue to litigate this matter."

When uninsured people visit Texas emergency rooms, hospitals treat them and are partially reimbursed by the Medicaid waiver, which has provided the state with roughly $3 billion per year for things like uncompensated care and mental health initiatives. If the waiver had not been

renewed, the lack of funding would have made it difficult for health systems to bear the costs and would have taken vital resources away from the state's hospitals.

1135 Waiver

Similarly, the CMS issued 1135 waivers to the states at the beginning of the public health emergency. These blanket waivers granted regulatory relief for health systems, hospitals, and providers delivering services to patients by providing the extra flexibility required to respond to the COVID-19 pandemic.

For example, CMS waived the requirement that all required physician visits must be made by the physician personally, expanding telehealth capabilities. The waiver has allowed Medicaid to reimburse for telehealth services delivered to rural and underserved areas. Texas has one of the largest rural populations in the nation, and telehealth can help bridge the divide in care for those living in rural areas. Additionally, telehealth can help reduce the number of people who need to travel long distances for care, which can be difficult during a pandemic. Once the waiver expires, Medicaid will only reimburse for services provided through an in-person visit. This change could limit access to care for rural residents and those who live in underserved areas.

Many health care organizations have been able to practice with increased flexibility due to the 1135 waivers. These waivers have been in effect since early in the pandemic, with multiple extensions added as they expired; however, many in the health care industry worry that the shift back to pre-COVID-19 regulations and regulatory constraints would exacerbate staffing workforce challenges and deny care to underserved communities, especially given how unpredictable surges in COVID-19 cases have been.

Once these waivers end, Texas will only have 60 days for its hospitals and physicians to adjust and return to pre-COVID-19 policies. Therefore, lawmakers in Texas plan to explore these issues within the 2023 legislative session to determine how they can lessen the burden on health care facilities. If a new waiver is not granted, the Texas legislature must act quickly to fund or create programs that support the innovations made possible by the 1135 waivers. This will ensure a smooth transition for health care delivery systems in the aftermath of a public health emergency.

Healthy Families, Healthy Texas initiative: H.B. 133 and H.B. 2658 Review

Speaker Phelan has also charged the House Committee on Human Services with overseeing the implementation of the Healthy Families, Healthy Texas initiative passed by the 87th legislature, specifically:

- H.B. 133, relating to the provision of benefits under Medicaid and the Healthy Texas Women program; and
- H.B. 2658, relating to the administration and operation of the Medicaid managed care program, especially those related to continuous Medicaid eligibility for a child.

H.B. 133, which became law in 2021, provides women enrolled in pregnancy-related Medicaid with six months of postpartum coverage, an increase from the original two-month coverage. Similarly, the Healthy Texas Women program in Texas uses Medicaid funding to pay the costs of family planning services for low-income, uninsured women. Meanwhile, H.B. 2658 provides children enrolled in the Medicaid program with 12 months of continuous eligibility and authorizes HHSC to conduct an eligibility review only once during a child's two eligibility periods.

Texas legislators are also charged with resolving the issue of children who have been improperly removed from Medicaid and CHIP. Missed immunizations, mental health problems, and developmental delays are all common consequences of losing coverage. Children who are frequently dropped from and reinstated to their health insurance coverage miss out on access to essential health services, which can result in higher expenses for society, in addition to developmental issues for the children, among other potential adverse outcomes.

Conclusion

This coming Texas legislative session has lawmakers focused on a number of contentious issues, including health care. The 2023 legislative session will research the varied needs of the state and devise solutions to address Texans' health care needs as federal and state agencies continue an effort to adapt to a new medical landscape in light of COVID-19. It is recommended that community health care practitioners give some thought to voicing their opinions and assisting lawmakers in developing a plan to address some of these concerns, especially as lawmakers hold public hearings and invite public comments. **DMJ**

This article is educational in nature and is not intended as legal advice. Always consult your legal counsel with specific legal matters. If you have any questions or would like additional information about this topic, please contact Brandon Kulwicki at (214) 615-2025 or bkulwicki@hallrender.com or your primary Hall Render contact. Special thanks to Avi Kerendian, summer associate, for his contributions to this article.

TEXPAC ENDORSEMENT PROCESS

By DCMS Legislative Affairs

TEXPAC is the Texas Medical Association's (TMA) bipartisan political arm, helping to elect medicine-friendly candidates at the state and federal levels. Created in 1962, TEXPAC is one of the oldest political action committees in Texas. With over 5,000 member physicians, TEXPAC works to advance TMA's mission of improving the health of all Texans and enables TMA members to protect Texas patients through political education and activism.

On a regular basis, the Dallas County Medical Society (DCMS) fields questions from members regarding TEXPAC's endorsement process. Below are the steps and established procedures of the endorsement process. DCMS encourages all members to be involved in political advocacy. TEXPAC relies on the input of the physicians at the county medical society, so by joining your fellow physicians, you are able to have influence in any given race, which maintains the integrity of TEXPAC at the local level.

TEXPAC protects Texas physicians and their patients by making sure medicine-friendly people get elected using the endorsement process.

Step 1: County Medical Society/Individual Physician or Physician Group

DCMS physicians representing TEXPAC interview candidates to assess their positions on medicine's issues. These physicians then vote to send a recommendation to the TEXPAC Candidate Evaluation Committee (CEC).

Step 2: TEXPAC CEC

The TEXPAC CEC evaluates candidate recommendations and votes on whether to send recommendations to the full TEXPAC board for approval.

Step 3: TEXPAC Board

The TEXPAC board receives CEC recommendations and votes on whether to endorse a candidate based on this recommendation. All decisions regarding TEXPAC's endorsements and involvement in political campaigns are made by volunteer physician leaders appointed by the TMA board of trustees. You can view TEXPAC leadership at www.texpac.org. You can also view your DCMS TEXPAC committee under physician leadership at www.dallas-cms.org.

Step 4: TEXPAC Executive Committee

The TEXPAC Executive Committee votes on whether a contribution, and how much, should go to a recommended candidate if that candidate receives the TEXPAC board's support.

It is important to note that every voice matters. Even if you do not sit on a TEXPAC committee, your views regarding a specific candidate can be submitted to the DCMS TEXPAC committee or TEXPAC CEC via email for consideration. TEXPAC members can send their comments to TEXPAC Director Christine Mojezati at christine.mojezati@texmed.org. **DMJ**

DCMS POLITICAL ACTION COMMITTEE

MAKING A DIFFERENCE TOGETHER

By Deborah Fuller, MD, Chair, DCMS PAC

In addition to TEXPAC, the Texas Medical Association (TMA) Political Action Committee, members can be involved at the county level to cultivate relationships with incumbents through the Dallas County Medical Society Political Action Committee (DCMS PAC). The DCMS PAC was created in 2004 for the purpose of:

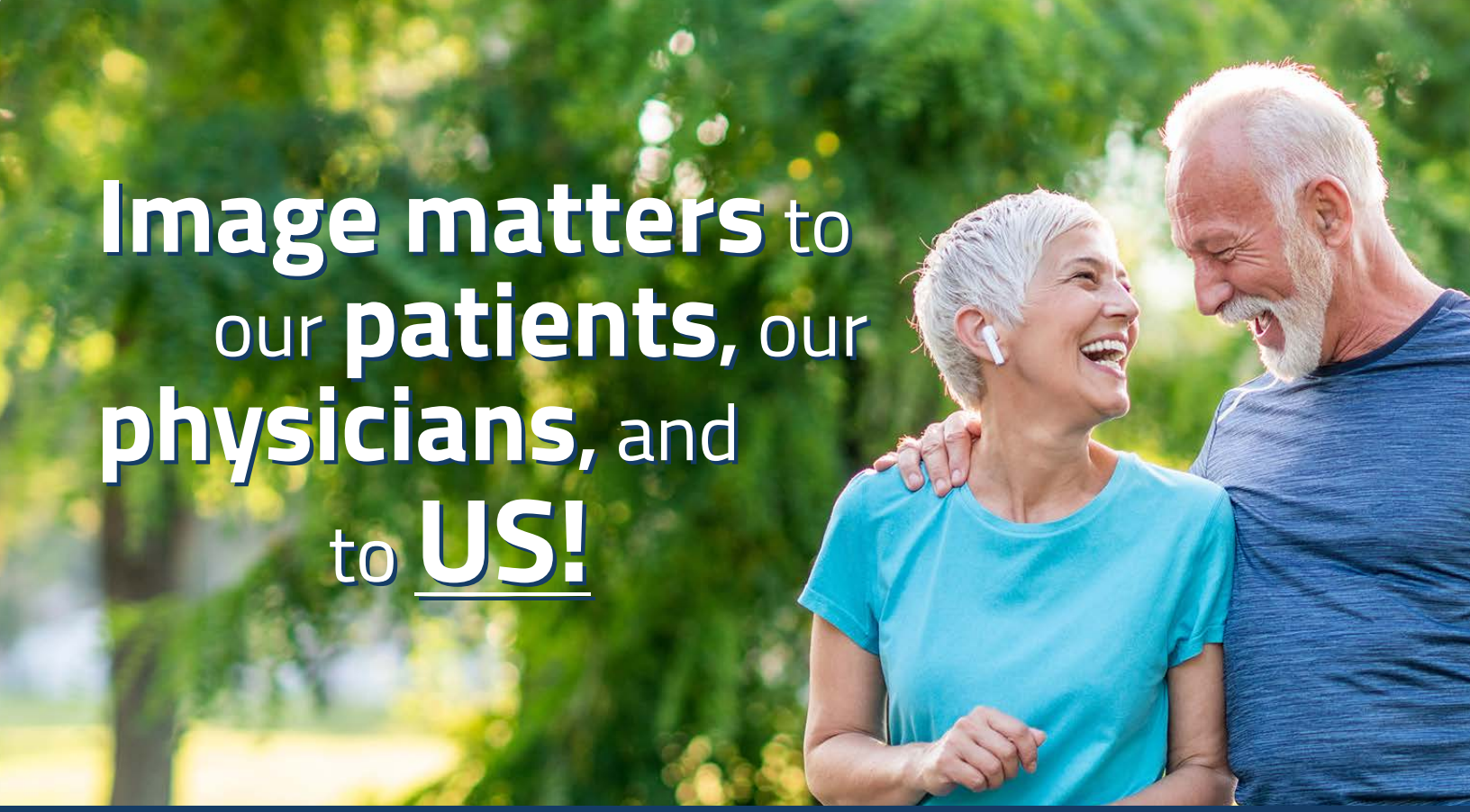
- Educating and electing county and state officials whose boundaries include Dallas County and who support physicians in caring for their patients and the health of the public.
- Striving for the improvement of government by encouraging physicians and other stakeholders in medicine to take an active and effective role in public affairs and advocacy.
- Providing a bipartisan platform for physicians to dialogue with elected officials and candidates seeking election to public office.
- Providing a venue for physicians to effectively organize for bipartisan political action and policy advocacy.
- Encouraging engagement in democratic processes that support legislation and public policy that preserves the sacrosanctity of the physician-patient relationship.

An individual who meets the eligibility for membership and makes a financial contribution to the DCMS PAC in any fiscal year are considered a member of the DCMS PAC. The members of the DCMS PAC board of directors are appointed by the DCMS president. All members of the DCMS PAC board are voting members.

Your personal, voluntary contributions will assist the house of medicine in supporting candidates who understand our issues and DCMS' concerns at the local and state levels. Your voluntary contributions to this nonpartisan, state-regulated PAC are overseen by local physicians, and regardless of the amount you contribute, you can show your voice matters.

This PAC serves a complementary voice to TEXPAC. Because a state-run PAC does not have the ability to participate in every local race, the DCMS PAC serves to supplement this process and seek out additional candidates friendly to medicine. Dallas County is home to 14 Texas House of Representative Districts and four Senate Districts, which allows Dallas physicians who are active in the DCMS PAC the opportunity to educate and elect a significant number of state legislators who play a key role in deciding on medicine's issues. When we make contributions to local legislators, regardless of party affiliation, our elected leaders are amazed and impressed that the DCMS PAC has an active voice in the Dallas political community.

By being politically engaged at the local level, your voice can be easily heard. You can help change the landscape and make a difference. DCMS needs a place at the legislative table, and we can only do that with strong DCMS PAC participation. DCMS encourages our members to get involved today and invest their money where their votes are. **DMJ**



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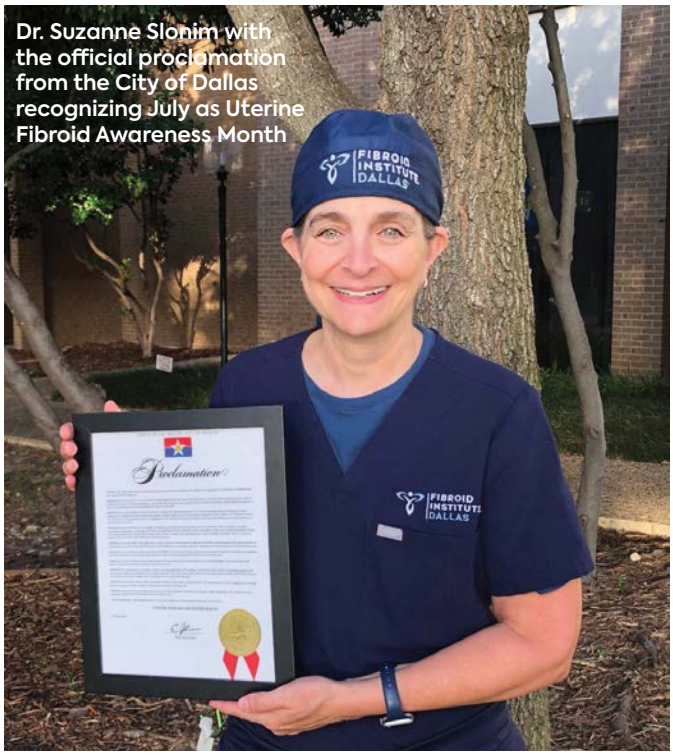
HEALTH ALLIES

UTERINE FIBROIDS

WHY DOES AWARENESS MATTER?

By Fibroid Institute Dallas



Dr. Suzanne Slonim with the official proclamation from the City of Dallas recognizing July as Uterine Fibroid Awareness Month

It's an epidemic that is often overlooked and underfunded. In the United States, an estimated 26 million women between the ages of 15 and 50 have uterine fibroids, and more than 15 million women suffer from life-altering symptoms.

The problem is that many women don't know what fibroids are or how their lives can be dramatically affected by them, and fibroids are typically the source of an array of symptoms that can easily be confused with or blamed as "typical women's health issues," says Dr. Suzanne Slonim, founder and medical director of Fibroid Institute Dallas. In many cases, women will simply suffer in silence and normalize their symptoms when early intervention can make a difference. It's clear that raising awareness and identifying resources to address this critical health issue is extremely impactful to the lives of many women.

Dr. Slonim is passionate about helping women and stepped beyond her facility to bring this important topic to the doorstep of legislators in Texas. Thanks to the time and efforts of many individuals, State Representative Senfronia Thompson presented legislation with two bills. H.B. 1966 designates July as Uterine Fibroid Awareness Month, while H.B. 1967 creates an information and research database of women with uterine fibroids. On September 1, 2021, both Texas House bills were signed. Texas became the ninth state to officially designate Uterine Fibroid Awareness Month, with the city of Dallas and Dallas County following suit soon after.

According to the Uterine Fibroid Research and Education Act of 2020, lack of patient and provider awareness around less-invasive alternatives to hysterectomies lead to an estimated 80,000 to 120,000 unnecessary hysterectomies annually. Fibroids are noncancerous tumors in the uterus that affect up to 70% of white women and more than 80% of African American women. They cause symptoms like heavy bleeding, pelvic pressure, back or leg pain, abdominal bloating or swelling, urinary frequency, constipation, and pain during intercourse.

"It's hard to have this conversation without mentioning the health disparities that exist in this country," says Dr. Slonim. Black women are diagnosed younger, between 29 and 39, and often have multiple and larger fibroids. Their fibroids tend to grow faster and cause more severe symptoms. According to the Black Women's Health Imperative, the rate of hospitalization for fibroids is three times higher for Black women than white women. They are also two to three times more likely to undergo a hysterectomy and seven times more likely to have a myomectomy. In these surgeries, complications and blood transfusions are more common than in white women. Moreover, a Black woman's mortality rate has been researched and proven to be higher with surgery.

Unfortunately, 41 percent of all women reported seeing two or more providers before receiving a diagnosis of fibroids, and most are told about invasive surgical options first, such as hysterectomy. Hysterectomy is the second most common surgery among women of reproductive age in the U.S.

Fibroid Institute is a practice that focuses solely on treating uterine fibroids without surgery. Our physicians are interventional radiologists. "Treatment is primarily in our office, which is much more comfortable for our patients. We have all the equipment we need to maintain the highest safety standard, but we can personalize care." Uterine fibroid embolization (UFE) involves feeding a tiny tube through the blood vessels to the fibroids and blocking their blood supply from the inside. This causes the fibroids to die and shrink, and it resolves the symptoms. Dr. Slonim continues, "Fibroid Institute has a well-developed pain management protocol, and each patient has our physician's cell phone number. Patients go home the same day and have a short recovery period of about a week."

Because of the reluctance of some gynecologists to refer a patient to an interventional radiologist for a UFE evaluation, many patients will switch to a different gynecologist. Dr. Slonim established Fibroid Institute out of concern for high incidences of surgery to treat fibroids and the need for educating women about treatment options. When Fibroid Institute Dallas opened its doors in 2016, it was a slow start. Only six gynecologists sent patients to see if they were candidates for the UFE procedure. We treated 47 patients that first year. "As Fibroid Institute Dallas has grown, I've met many gynecologists who have the same philosophy, and we've developed a wonderful, collaborative approach to treating fibroids," Dr. Slonim says. Each doctor has specialized experience. Bringing interventional radiology and gynecology together as a team leads to high-quality care and improved patient satisfaction.

This approach allows us to now work with over 300 gynecologists and help hundreds of women each year. This increased awareness has led to growth and expansion. In September 2021, Dr. Slonim welcomed partner Uma Reddy, MD. "Since UFE is the only procedure we perform, we can completely focus all our energy on refining the technique and the patients' experience," Dr. Reddy adds.

The impact fibroids have on a woman's quality of life and the under-discussed emotional toll on well-being, self-esteem, and overall body positivity can sometimes feel worse than the physical suffering. Fibroid Institute believes it's crucial to bring the impact of fibroids into the spotlight. Dr. Slonim shares, "Our mission is to empower and educate women to identify the best fibroid treatment for themselves. A lot of women don't want invasive surgery or don't want to lose their uterus. They just want to live without symptoms and be fibroid free. This is the force behind fibroid awareness and our fibroid-free movement." **DMJ**

Publish Your Research in the Dallas Medical Journal

New for 2022, the Dallas Medical Journal is looking to publish research and case studies of our physician, resident, and medical student members. We encourage you to share abstracts of your research to inform your colleagues of the good work that DCMS members are doing to advance medicine. Submitted abstracts and case studies will be published throughout 2022.

If you have any questions or concerns, please contact DCMS Marketing & Communications at communications@dallas-cms.org.

DCMS DALLAS COUNTY MEDICAL SOCIETY

MELKERSSON-ROSENTHAL SYNDROME CASE REPORT

A CONDITION REQUIRING A DIFFERENTIAL DIAGNOSIS

By Ray Fowler, MD, Colin Danko, MD, Raul Caballero Montes, Aditya Govind, BA, Reagan Rosenberger, BA

Bell's palsy is a common condition seen by emergency room physicians. This is a case report of a patient with recurrent Bell's palsy, presenting with swelling of the face and fissured tongue, both of which are consistent with Melkersson-Rosenthal syndrome. This paper discusses clinical and historical findings that help identify key features of this syndrome's diagnosis. It also addresses the treatment modalities that can be used. This paper highlights the need for emergency physicians to evaluate a differential diagnosis to reach an accurate assessment of the patient's condition.

The patient presenting with unilateral upper and lower facial weakness is a common finding in the emergency department.[1,2,3] A general response from the clinician is that the present affliction is likely a virally mediated syndrome — typically herpes simplex — which has caused inflammation to the patient's facial nerve on the affected side.[1,2,3] While it has been shown that emergency physicians are highly accurate when diagnosing Bell's palsy generally,[4] it remains important for the physician to consider the spectrum of the physiology that may produce this condition. Injuries such as lacerations to the facial nerve, tumors, mastoiditis, infections, and auto-immune disorders are all potential culprits,[2,3] and it is incumbent upon emergency physicians to perform a thoughtful history and a careful physical examination to elicit the actual source of injury to the facial nerve.

The authors discuss here a patient presenting with an unusual etiology of Bell's palsy, the cause of which should be included in the differential diagnosis when determining the actual cause of the patient's illness. Emphasis should be made in the history-taking to note a history of recurrence of the condition, which may be indicative of a broader differential of potential causes.

Case Report

The patient was a 42-year-old female with a history of "recurrent Bell's palsy" who presented with left-sided upper and lower facial weakness for the past month and a half. She also reported a left-sided headache and ear pain prior to the onset of the facial weakness, but these symptoms resolved soon after onset. She reported chronically reduced hearing in both ears with no recent changes. She denied having any numbness, vision changes, speech difficulty (aside from that related to her lower facial weakness), other weakness, trauma, seizures, or other focal neurologic deficits. She reported two previous similar episodes of this, one at 21 years of age and one at 32 years of age. With each episode, the symptoms resolved after a few months. She had never previously sought medical attention for this issue.

A physical exam revealed left-sided upper and lower facial paralysis with otherwise normal cranial nerve function. It was also noted that she had mild swelling to the left upper and lower lips and left lower face. Additionally, she had a midline tongue fissure. The neurological exam was otherwise unremarkable.

Lab studies, including a complete blood count, basic metabolic profile, and inflammatory markers, were found to be unremarkable. A CT scan of the brain showed findings of remote neurocysticercosis but was otherwise without abnormality.

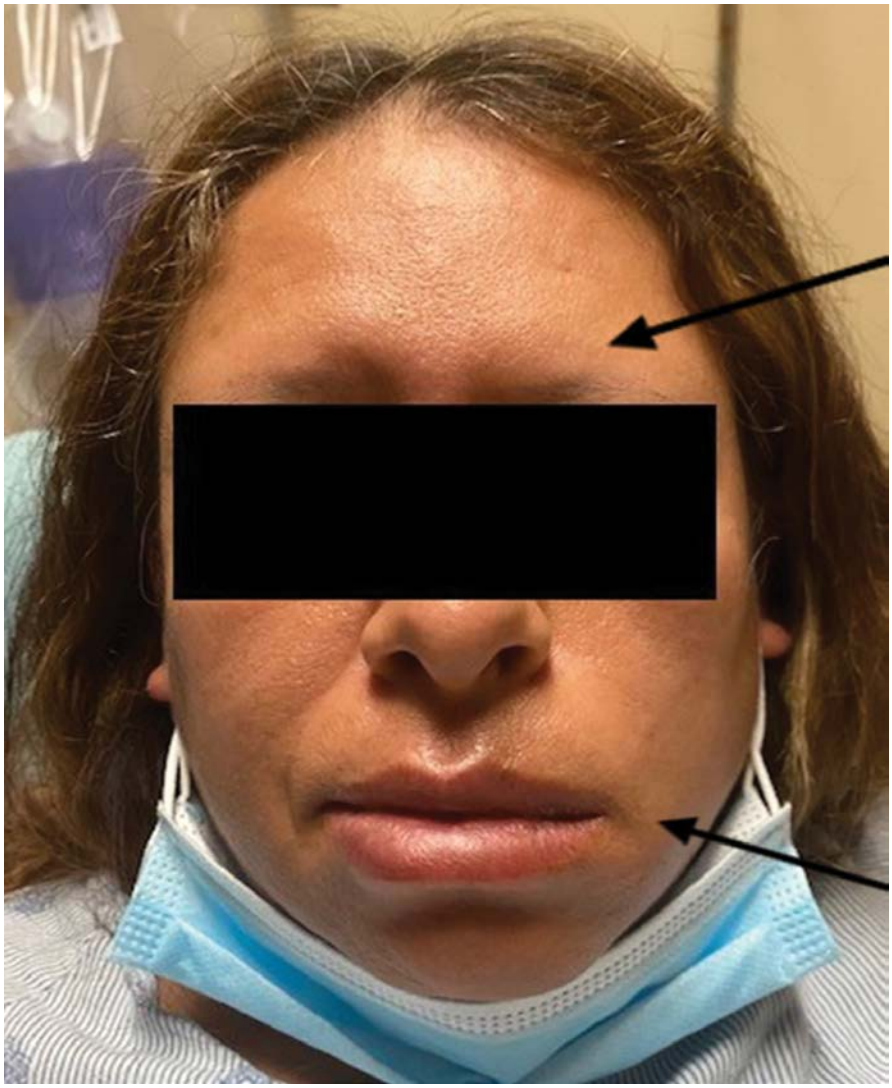
Given the periodic recurrence of the patient's symptoms, the Neurology service was consulted. It was felt that the patient's triad of recurrent facial nerve palsy, localized facial swelling, and tongue fissures was consistent with Melkersson-Rosenthal syndrome. She was ultimately discharged with outpatient follow-up for further care, with considerations for potential intralesional steroid therapy.

Discussion

A female patient with the triad of recurrent facial nerve palsy, swollen lips, and fissured tongue suggests a diagnosis consistent with Melkersson-Rosenthal syndrome, an infiltrative soft-tissue condition that causes direct pressure on the facial nerve of the affected side, producing the symptom complex associated with Bell's palsy. Reported recurrent episodes of the condition are an important historical aspect of a patient presenting with facial nerve palsy that should prompt further investigation for an underlying cause.

Melkersson-Rosenthal is a rare neuromucocutaneous syndrome with a reported incidence of less than 0.1% in the general population.5,6 It classically presents with the triad of recurrent facial nerve palsy; orofacial edema, usually affecting the upper lip and cheek; and lingua plicata, or fissured tongue.[5,6,7,8] All three symptoms are not always present, and the fissured tongue may be present as infrequently as one-third of the time.[7] Onset of symptoms typically occurs in young adults, specifically in the second and third decades of life.[5,6] The cause of this syndrome is unknown, though infections, genetic factors, benign lymphogranulomatosis, and allergic reactions have all been proposed.[6] It is most often a clinical diagnosis based upon the symptomatology, and there are no known specific biomarkers.[5] There is currently no widely accepted treatment for Melkersson-Rosenthal syndrome, and management is largely based upon symptomatic control. Treatment considerations include systemic steroids, as with any other Bell's palsy, but other therapies have been proposed, including intralesional steroid injections, methotrexate, NSAIDS, or even surgical intervention via facial nerve decompression.[5,6]

It is important for the clinician to remember that the diagnosis of facial nerve palsy must be approached by applying a thoughtful differential diagnosis. For example, locating vesicles in the ear on the affected side, along with the facial nerve palsy, would tend to confirm a viral source of this illness, the Ramsay Hunt syndrome.[3] On the other hand, were the examination of the mastoid bone on the affected side to reveal induration over the bone and tenderness on percussion in the affected area, then acute mastoiditis might be the



likely cause, a condition requiring an antibiotic regimen and possibly surgery.[3] Tumors, possibly malignant, are an occasional cause of facial nerve injury and Bell's palsy.[2,3] Thus, it is very important for the clinician to consider all potential causes of the condition through the completion of a thoughtful history and physical examination, ordering of appropriate diagnostic studies, and completion of a differential diagnosis.

Recurrence of facial nerve palsy occurs in only an estimated 7% of patients, with either the contralateral or ipsilateral side being affected.[8] While it has been shown that a significant number of these patients are likely suffering idiopathic facial nerve palsy,[7] further investigation should be performed to evaluate for a potential underlying cause, such as sarcoidosis or Melkersson-Rosenthal syndrome.[8] Melkersson-Rosenthal syndrome may recur intermittently after its first appearance and can become a chronic disorder. Follow-up care should exclude the development of Crohn's disease or sarcoidosis.[9]

Conclusion

In the consideration of a patient presenting with facial nerve palsy, emergency physicians should cast a broad net through the completion of a thorough differential diagnosis to reach an accurate assessment of the patient's condition. **DMJ**

REFERENCES:

1. Eviston TJ, Croxson GR, Kennedy PG, et al. Bell's palsy: aetiology, clinical features and multidisciplinary care. J Neurol Neurosurg Psychiatry. 2015;86(12):1356–1361.
2. Vakharia K. Bell's Palsy. Facial Plast Surg Clin North Am. 2016;24(1):1–10.
3. O TM. Medical Management of Acute Facial Paralysis. Otolaryngol Clin North Am. 2018;51(6):1051–1075.
4. Fahimi J, Navi BB, Kamel H. Potential misdiagnoses of Bell's palsy in the emergency department. Ann Emerg Med. 2014;63(4):428–434.
5. Cancian M, Giovannini S, Angelini A, et al. Melkersson-Rosenthal syndrome: a case report of a rare disease with overlapping features. Allergy Asthma Clin Immunol. 2019;15:1. Published 2019 Jan 5.
6. Feng S, Yin J, Li J, et al. Melkersson–Rosenthal syndrome: a retrospective study of 44 patients. Acta Otolaryngol. 2014;134(9):977–81.
7. Cirpaciu D, Goanta CM, Cirpaciu MD. Recurrences of Bell's palsy. J Med Life. 2014;7 Spec No. 3(Spec Iss 3):68–77.
8. Reich SG. Bell's Palsy. Continuum (Minneap Minn). 2017;23(2, Selected Topics in Outpatient Neurology):447–466.
9. National Institute of Health (2019). Melkersson-Rosenthal Syndrome. Retrieved October 16, 2021, from https://www.ninds.nih.gov/Disorders/All-Disorders/Melkersson-Rosenthal-Syndrome-Information-Page

Congratulations to Cynthia Sherry, MD, FACR, at Strategic Radiology member group Radiology Associates of North Texas, P.A., who received the American College of Radiology Leadership Institute's (RLI) 2022 Luminary Award! RLI's chief medical officer, Frank Lexa, MBA, MD, said, "Dr. Sherry helped found the RLI and then led it for the first three years of its existence. As we celebrate our 10th anniversary, it is fitting that we recognize her important contributions and achievements."

Dallas County Medical Society member Deborah Fuller, MD; Texas Medical Association President Gary Floyd, MD; and Harris CMS member Matt McGlennon, DO, met up at the American Medical Association Annual Texas Chili reception in Chicago. Dr. McGlennon is a resident member and native of the Dallas–Fort Worth area. He is doing a fellowship in neuro critical care at Baylor Houston.

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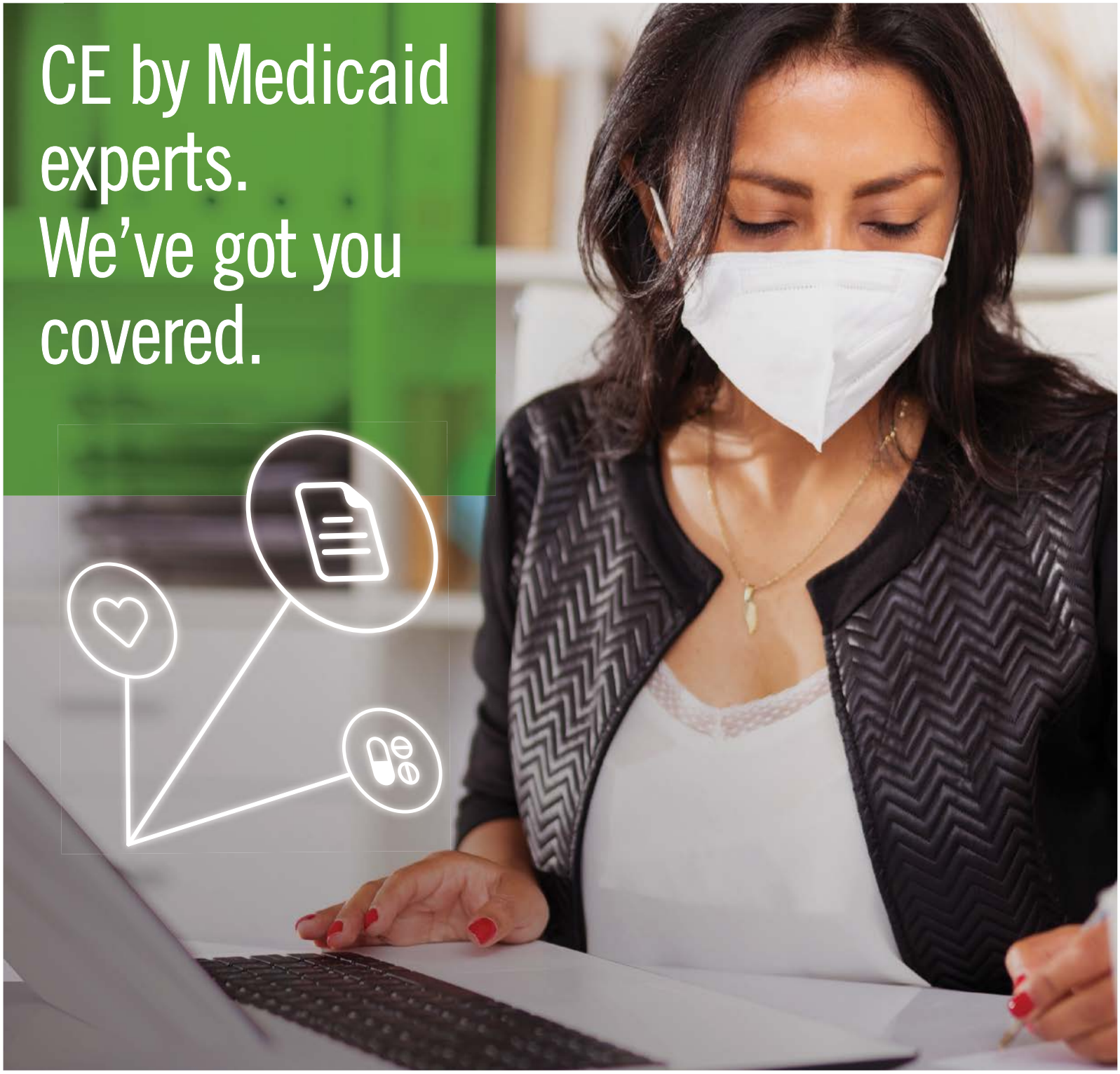

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DCMS FOUNDATION
DALLAS COUNTY MEDICAL SOCIETY

Share Your Wisdom at the 47th Annual DCMS Medical Student Welcome Dinner

Join us for dinner and help welcome the freshman class of UT Southwestern Medical School and the second-year Texas A&M medical students studying at Baylor University Medical Center into the family of medicine. As a physician table host, we invite you to be our speaker and lead the conversation with students by sharing your experiences for thriving during medical school. Students will have questions about tmedicine and which specialty to choose, and as a practicing physician, you are best positioned to enlighten them!

Two Ways to Participate:

- Attend the dinner and sponsor students — this option is the most fun.
- Sponsor students — this tax-deductible donation is greatly appreciated.

The Details:

- Date & Time: Sunday, August 14 at 6 p.m.
- Location: Frontiers of Flight Museum, 6911 Lemmon Ave., Dallas 75209
- All contributions are tax deductible and we will acknowledge your generosity on a flyer provided to the students, a sign at the dinner, the DCMS website, and in the October issue of the Dallas Medical Journal.

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RESERVE YOUR SPOT BY WEDNESDAY, AUGUST 10, 2022.

If you have any questions, please contact Cara Jaggers, DCMS Director of Events, at cara@dallas-cms.org.

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