

**Texas Department of State Health Services
Medical Advisory Board
Open Meeting Minutes
Friday, July 23, 2021
1:00 pm – 4:10 pm**

There was no physical location for this meeting. Due to health precautions related to the COVID-19 pandemic, this meeting was conducted virtually using Microsoft Teams only.

Item	Topic	Discussion	Action
1	Call to order	Meeting called to order at 1:00 pm	
	Roll Call of Physicians		8 Board members present, Quorum noted
2	Approval of MAB December Open Meeting Minutes	Motion to approve Second the motion	Motion Passed
3	DSHS General Updates	Legislative Session bills <ul style="list-style-type: none"> • <u>House Bill 250</u>: Relating to a minimum wage for school bus drivers. • <u>House Bill 306</u>: Related to the Medical Advisory Board composition and the rules introduced • <u>House Bill 3820</u>: Related to the health care specialty consultations in certain child abuse or neglect investigations and assessments. • <u>Senate Bill 1771</u>: Related to the assumption of the Office of the Secretary of State to take the powers and duties relating to the driver's licenses and other related programs. • Numerous bills introduced referencing license to carry a handgun. Working closely with DPS to see how that would impact any of our administrative processes. We will provide any updates if there's going to be any 	

		<p>new compliance programs relating to the folks that are not applying for a license. DSHS has onboarded on an intern to help create a guidance document for LTC reviews.</p> <p>Proactively working to appoint more physicians licensed to practice medicine in Texas to help with the increasing workloads and referrals coming from DPS.</p> <ul style="list-style-type: none"> • A total of 4 have been lost this year. <p>Board member participation vs. increasing workload. Members of the board should make a good practice of participating in at least one case review per quarter.</p> <ul style="list-style-type: none"> • Past boards, on average, contained sixty to eighty cases • Board case reviews are now an average of thirty cases due to digitalization. • Each board member has a week to review their assigned cases unless more time is needed. <p>Inquiry concerning stipend that is paid to the Medical Advisory Board positions for the review of case referrals. Statute provides the reimbursement for up to \$150 but the Rule only allows for \$100 at the time. All reimbursement is controlled by Rule. After speaking with HHSC legal representation, a rule change would need to be initiated by the administrative end of the program and can be a lengthy process (3-4 yrs). If the Statute limit of \$150 were to be changed, it can only be done during a legislative session. the program would not initiate a statutory change. Board members have the option to work with legislators to address this change. DSHS administrative staff will begin working on the rule changes and build a rough</p>	
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		<p>draft to present to the board for review. These changes would include the statutory limit of \$150, as well as, the composition of the board members. With that intent, the program would like to try and schedule quarterly open meetings once these updated rules have been reviewed by HHSC legal department.</p> <p>As the virtual, formal meetings are open and not necessarily the closed meetings board members are currently being reimbursed for, reimbursement for attendance is not allowed at this time. If the board were traveling for these meetings, the physicians would be reimbursed for travel costs. The program will look into possible reimbursement for attendance by speaking with the HHSC legal department to determine if this is appropriate and acceptable. If it is allowable, it will be included in the rule changes.</p>	
4	Review and Amend Guidelines	<p>DSHS would like this agenda item as an ongoing and standing agenda for why the program is holding these open meetings, for review and possible amendment of the Medical Advisory Board's Guide for Determining Driver Limitation.</p>	Nothing internal for approval at this time
5	Review the Active Use of Marijuana by a Person, while driving, with a History of Alcoholism	<p>Currently in California, an enormous number of fatalities of people using marijuana while driving and have alcohol in their bloodstream is occurring. It has been suggested that the board look into the drug history of people that are being allowed to drive who are known alcohol offenders. More statistical data is needed for reference purposes within the guidance document.</p> <p>Board discussed, at length, the following points of interest:</p> <ul style="list-style-type: none"> Guidelines state if a person has abused alcohol or drugs within 	

		<p>the last year, they cannot be approved.</p> <ul style="list-style-type: none"> • Often finding that doctors do not list the last date of use. • Lack of patient history with the examining physician whether due to first time visit or extended periods of time between visits. • Question posed to the board on how they feel about a person who has a history of DUIs every other year, but the offenses occurred in 2004, 2006, 2010, 2014. • Without the last date of use, members are unsure if the person is not drinking anymore or just not getting caught. • If a person has had X number of offenses total, that instead of a year, maybe they need to show two years with no offenses or reported use of alcohol or drugs. • Current guidelines already give the board leeway, that if a person has had multiple offenses in the past, the board does not have to cleave to the one-year guideline. • Suggests the board collaborate with the Texas Medical Association to establish some kind of continuing medical education credit about the board. • Would like TMA to have a link or virtual CME on completing the forms. • Asks for percentage of cases that are sent back from DPS for additional information. • Can the board request more information? • Can the board request an evaluation from a psychiatrist specifically addressing this? • Is the review process a take the best two out of three process? 	
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		<ul style="list-style-type: none"> • Are those who make the final decision at DPS medically trained or administrative staff? <p>DSHS Administrative group made the following points:</p> <ul style="list-style-type: none"> • When referred by DPS, individuals are sent an initial letter stating the type of medical review required and explains the process. • After review, the DSHS administrative group gathers all three opinions for each case and then sends it to DPS for final review/determination. If DPS feels that the case needs further review, it will be sent back. • When a packet is received and a required section is blank, a deficiency letter will be sent to give the person a chance to correct it. If it is not corrected within 60 days, the packet is sent before the board for review. As a performance measure, DSHS administrative staff will provide the board with a percentage of deficiency letters being sent. • If someone is denied by DPS, the individual can request an appeal through DPS. When that process happens, the person may become aware of what parameters they have not met or what metrics were mentioned in the physician's opinions. • In statute (Texas Health & Safety Code, §12.095), it does provide language to allow the board to ask for additional information and to have further examinations. • Statute does ask for three independent opinions so as long as there is a general consensus, 	
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		<p>a decision can be made. When there isn't a general consensus, that's when a determination becomes more difficult. DPS is working with their legal team to determine a better approach when there isn't a clear recommendation.</p> <ul style="list-style-type: none"> • Believes DPS staff serve the same purpose as DSHS does, administrative support implementing what the MAB physicians do. • Possibility of the board intervening before opinions are sent to DPS but we would need to speak with DPS about this the procedural way to conduct this and not interrupt the final decision being made. 	
6	<p>Requirement that physicians must specifically address medication compliance, medication side effects, sleep deprivation, and alcohol abuse in those with seizures.</p>	<p>The Board discussed the following points of interest:</p> <ul style="list-style-type: none"> • A need to put in new guidelines for people with seizures getting licenses. It should require the board to address medication compliance, side effects, sleep deprivation, and alcohol abuse. • A need to bring the medical history form in line with the guidelines. • Ask physician to provide the information requested in Agenda 6 or take it out of the guidelines. • Opinion section be made a requirement. 	<p>Board in agreement to change form, but no formal vote made as it is not needed at this time.</p>
7	<p>Vision Guidelines</p>	<p>Proposed changes to the Vision guidelines are provided in a separate resource document.</p> <p>Motion to approve. Second the motion.</p> <p>Roll call of physicians for official vote – All in favor.</p>	<p>Motion Passed</p>

8	Changes to the Medical History Form	<p>Suggested changes to the medical history form submitted to board in a separate resource document.</p> <p>The changes will come from the DSHS administrative support staff based on the information the board has provided. We will also be working with our healthcare professionals within EMS/Trauma Systems.</p> <p>Board members discussed the following points of interest:</p> <ul style="list-style-type: none"> • Members need a better way to communicate so that there is more consistency in the review process. • Creating a volunteer committee or workgroup suggested, but it must not meet a quorum. <p>Motion to approve. Second the motion.</p> <p>Volunteer process improvement committee created of 6 physicians to revamp the medical history form.</p>	Motion Passed
	Public Comment	<p>Moderator Sharon Munroe asked for general public comment. Public comment provided by:</p> <p>Mr. Steven Niemeyer, self, Would like to see the board speed up the review process.</p> <p>Mrs. Linda Litsinger, Texas Parent to Parent, Would like to know if there is a process for a disabled individual to gain a permit without going through DPS and if the details can be sent to her.</p> <p>Mr. James Kain, self, Would like to see the board reduce the 5 year restriction period of no seizure activity with the recommendation of the treating physician.</p>	

		<p>Mr. Chuck Huss, self, To show support for Texas residents with mild to moderate levels of central vision loss to be allowed to continue to use bioptical end systems for visual assistance during both driver training and driver testing.</p> <p>Dr. Modi, University of Houston College of Optometry, I'm in full support of allowing individuals with visual impairment to drive with the BIOPTIC telescope is they can demonstrate proficiency in the use of the device.</p> <p>Dr. Bachofer, self, make three points that I've learned dispelling the myths of bioptic driving and how the BIOPTIC telescope is used.</p> <ul style="list-style-type: none"> • You glance in the telescope and back out of it as any driver uses their rearview mirror. • All drivers are low vision drivers. • Low vision drivers are recorded as a very, very safe group of drivers. <p>Kia Eldred McGee, OD, self, Supports the vision changes and appreciates all the work that's being done for those that have a visual disability.</p>	
	Adjournment	Motion made to adjourn Second the motion	Adjourned at 4:10 pm.