

2025 LEGISLATIVE WINS



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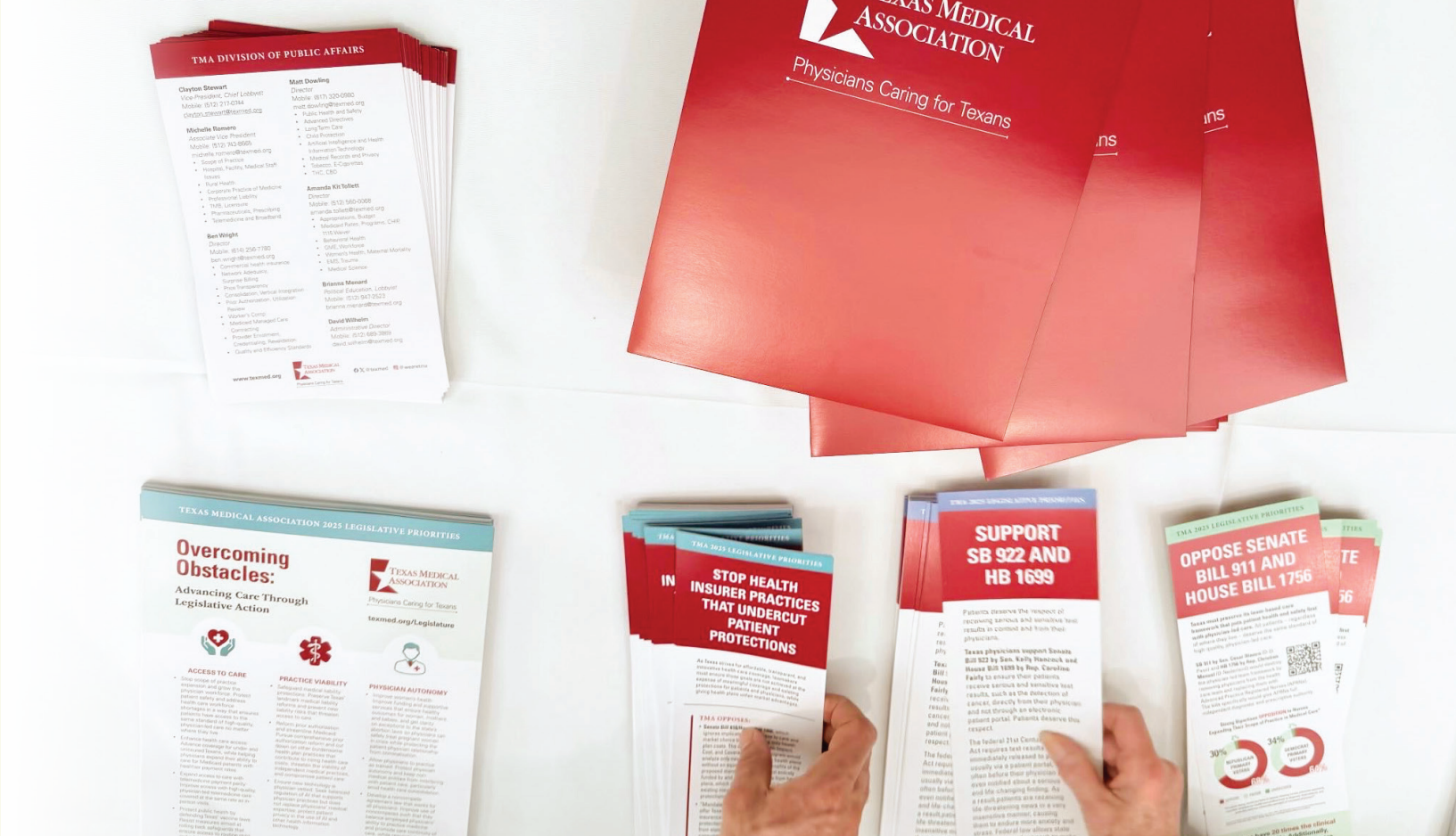




LESSONS FROM THE 89TH LEGISLATIVE SESSION*

By Ezequiel “Zeke” Silva III, MD, Chair
TMA Council on Legislation

**This text is an excerpt from "Inside the Capitol," in the September/October edition of Texas Medicine magazine, where you can read the full article.*



As chair of the Texas Medical Association’s Council on Legislation, I had the opportunity to go behind the scenes of the legislative process and embed myself with the TMA lobby team – often from morning hearings to late-night votes. It was an eye-opening experience, and I gained valuable insights every TMA member should know.

WHY IT MATTERS

TMA’s lobby team is widely considered one of the most effective at the Capitol. For the past two decades, it’s been ranked either No. 1 or No. 2 in the Capitol Inside’s ratings. Sitting shoulder-to-shoulder with the team this session gave me new appreciation for what success requires. It isn’t titles or past wins – it’s relentless preparation, trusted relationships, and unwavering credibility. Frankly, the mental and physical demands on our lobby team, along with the incredible and incomparable support from the legal and policy staff, were eye-opening to witness.

RELENTLESS PREPARATION

The legislative session may happen only 140 days every other year, but for TMA the legislative process is 24 hours, seven days a week, and year-round. It’s during the interim, the year before the actual session occurs, when the strategic foundation on each major issue is established. I was struck to learn TMA staff reviews every single bill, 9,000 bills this session alone, then conducts an analysis

on its impact, prioritizes it against TMA’s top issues, and tracks its progress throughout the session – no exceptions. The pace of the session is rapid as bills move through their respective committees.

I testified at hearings weekly, often two or three a day, along with many other TMA members. It is not uncommon to spend 10 or more hours waiting for a bill to be heard – then have five minutes to act before a critical vote. Legislators know if TMA is there or not, even if just in the room, not just testifying, and we do make a difference at this stage.

RELATIONSHIPS DRIVE OUTCOMES

Politics is personal, and TMA’s influence completely depends on years of trusted and enduring relationships. The TMA’s lobby team’s unique skills draw upon their many relationships and deep experience at the Capitol. Most of TMA’s lobbyists served as staffers before becoming lobbyists. They know which members are engaged, which staffers get things done, and how to work within the rhythms of the process. One of the most important tools of TMA’s lobby efforts is the many legislative relationships physicians have in their communities. When a local physician testifies or calls their legislator, it absolutely moves the needle. I saw it firsthand: At critical moments – such as House and Senate floor debates – real-time communication with legislators can shape outcomes.



From left to right, Briana Menard, TEXPAC Director; Amanda Tollett, Director of Public Affairs/Lobbyist; Michelle Romero, AVP Public Affairs; Clayton Stewart, VP Public Affairs/Chief Lobbyist; Ben Wright, Director of Public Affairs/Lobbyist; and Matt Dowling, Director of Public Affairs/Lobbyist

CREDIBILITY IS CURRENCY

The effectiveness of TMA's lobby team rests on its expertise, honesty, and consistency. We keep our word: If TMA pledges support or opposition, we stand by it, and lawmakers remember. This matters especially in long legislative battles that often take years, like TMA's incremental insurance reforms, prior authorization relief, and fighting inappropriate scope expansions. Rarely do bills pass in one session.

THE LONG GAME DEPENDS ON LASTING TRUST

And yes, money matters. I was hoping I could write this column without mentioning money, but I

cannot. Political contributions do make a difference. Legislators value principles and constituents – but reelection also takes resources, and lawmakers need support. While fundraising is prohibited during session, relationships built before and after the legislative session through TEXPAC, TMA's political action committee, count.

THE BOTTOM LINE

TMA's legislative success is no accident. Our success is built on relentless preparation, deep relationships, and rock-solid credibility.

The politics will always be there – and it's about to get tougher from what I

saw testifying on topics like scope, insurance, and medical liability. That's why we need medicine's impartial and reasoned voice more than ever. Every physician in Texas benefits from our work. And every physician can participate by staying informed with *Texas Medicine Today*, TMA's digital newsletter; by responding to action alerts when asked to act on a particular piece of legislation; and by supporting TEXPAC.

I personally have seen firsthand the difference this can make in crafting sound policy to protect physician autonomy and the patient-physician relationship, because ultimately, this isn't about TMA winning – it's about protecting our ability to care for our patients.

TEXAS MEDICAL ASSOCIATION 2025 ADVOCACY AT A GLANCE

718 
IN-PERSON PARTICIPANTS


253 FIRST-TIME
PARTICIPANTS



136
PHYSICIANS

183
TESTIMONIES

53 TESTIFIED IN
ONE DAY AGAINST
A BAD BILL

680 
FIRST-TIME
TMA PHYSICIAN
PARTICIPANTS SENT

 **6,832**
MESSAGES
TO LEGISLATORS
VIA EMAIL OR PHONE

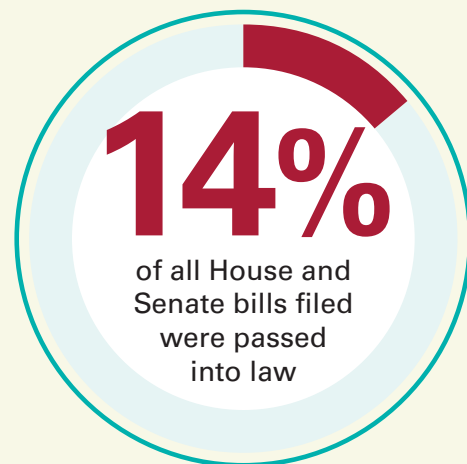
INCLUDING
2,000+
MESSAGES ON
ONE BAD BILL



600+
PARTICIPANTS
IN TMA'S NEW VIRTUAL
LEGISLATIVE UPDATE



8,719
BILLS FILED IN 2025



TMA TRACKED
2,795
MEDICINE-RELATED BILLS

A RECORD YEAR

In a legislative session that defied many norms, the Texas Medical Association defied the odds in overcoming the many obstacles and making good on its top goals to preserve access to care, support practice viability, and protect physician autonomy.

Grassroots advocacy won the day with a record turnout from physicians to support the House of Medicine's unwavering stance against major bills pushed, yet again, by nonphysician health care practitioners, health plans, and anti-vaccination proponents.

In what turned out to be a mostly defensive legislative session for medicine, however, TMA also secured several proactive victories for women's health, health information technology, and prior auth, thanks in large part to early work during the interim and sessions past.

These impressive results came amid a session that started and ended with a record-breaking number of bills filed during a regular session, with a low 14% bill-passage rate. From tracking roughly a third of those bills to showing up to testify, advocating at First Tuesdays at the Capitol, and directly messaging lawmakers, every facet of TMA engaged in this year's legislative session with marked success.

The result: Multiple pro-medicine pieces of legislation passed, and even more harmful bills defeated – victories due in no small part to TMA's grassroots advocacy.

ACCESS TO CARE – ADVANCED

SCOPE OF PRACTICE

Rather than compromising patient safety for the sake of a quick fix, TMA advocated for real, effective, and innovative solutions to strengthen Texas' physician workforce.

As a result, TMA defeated all major "scope-of-practice" bills challenging physician-led, team-based care this session, TMA's hallmark win, thanks to physicians rising to the call.

More than 40 Texas physicians testified in-person against the first major scope expansion bill, HB 3794, and close to 200 other testified online or responded to TMA's related action alert with messages sent directly to their local lawmakers by email or phone.

Two weeks later, 60 physicians from around the state again trekked to the Capitol to oppose the second major scope bill to drop, SB 3055, alongside nearly 300 peers who either submitted written testimony or responded to TMA's action alert. Each of those hearings marked the largest testimony turnout TMA had rallied on a particular bill.

Both bills were defeated, and more than 2,500 emails and phone calls from Texas physicians to the governor culminated in a successful veto of a bill weakening the Texas Medical Board (TMB).

DEFEATED

- **HB 3794**, would have removed physicians from the health care team and replaced them with advanced practice registered nurses (APRNs). It also would have given APRNs full practice authority to make differential diagnoses and to independently prescribe controlled substances in Schedules II-V; similar bills included SB 911, HB 1756, HB 2532, and SB 1859.
- **SB 3055**, in counties with a population under 68,750, would have given independent practice authority to certain APRNs with 1) at least 10 years or 20,000 hours experience; or 2) practiced under a prescriptive authority agreement with a physician for at least four years or 8,000 hours.
- **SB 1102**, would have allowed midwives to administer dangerous drugs during labor.



"We will not only try to keep our physicians who are graduating from Texas [schools], but we can also attract new physicians from outside the state to become residents in our state, and then hopefully they will stay, and then we will be providing good care to our Texans."

Rep. Suleman Lalani, MD (D-Sugar Land)

- **SB 268**, would limit TMB's ability to stop the unlicensed practice of medicine using cease and desist orders.
- **HB 4051**, would have allowed pharmacists to test and treat.
- **SB 1373**, would have undermined hospital medical staff's ability to grant, deny, renew, or modify privileges.
- **HB 997**, would have expanded telemedicine so health professionals in other states could practice without a Texas license.

PASSED

- **HB 3749**, defines "Elective IV Therapy" and physician supervision, delegation, and prescribing provisions.

PHYSICIAN WORKFORCE

Proven avenues to expand Texas’ physician workforce – via funding secured for undergraduate and graduate medical education (GME), loan repayment, and rural training programs, as well as supporting TMB’s efforts to process licenses for physicians moving to Texas from other states – were again successful. (See “Budget at a Glance” below.) TMA estimates Texas needs another 200 first-year residency positions by 2029 to stay at its target 1.1 to 1 ratio of residency positions to Texas medical school graduates.

TEXAS MEDICAID

Texas physicians did not see any cuts to Medicaid payment rates or coverage in the 2025 session, with the legislature preserving the specific targeted raises TMA secured in 2023.

The Medicaid program already accounts for one of Texas’ largest budget items next to education, with costs up by more than \$2.7 billion in state money (by \$6 billion in combined state and federal funds) for the 2026-27 biennium.

TMA did make significant headway with a budget amendment seeking an additional 5% rate increase for services in health professional shortage areas, including for telemedicine, via an amendment to the state budget bill. That amendment was, however, left on the table in the negotiation process and out of the final budget.

Efforts to modernize and resolve backlogs within the Texas Integrated Eligibility Redesign System (TIERS) – which helps determine eligibility for Medicaid and other public assistance programs – as well as to buttress the Provider Enrollment and Management System (PEMS), the

electronic system physicians and others in Medicaid, the Children’s Health Insurance Program, and other state programs use for enrollment – were successful.

IMMUNIZATIONS/PUBLIC HEALTH

As the 2025 legislative session got underway, the largest measles outbreak in Texas since 2000 dominated the headlines. So, when TMA physicians advocated for vaccination, legislators were more cognizant of the stakes involved than in previous sessions.

TMA’s biggest victory on the vaccine front was defeating **SB 95**, which would have expanded physicians’ liability – to up to \$10,000 per incident – if they failed to obtain an added or redundant layer of informed consent, and in the filed version of the bill, if a child were to experience any “adverse reaction,” even so much as a sore arm.

Two pieces of legislation that did pass, however, could contribute to physicians’ administrative burden and lower vaccination rates:

- **HB 4535** adds a duplicative layer to the informed consent process for COVID-19 vaccines. On top of existing state requirements, it mandates physicians obtain written informed consent accompanied by an information sheet specific to COVID-19 vaccines, to be developed by the Texas Department of State Health Services (DSHS).
- **HB 1586** allows patients to directly download and print out a school immunization exemption form rather than requesting one from DSHS that includes vaccine educational information.

Additionally, expiring federal grants eliminated \$600 million from DSHS’ budget and could affect immunization efforts among other

public health priorities. Health officials were still gauging the impact of those reductions as of this writing, at which time the measles outbreak alone was estimated to cost the state more than \$8 million.

E-CIGARETTES/VAPING REGULATION

TMA made it a mission to push for stricter oversight and regulation of e-cigarettes as their use becomes more prevalent and dangerous among adolescents. Medicine delivered on that mission this session, after its relentless advocacy resulted in the passage of a trio of bills targeting e-cigarette products and advertising aimed at children that go into effect Sept. 1:

- **SB 1316** bans advertising e-cigarettes within 1,000 feet of a church or school, as required for other tobacco products.

- **SB 1313** targets e-cigarette advertising specifically catering to minors – including imitations of trademarks or appearances of “products primarily marketed to minors” or “cartoon-like fictional characters,” per the legislation’s language; and

- **SB 2024** prohibits the sale of an array of products designed to resemble common objects like pens and smart phones and potentially appeal to children.

TMA also supported **SB 25** which promotes healthier living and reducing chronic disease by improving nutrition and physical activity for Texans, especially in schools.

2026-27 BUDGET AT A GLANCE

BUDGET KEY ↑ FUNDING INCREASE ↓ FUNDING DECREASE | NO CHANGE IN FUNDING
Arrows reflect an overall **increase**, **decrease**, or **no change** in funding from the 2024-25 budget.

↑ WORKFORCE

- \$75 MILLION** Per-medical student formula funding
- \$71 MILLION** State GME Expansion Grant Program
- \$48 MILLION** Texas Medical Board
- \$6 MILLION** Per-resident formula funding
- NEW! \$5 MILLION** Family medicine-OB training tracks
- NEW! \$200K** OB-gyn workforce study

- \$35 MILLION** Physician Loan Repayment Program
- \$16 MILLION** Family Medicine Residency Program
- \$12 MILLION** Joint Admission Medical Program
- \$5 MILLION** Primary Care Preceptorship Program
- \$3 MILLION** Rural Residency Training Program

MEDICAID

- NO ROLLBACK** of payment rate increases won in 2023
- NO NEW CUTS** to current payments
- \$163 MILLION** Modernize and resolve backlogs within the Texas Integrated Eligibility Redesign System
- \$4 MILLION** Bolster the Provider Enrollment and Management System
- \$6 BILLION*** Cover caseload growth and account for slight drop in federal match
**(includes federal funds)*

↑ WOMEN’S HEALTH

- \$147 MILLION** Family Planning Program
- \$125 MILLION** Maternal and child health
- \$98 MILLION** Healthy Texas Women
- \$20 MILLION** Women’s preventive mobile health units
- NEW! \$5 MILLION** Maternal health outcome program
- \$4 MILLION** Healthy Texas Women Plus
- \$7 MILLION** Breast and Cervical Cancer Services

↑ BEHAVIORAL HEALTH

- \$291 MILLION** Texas Child Mental Health Care Consortium
- \$235 MILLION** Community mental health grant programs
- NEW! \$5 MILLION** Behavioral health innovation training grant program
- \$680 MILLION** Adult community mental health services
- \$500 MILLION** Substance use prevention, intervention, treatment
- \$207 MILLION** Child community mental health services

↑ PUBLIC HEALTH

- \$109 MILLION** Consumer protection
(e.g. food and drug safety)
- \$32 MILLION** Chronic disease prevention
- \$710 MILLION** Infectious disease prevention
- \$164 MILLION** Immunizations
- \$18 MILLION** Tobacco prevention
- \$600 MILLION** Expiring federal grant funding

PRACTICE VIABILITY – SUPPORTED

HEALTH INSURANCE

Decades of insurance advocacy overturned. Undermined patient and clinician protections. Unwarranted criminal and civil penalties. These would-be detriments were just a few TMA defeated as part of its mission to preserve physicians' practice viability, striking down a slew of bad insurance bills during the 2025 state legislative session.

TMA also made some progress on the prior authorization front, with a bill directed at closing gaps in the implementation of 2021's gold-card law with greater health plan accountability.

The stakes were high, with more insurance bills filed than in the past and more for medicine to oppose due to health plans making a strong – albeit flawed – push for bills they argued were needed to curb health care costs due to rising premiums, insurance mandates, or fraud, waste, and abuse.

Medicine countered those and other arguments in a series of largely defensive victories, thanks to more than a dozen testimonies and 1,600-plus physicians who bolstered TMA's advocacy against two majorly harmful bills alone by contacting their elected officials directly – both of which were defeated on the House floor in the same week.

DEFEATED

- **HB 139** would have established a new type of “employer choice of benefits” health plan exempt from a long list of TMA-backed patient and physician protections won over the years, including state:
 - » Minimum mandated benefits and network adequacy requirements;
 - » Utilization review laws and the 2021 gold-carding prior authorization law;
 - » Prompt-pay legislation; and
 - » Rules surrounding transparency in ranking and tiering.
- **HB 4012**, which was sought by commercial health plans, would have created a new definition of and enforcement mechanisms surrounding health care fraud, despite the fact Texas already has laws and multiple enforcement vehicles in place against bad actors. That included new criminal and civil penalties against physicians for potential good-faith billing disagreements.

PASSED

- **HB 3812** brings to bear some of the fixes TMA sought during early rulemaking of its gold-carding bill to streamline eligibility, improve transparency, and enhance state oversight

“The victory for the practice of medicine and patient safety embodies the power of TMA's advocacy, particularly on a top legislative priority this session. This is a powerful reminder that when we stand together, we can protect patient care and preserve physician autonomy.”

Jayesh “Jay” Shah, MD, TMA president



INSURANCE HASSLES HALTED

TMA secured improvements to Texas' prior authorization law and Prevented health plans from using AI to deny medically necessary care.

PHYSICIAN-VETTED HEALTH INFORMATION TECHNOLOGY

TMA took a physician-led approach this session to legislation related to health information technology (HIT), namely ensuring when it's used, a physician is there.

TMA started this session pushing for a bill carried over from 2023 to delay delivery of sensitive test results, like a cancer diagnosis, from being electronically transmitted to patient immediately. **SB 922**, which allows physicians to convey the information in a compassionate way, was the first TMA bill to get signed into law by Governor Abbott.

SB 922 is limited to two types of tests: a pathology or radiology report that has a reasonable likelihood of showing a finding of malignancy, or a test result that may reveal a genetic marker.

PASSED

- **SB 815** prevents payers from using AI in the utilization review process to “make, wholly or partly, an adverse determination” that care is not medically necessary, and grants new authority to the Texas Department of Insurance to audit health plans' use of AI systems in utilization review.

- **HB 149** established consumer protections from the use of AI across multiple sectors, including health care. On the latter, the bill requires physician practices to use specified written disclosures to tell patients whether and how they are interacting with an AI system. The bill also creates the Texas Artificial Intelligence Council and the Artificial Intelligence Regulatory Sandbox Program, two new state oversight bodies tasked with advising the Texas government on AI-related policy and ensuring compliance with the new legal framework.

MEDICAL LIABILITY

Among other wins, TMA helped stop HB 4036, yet another attempt to index Texas' landmark 2003 non-economic damages cap, and SB 95, a major vaccine-related bill that would have expanded physician liability and civil liability. TMA also defeated HB 2072, which would have chipped away at the Texas Advance Directives Act by eliminating the statute of limitations and raising penalties, and mitigated attempts under HB 923 to completely undermine physician input on the Texas Medical Disclosure Panel.

PHYSICIAN AUTONOMY – PRESERVED

WOMEN'S HEALTH

The Texas Medical Association's advocacy in support of physician autonomy helped propel a raft of legislative gains for women's health this session. Chief among them: the passage of **SB 31**, the Life of the Mother Act, which now provides physicians sought-after clarity around the medical emergency exception to the state's abortion prohibition.

Since 2022, physicians and hospitals have been navigating four different abortion statutes that contain conflicting definitions and undefined terms, which created uncertainty in how they could intervene in complex emergency pregnancy situations.

SB 31 "conforms Texas abortion statutes to uniformly define the situation of when a medical emergency occurs by maintaining and clarifying protections against threats to the mother's life and threats to her major bodily functions," states a final Senate analysis. The bill also requires that the medical emergency exceptions described by the Act be construed as consistent with certain recent Texas Supreme Court opinions "including with respect to providing that any threat posed by a female's pregnancy to her life or major bodily functions need not be imminent or irreversible."

Other provisions of the law:

- Confirm the burden of proof in criminal prosecutions on the medical emergency exceptions rests with the state and not the physician;
- Clarify the definition of "ectopic pregnancy"; and
- Clarify that communications between physicians, hospital administrators, and lawyers to help understand and navigate the medical emergency exception are not considered "aiding and abetting" as defined under a separate abortion statute.

New funding was added for the Texas Higher Education Coordinating Board to study Texas' OB-gyn physician workforce and to start a new grant program for family medicine postgraduate training with obstetrics tracks – which is expected to help rural areas lacking such care and the 47% of Texas counties that are maternal care deserts.

Other legislative advancements TMA supported will enable:

- Funding for better collection of maternal and child health data;

- New grants to organizations implementing maternal health outcome programs that reduce severe obstetric complications;
- More money to improve OB care at rural hospitals;
- Improved mammography reports and patient awareness under SB 1084; and
- More timely reports from the Texas Maternal Mortality and Morbidity Review Committee under HB 713.

NONCOMPETE AGREEMENT LAW

Two sessions in the making, TMA helped craft a legislative solution that reconciles the diverging priorities of employer and employee physicians regarding noncompete agreements.

SB 1318 amends Texas' physician-specific provisions regarding covenants not to compete to, among other things:

- Specify that the covenant must expire not later than the one-year anniversary of the date the contract or employment has been terminated;
- Limit the geographical area subject to the covenant to no more than a 5-mile radius from the location at which the physician primarily practiced before the contract or employment terminated;
- Specify that the buyout requirement must be in an amount that is not greater than the physician's total annual salary and wages at the time of the termination of the contract or employment;
- Have terms and conditions clearly and conspicuously stated in writing; and
- Provide that a noncompete agreement is unenforceable if a physician is involuntarily discharged from a contract or employment without good cause (i.e., without a reasonable basis for discharge that is directly related to a physician's conduct on the job or otherwise, job performance, and contract or employment record).

CONSOLIDATION

In a similarly measured approach, TMA was mindful of the repercussions of far-reaching health care consolidation legislation that affects all physicians and likewise succeeded in defeating a bill with a Pandora's box of unintended consequences.

HB 2747 would have imposed onerous reporting requirements on even small physician practices for uncomplicated business transactions, such as merging practices or signing a lease, plus significant financial and civil penalties if those reporting requirements weren't met.

"This has been one of the most successful legislative sessions. But we are not done.

Now is the time to talk to our legislators about issues impacting patient care and practice viability so we are even more prepared next session. That's going to make Texas safer and stronger with physician-led care."

Ray Callas, MD, immediate past president



BILLS AT GLANCE: PASSED

SCOPE/ACCESS TO CARE

- **HB 3749** – Defines elective IV therapy and physician supervision, delegation, and prescribing provisions.
- **HB 18** – Sustains rural hospitals with training, technical, and financial support, and targeted grant and telehealth programs.
- **SB 5** – Creates Dementia Prevention Research Institute of Texas, or “DPRIT,” modeled after CPRIT (subject to voter approval).
- **SB 207** – Allows excused absences from public school for certain students to attend mental health care appointments.
- **SB 1401** - Creates Texas Mental Health Profession Pipeline Program via Texas Higher Education Coordinating Board.

WOMEN’S HEALTH

- **SB 31** – Clarifies timing and applicability for the medical emergency exceptions to the state’s abortion prohibition.
- **HB 713** – Sets Maternal Mortality and Morbidity Review Committee reforms.
- **HB 5155** – Creates Maternal Opioid Misuse Program.

PUBLIC HEALTH

- **SB 2024** – Prohibits the sale of e-cigarettes designed to mimic common objects like school or office supplies and containing intoxicating substances.
- **SB 1316** – Bars advertising of e-cigarettes within 1,000 ft of a school or church.
- **SB 1313** - Bans e-cigarette retailers use of marketing, advertising, or signage clearly aimed at children (e.g. cartoon characters, celebrities, candy).
- **SB 25** – Promotes nutrition and physical education in schools and requires warning labels for certain ingredients in foods such as dyes.
- **SB 379** – Bans sweetened drinks in SNAP.

VACCINES

- **HB 1586** – Makes DSHS vaccine exemption form available online but still must be notarized.
- **HB 4535** – Duplicates the informed consent process for the administration of the COVID-19 vaccine.

TECHNOLOGY

- **SB 922** – Allows a 3-day delay for sensitive test results to be disclosed to patients by electronic means so physicians – not patient portals – can first communicate those results.
- **SB 815** – Prohibits insurers from using AI to make adverse determinations on prior authorizations.
- **HB 149** – Provides for consumer protections and enforcement mechanisms regarding AI, innovation testing, and disclosures of AI use in health care.
- **SB 2420** – Requires app stores to employ age verification, obtain parental consent to the use of mobile applications by minors, and provide information from app developers regarding an app's rating.

INSURANCE/MEDICAID

- **HB 3812** – Extends the evaluation period for “gold card” prior authorization exemptions, codifies the minimum threshold of five services, and allows physicians to aggregate approvals across affiliated insurance plans.
- **SB 1266** – Assist Medicaid providers with enrollment and credentialing processes with dedicated support and improved notifications.
- **HB 2254** – Allows PPOs and EPOs to enter into voluntary value-based care arrangements with primary care physicians or groups.
- **HB 26** – Allows Medicaid MCOs to offer nutrition support services in lieu of other services if medically appropriate and cost-effective.
- **HB 3151** – Expedites credentialing for Federally Qualified Health Centers.
- **HB 3940** – Improves Medicaid enrollment notification to parents of newborns.

NONCOMPETES

- **SB 1378** – Strikes a balance on non-compete agreements for physicians with one year time limit and 5-mile geographic scope.

BILLS AT GLANCE: BLOCKED

SCOPE/ACCESS TO CARE

- **HB 3794** – Allowed APRNs full practice authority to make differential diagnoses and to independently prescribe controlled substances in Schedules II-V; similar bills included SB 911, HB 1756, HB 2532, and SB 1859.
- **SB 3055** – In counties with a population under 68,750, gave independent practice authority to certain APRNs who have 1) at least 10 years or 20,000 hours experience; or 2) practiced under a prescriptive authority agreement with a physician for at least four years or 8,000 hours.
- **SB 268** – Severely weakened the Texas Medical Board’s ability to issue certain cease and desist orders regarding the unlicensed practice of medicine.
- **HB 4051** – Allowed pharmacists to immediately treat patients for an acute condition after administering a rapid test, such as for flu or strep.
- **SB 1373** – Undermined hospital medical staff’s ability to grant, deny, renew, or modify privileges.
- **SB 1102** – Allowed midwives to administer dangerous drugs during labor.

VACCINES

- **SB 95** – Expanded physicians’ liability – to up to \$10,000 per incident – for failing to obtain a redundant layer of informed consent, and if a child were to experience any adverse reaction.
- **SB 407** – Allowed health care facility employees to opt out of vaccination.
- **SB 2119** – Expanded vaccination exemptions to medical and veterinary students.
- **SB 623** – Permitted pharmacists to refuse vaccine administration.

INSURANCE

- **HB 139** – Established a new type of health plan exempt from a long list of patient and physician protections.
- **HB 4012** – Created a bounty hunter law against physicians and added civil and criminal penalties for claims disputes.
- **HB 2747** – Imposed onerous reporting requirements on even small practices for uncomplicated business transactions, such as merging or signing a lease, plus penalties.





Physicians Caring for Texans

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