

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
<p>Budget</p>	<p>Balance Texas' state budget Maintain access to care for Texans' covered by Medicaid and the Children's Health Insurance Program.</p> <p>Preserve funding for cost-effective, community-based mental health care for adults and children, including prevention, early intervention, and crisis mental health services for patients in need of immediate psychiatric intervention.</p> <p>Preserve graduate medical education funding</p> <p>Preserve funding for the physician loan repayment programs which entice physicians to participate in Medicaid</p>	<p>HB 1, [House versions] bare-bones budget of \$164.5 billion calls for deep cuts to health and human services. The budget is short of what it would take to maintain current health services, especially given population growth and inflation. HB 1 would slash Medicaid and Children's Health Insurance Program (CHIP) physician payments by 10 percent, expand Medicaid HMOs statewide, and dramatically reduce mental health services.</p> <p>CSHB 1, [Senate version] is a \$176.5 billion budget; \$12 billion more generous than the House version. The senate budget plan restores funding for critical health care services. It does not cut physicians' Medicaid and CHIP payments by 10 percent. Preserves some funding for community-based mental health and hospital services for adults and children and graduate medical education. It also does not completely eliminate the Physician Education Loan Repayment Program or the state's tobacco cessation program.</p> <p>The final budget trims \$15 billion in current spending. It authorizes state spending to the tune of \$80.6 billion. The good news is that the agreed-upon budget includes NO cuts to physicians' Medicaid or CHIP payments. NO cuts to state mental health services, and it reverses the proposed cuts to tobacco cessation and other public health programs. Despite these improvements, the bill makes deep cuts in public health and graduate medical education. Funding for the family medicine residency program will decline 74 percent; conferees eliminated funding for the other primary care residency programs. Comparison of the House and Senate budget bills.</p> <p>Adoption of a final budget is contingent upon passage of a revenue generating bill as well as school finance reform. SB1811 by Sen. Robert Duncan (R-Lubbock) would generate non-tax revenues to help balance the budget 47 amendments adopted in House, including ban on smoking in public/work places. Bill died in Senate May 29 in filibuster.</p> <p>SB 23 by Senator Nelson and HB 1645 by Representative Zerwas also relates to the revenue generating bills. It creates about \$450 million in cost-savings, primarily in Medicaid and the Children's Health Insurance program. The measure expands Medicaid managed care into South Texas for a savings of about \$290 million</p>	<p>Signed by governor; effective date 9/1/2011</p> <p><i>SB 1811 died in regular session. Reincarnated as SB 1 in special session</i></p> <p><i>SB 23 died in regular session. Part of SB 7 in special session</i></p>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
		<p>general revenue over the biennium. It also will shift the Medicaid outpatient drug benefit to the purview of the Medicaid HMOs, though the HMOs will have to abide by a statewide formulary for the first year.</p> <p>HB 4: Supplemental appropriations bill that helps balance the budget for the current budget year, ending Aug. 31, 2011. The state has a \$4 billion deficit.</p> <p>HB 275 authorizes the state to draw money from the Rainy Day Fund. House-Senate approved \$3.2 billion</p>	<p><i>Signed by governor; effective date 8/29/2011</i></p> <p><i>Signed by governor; effective 6/1/11</i></p>
Health Insurance Reform	<p>Drug Formularies Prohibit health plans and PBMs from replacing the drug ordered with a drug from another tier without the patient's or the prescribing physician's consent;</p> <p>Require health plans to disclose (1) the use of formularies, (2) provisions for cases where a physician prescribes a drug not on the formulary, and (3) incentives used to encourage physicians to consider costs when prescribing.</p> <p>Require health plans to disclose any relationships with PBMs or pharmaceutical companies that could influence the composition of the formulary or the dispensing of prescribed drugs.</p>	<p>HB 1405 by Rep. John Smithee (R-Amarillo) would require plans that utilize a formulary to continue prescription benefits until the next renewal period if the formulary changes in the middle of the plan year. More importantly, HB 1405 would allow patients with individual coverage the same appeal rights as patients with small- or large-group health coverage. This means that a refusal or denial of a prescription drug by the health plan or pharmacy benefit manager would be considered an adverse determination and subject to an independent review if the physician has determined the drug is medically necessary.</p> <p>HB 1253 by Representative Smithee requires the health plan to notify the enrollees of any modification to the drug formulary no later than 60 days before the date the modification is effective. Currently health plans notify employers and the TDI commissioner of modifications.</p>	<p><i>Signed by governor; effective date 9/1/11</i></p> <p><i>HB 1253 passed by House 5/3; referred to SSA</i></p>
	Expedited Credentialing	SB 822 by Sen. Kirk Watson (D-Austin) would allow physicians who work in an academic setting to treat patients as "in-network" physicians for claims purposes while their applications for credentialing and health plan network participation are being reviewed and approved by the health plan's credentialing committee.	<i>Signed by governor; effective 9/1/11</i>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
	OPIC/TDI Sunset	<p>HB 1310 by Representative Smithee and SB 591 by Sen. John Carona (R-Dallas) would enhance the authority of the Office of the Public Insurance Counsel (OPIC) over insurance rates. The bill requires the Texas Department of Insurance to conduct an administrative hearing to consider any matter related to insurance rates or rate filings upon OPIC's request.</p> <p>HB 1951 by Rep. Larry Taylor (R-Friendswood) and SB 644 by Sen. Glenn Hegar (R-Katy) would continue the operations of the Texas Department of Insurance until its next Sunset Advisory Commission review in 2013. HB 1534 by Rep. Craig Eiland (D-Galveston) relating to Silent PPOs was amended to TDI sunset and HB 636 by Rep. Zerwas to create a health insurance exchange in Texas was <i>partially amended</i> to HB 1951. Senator Ellis amended bill giving TDI commissioner authority to adopt rules to increase availability of child-only health insurance plans, including ability for plans to establish open enrollment periods.</p>	<p><i>HB 1310 pending action in HI; SB 591 not taken up in Senate Business & Commerce (SBC)</i></p> <p>Signed by governor; effective date 9/1/11</p>
	Prohibition on discretionary clauses in HMO and insurance contracts	HB 3017 by Representative Smithee would put in statute what was adopted through rulemaking late last year after the Office of Public Insurance Counsel (OPIC) petitioned the Texas Department of Insurance to prohibit the use of discretionary clauses in insurance policies. TMA supported OPIC's request and commented heavily during the rulemaking process over the past year.	Signed by governor; effective date 6/17/11
	Out-of-network payments	SB 521 by Senator Carona and HB 1393 by Rep. Kelly Hancock (R-North Richland Hills) would prohibit health plans from terminating physicians from their networks solely for discussing out-of-network treatment options with their patients.	<i>SB 521 pending in SSA; HB 1392 pending in HI</i>
	Unregulated Secondary Networks (Silent PPOs): Regulate how a physician's contract information is sold, leased, or shared among entities	CSHB 1534 by Representative Eiland. The bill seeks to balance access to preferred provider organization (PPO) networks while making their actions transparent when using a physician and other health care provider discount.	<i>HB 1534 voted out of HI 4/26; Amended to TDI sunset bill 5/10; Amended to SB 8, which died 5/29; See Special Session matrix</i>
	HMO Regulation Health Insurance Regulation and	<p>HB 2149 by Representative Eiland would prevent an HMO or an insurer that contracts with a rural hospital (critical access or sole community hospital, located in a county with a population of no more than 50,000) from denying the hospital the opportunity to provide ancillary services.</p> <p>HB 2723 by Rep. Armando Walle (D-Houston) would require health insurers to give enrollees 60-days notice before they increase</p>	<p><i>HB 2149 voted out HI 4/11; Recommended for House L/C Calendar4/11</i></p> <p><i>HB 2723 passed by House 5/5; Referred to SSA 5/9</i></p>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
	<i>Patient Benefits</i>	<p>insurance premiums. This applies to patients enrolled in an individual or small-employer health plan. The notice also must include the effective date and the amount of the increase.</p> <p>HB 438 by Rep. Senfronia Thompson (D-Houston) and SB 262 by Senator Carona would require health plans to cover orally administered anticancer medications at the same level as they provide coverage for other medical or surgical expenses.</p> <p>HB 1166 by Representative Zerwas would require the Employees Retirement System of Texas to develop a plan to provide smoking cessation benefits through Texas' employee health plan, including prescription drugs to help people to quit smoking.</p> <p>CSHB 669 by Rep. James White (R-Hillister). It fosters the dialogues between a physician and his or her patient regarding breast reconstructive surgery and options available. TMA worked with bill author to change the language so it didn't prescribe what physicians should say to his or her patient.</p>	<p><i>Signed by governor; effective date 9/1/11</i></p> <p><i>HB 1166 pending HI</i></p> <p><i>CSHB 669 pending in HPH</i></p>
	<i>Health Insurance Exchange</i>	<p>HB 636 by Representative Zerwas would create the Texas Health Insurance Connector, or simplified insurance market</p>	<p><i>Pending in HI; modified version amended onto HB 1951, TDI Sunset, on 5/10 that would allow TDI to implement some elements of the exchange.</i></p>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
Health Care Collaborative	Protect physician' clinical autonomy and Texas' ban on the corporate practice of medicine	<p>SB 8 by Sen. Jane Nelson (R-Flower Mound) would establish a statewide plan for improving quality and increasing efficiency through performance-based measures, test collaborative models between physicians and other health care providers, and require public reporting of preventable readmissions and complications. TMA, the Texas Association of Health Plans, and the Texas Hospital Association have negotiated how the new paradigm in the bill would play out in the real world. As a result of these negotiations, three important provisions have been added to SB 8 to protect physicians in a collaborative arrangement:</p> <ul style="list-style-type: none"> Physicians would have an equal say and vote in a collaborative arrangement's governing board. They also would have due process protections and the ability to participate in more than one collaborative arrangement in their community. The bill also protects Texas' ban on the corporate practice of medicine 	<i>CS SB 8 passed by Senate 4/19; voted out of HPH 5/19; adopted by House 5/24 with SB 1177 amended to it (TMA-backed health care worker vaccination bill) and HB 1534 (Silent PPO bill). Bill died on House floor 5/29. Part of SB 7 in special session</i>
HIT	<p>Support measures that protect patient privacy and consent.</p> <p>Support measures to improve HIT without adding more burdensome paperwork to physicians that detracts from patient care.</p> <p>Prevent third parties from collecting clinical data and using it for punitive purposes. Support interoperable and robust HIT systems that accommodate all payers in the health care system.</p> <p>Support initiatives that eliminate barriers to physician implementation and use of EMRs and electronic prescribing.</p>	<p>CS HB 300 by Rep. Lois Kolkhorst (R-Brenham). TMA has worked to achieve numerous changes on the bill so it won't adversely affect physician practices. The legislation is an attempt to strengthen state privacy law on top of the federal Health Information Portability and Accountability Act (HIPAA). It would ban the sale of personal health information, for direct or indirect remuneration, but allow it for treatment, payment, or health care operations. It also sets up a process for notifying patients of, and obtaining consent for, the electronic transfer of their medical records. Physicians or other health care providers who willfully break the rules or are repeat offenders may be subject to disciplinary action by their licensing agency.</p> <p>SB 622 by Senator Nelson would protect a patient's health information and personal information.</p>	<p>Signed by governor; effective date 9/1/11</p> <p><i>SB 622 passed by Senate 3/24; voted out of HPH 5/21 as substituted</i></p>
Medicaid/CHIP	<p>Ensure access to care for Texans' covered by Medicaid or the Children's Health Insurance Program.</p> <p>Support development of innovative</p>	<p>SB 7 by Senator Nelson would establish a new Medicaid and Children's Health Insurance Program (CHIP) Quality-Based Payment Advisory Committee that would:</p> <ul style="list-style-type: none"> Provide recommendations to the Texas Health and Human 	<i>SB 7 passed by Senate 4/19; voted out of HPH 5/18; on May 20, House added SB7 as an amendment to SB23; conference committee will</i>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
	<p>payment and delivery system reforms, such as the patient-centered medical home and physician-led accountable care organizations, to help slow Medicaid spending.</p>	<p>Services Commission to improve health outcomes and patient safety, and reduce the incidence of potentially preventable hospitalizations and readmissions;</p> <ul style="list-style-type: none"> • Direct the state to test new payment and delivery systems that provide incentives to physicians and hospitals to develop more coordinated, evidence-driven, cost-effective care; • Tie a portion of Medicaid HMO premiums to improved health outcomes and quality; and • Implement copayments in Medicaid to reduce unnecessary emergency department use <p>SB 1580 by Sen. Steve Ogden (R-Bryan) and HB 3666 by Representative Zerwas. It relates to the revenue generating bills. It would require the HHSC to study cost-effectiveness of tele-monitoring for diabetic Medicaid patients and if cost-effective, to consider expanding the program.</p> <p>HB 2245 by Representative Zerwas would create physician incentive programs to reduce hospital emergency room use for non-emergent conditions by Medicaid patients.</p> <p>HB 1720 by Rep. John Davis (R-Houston). It would improve accountability in Medicaid/CHIP. TMA issued comments to address issues related to scope.</p> <p>HB 3678 by Rep. Fred Brown (R-College Station) would implement cost-saving measures for the Medicaid vendor drug program and child health plan program prescription drug benefits. It would implement mandatory generic formulary and mandatory three prescription drug limit within Medicaid, among other changes.</p> <p>HB 2636 by Representative Kolkhorst directs the HHSC to establish a commission to study neonatal intensive care units.</p> <p>HB 1983 by Representative Kolkhorst would direct the Health and Human Services Commission (HHSC) to implement tested, evidence-based quality and cost-savings measures aimed at reducing the incidence of elective inductions or C-sections prior to</p>	<p><i>reconcile differences between Senate and House versions of SB23. Passed in special session as SB 7</i></p> <p><i>SB 1580 passed by Senate 4/29; Referred to House Appropriations w/ HB 3666 5/2; similar language included within SB 23, which House adopted on May 20; SB 23 died 5/29</i></p> <p>Signed by governor; Effective date 9/1/11</p> <p>Signed by governor; Effective date 9/1/11</p> <p><i>HB 2636 passed by House 5/5; voted out of SHHS 5/12; Set on Local Calendar; Senate approved on 5/25 Sent to governor 5/27</i></p> <p>Signed by governor; effective date 9/1/11</p> <p>Signed by governor; effective date 9/1/11</p>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
	<p>Support proven and pragmatic strategies to constrain cost, such as expanding the Women's Health program, reducing the incidence of preterm births, and promoting community and physician driven managed care.</p>	<p>the 39th week of gestation. It also directs HHSC to study the impact on infant health, the frequency of infant admissions to neonatal intensive care units, and readmission rates.</p> <p>SB 575 by Sen. Leticia Van de Putte (D-San Antonio), SB 585 by Senator Watson, and SB 1854 by Sen. Bob Deuell, MD (R-Greenville). SB 1854 is the vehicle in play to extend the Texas Women's Health Program, which is set to expire December 2011. The program provides gynecological exams and birth control to more than 120,000 low-income women. The committees substitute for SB 1854 would not only ban Planned Parenthood from continuing to participate in the program, it would scrap the entire program if the organization, which provides abortions among other services, successfully sues to rejoin.</p> <p>HB 5 by Representative Kolkhorst and SB 25 by Senator Nelson. It would authorize the state to participate in a multistate compact to help fund and administer Medicaid. If passed, the compact would be submitted to Congress for its consideration. If approved, member states could pursue waivers that would relieve the state of federal mandates regarding Medicaid; CHIP; and all other health care programs, such as mental health and public health services. If successful, Texas likely would receive a block grant of around \$60 billion, based on 2010 state/federal health care spending. Texas would then create its own health care program to replace Medicaid, CHIP, and all the other public health services.</p> <p>CSHB 13 by Representative Kolkhorst. The bill calls for the development of a Section 1115 federal waiver (block grant) to give Texas greater flexibility in the design and operation of the Medicaid program. TMA raised several concerns about the bill, specifically whether Texas could secure enough funding to cover not only annual medical inflation but also caseload growth.</p> <p>HB 273 by Representative Zerwas and SB 1397 by Senator Patrick would create a committee to study the Interstate Health Care Compact.</p>	<p><i>SBs 575, 585 and 1854 referred to subcommittee. CSSB 1854 voted out SHHS 5/6; Placed on Senate Intent Calendar 5/18; all bills related to Women's Health Program died as a result over a fight regarding the role of Planned Parenthood as family planning provider. Amendment on budget bill keeps program alive two more years.</i></p> <p><i>HB 5 passed by House 4/21; voted out of SHHS 5/11; placed on Senate Intent Calendar 5/24; amended to SB 8 which died in regular session 5/29. HB 5/SB 5 added to SB 7 in special session.</i></p> <p><i>CSHB 13 voted out of HPH with substitute 5/2; approved by House 5/11; voted of SHHS 5/20; placed on S/Intent Calendar 5/24; amended to SB 8;died 5/29; Reincarnated as HB 13 for special session. HB 273 passed as substituted by SHHS 5/10; Placed on Senate Intent Calendar 5/24; SB 1397 in SSA</i></p>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
<p>Medical Liability</p>	<p><i>Protect Texas' medical liability reforms</i></p>	<p>SB 1545 by Sen. Dan Patrick (R-Houston). It would provide immunity to physicians when they perform a student athlete physical examination or medical screening.</p> <p>HB 274 by Rep. Brandon Creighton (R-Conroe). It would discourage the filing of obviously frivolous lawsuits and encourage more efficient and speedier resolution of most claims.</p>	<p><i>Signed by governor; effective 9/1/11</i></p> <p><i>Signed by governor; effective date 9/1/11</i></p>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
<p>Physician-Employment Protections</p>	<p><i>Protect Texas' ban on the corporate practice of medicine</i></p> <p><i>Protect the physician's clinical autonomy from non-physician interference.</i></p> <p>Strengthen TMB oversight of existing employment exceptions.</p> <p>Expand TMB's authority to establish mechanisms and processes that protect physicians' responsibility to make clinical decisions in the best interest of their patients.</p>	<p>SB 894 by Sen. Robert Duncan (R-Lubbock) and Rep. Garnet Coleman (D-Houston). The bill would allow critical access hospitals, sole community hospitals, and hospitals in counties of 50,000 or fewer to employ physicians. Most of these hospitals are run by local governments. The bill contains many features that protect the physician's clinical autonomy against the corporate practice of medicine including:</p> <ul style="list-style-type: none"> • Places the responsibility for all clinical matters — bylaws, credentialing, utilization review, and peer review — under the medical staff; • Guarantees physicians' independent medical judgment; • States that all physicians — employed or independent — are subject to the same rights and responsibilities; • Allows employed physicians to participate in the selection of their liability insurance and have the right to consent to settle in a liability action; and • Requires the medical staff to designate a chief medical officer (CMO) who must be approved by the hospital board. The CMO has the duty to report to TMB that the hospital is hiring physicians under this bill and that the CMO is the contact for TMB. The CMO has a duty to report instances of interference to TMB. <p>SB 1661 Sen. Robert Duncan (R-Lubbock) will provide clinical protections for thousands of physicians employed in [501(a)s]. It ensures physicians are able to retain independent medical judgment in doing what is best for their patients.</p> <p>HB 1568 by Representative Coleman and SB 1795 by Sen. Mario Gallegos (D-Houston) would allow the Harris County Hospital District to employ physicians WITH PROTECTIONS. The Harris County bill provides for a structure for the supervision of all clinical issues related to the practice of medicine in a Medical Executive Board (MEB). It imposes no new structure but rather utilizes the existing MEB as a physician lead group in charge of the practice of medicine by all physicians - employed or medical school affiliated - providing care in District facilities. It is the product of local discussions, facilitated by the TMA, and included the District, the</p>	<p>SB 894 signed by Governor May 12, 2011; effective 5/12/11</p> <p>Signed by governor; effective date 9/1/11</p> <p>Signed by governor; effective 9/1/11</p>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
		<p>Harris County Medical Society and both medical schools, UT Houston and Baylor. It, too, helps the district meet its statutory mission to provide care to the indigent.</p> <p>HB 2351 by Rep. Ruth Jones McClendon (D-San Antonio) and SB 1263 by Sen. Leticia Van de Putte (D-San Antonio) would allow the Bexar County Hospital District to employ physicians WITH PROTECTIONS to meet its statutory mission of providing care to the indigent. The bill resulted from local consensus between the Bexar County Medical Society, the hospital district and medical schools to develop an employment structure that protects a physician’s clinical autonomy and the patient-physician relationship. The framework of the employment arrangement constitutes a Non Profit Healthcare Corporation – a 501a – with a physician board of directors to oversee all the clinical issues related to physicians and the care they provide their patients.</p> <p>SB 860 by Sen. Jose’ Rodriquez (D-El Paso) and HB 840 by Rep. Naomi Gonzalez (D-El Paso) and would allow the El Paso County Hospital District to employ physicians and other health care providers WITH PROTECTIONS. Under this measure, the supervision of all matters related to the practice of medicine – by all physicians, employed or not – is the responsibility of the district’s medical executive board. The board would be made up of physicians and would establish the rules related to credentialing of physicians, peer review process, quality assurance programs, and any other function related to the clinical responsibilities of physicians practicing in district facilities. The bill results from a series of discussions TMA had with the hospital district and El Paso CMS aimed at understanding its challenges for the future and our need to protect the patient-physician relationship and independent medical judgment and help the Hospital District to fulfill its statutory mission of providing care to the indigent.</p> <p>SB 761 by Sen. Royce West (D-Dallas) and HB 2854 by Rep. Vicki Truitt (R-Keller) would allow the Scottish Rite Hospital in Dallas to continue to employ physicians. Throughout its history, the hospital has been employing physicians because of its charitable mission. The physicians at this facility occupy a unique position at the intersection of academia, research and charity care. Scottish Rite</p>	<p><i>Signed by governor; effective date 9/1/11</i></p> <p><i>Signed by governor 6/17/11; effective same day</i></p> <p><i>Signed by governor 6/17/11; effective same day</i></p>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
		<p>accepted amendments to assure that the medical staff remains responsible for all aspects of the practice of medicine and have control of all clinical issues.</p> <p>SB 303 by Sen. Robert Nichols (R-Jacksonville) was amended to allow Tarrant County Hospital District to employ physicians with strict protections. It provides for a structure for the supervision of all clinical issues related to the practice of medicine in a Medical Executive Board (MEB). It imposes no new structure but rather utilizes the existing MEB as a physician lead group in charge of the practice of medicine by all physicians - employed or medical school affiliated - providing care in District facilities.</p> <p>SB 1255 by Sen. Craig Estes (R-Wichita Falls) and HB 3753 by Rep. Phil King (R-Weatherford). It would allow hospitals in Wise County to employ physicians. This measure currently falls outside the scope of physician-employment bills that TMA supports.</p>	<p>Signed by governor; effective date 9/1/11</p> <p><i>SB 1255 passed by Senate 4/21 voted out of House Urban Affairs 5/12; Senate L/C Calendar 5/12; HB 3753 recommended for House L/C Calendar</i></p>
Physician Workforce	Produce more homegrown physicians through adequate state formula funding of medical school expansions and GME slots.	<p>HB 2908 by Rep. Dan Branch (R-Dallas) requires the Higher Education Coordinating Board to assess the number of graduate medical education (GME) slots in the state and whether this number meets the national standards relating to the ratio of GME slots to medical student slots, to make sure the state is maximizing its investment in medical education.</p> <p>HB 1380 by Representative Truitt and SB 1022 by Senator Rodríguez and would allow international medical graduates to apply for licensure in Texas after two years of graduate medical education.</p> <p>SB 189 by Jane Nelson would affect IMG physicians who are not American citizens or permanent legal residents who apply for a Texas medical license by obligating them to practice at least 3 years in an underserved area as a condition of licensure.</p>	<p>Signed by governor; effective date 9/1/11</p> <p>Signed by governor; effective date 9/1/11</p> <p>Signed by governor; effective date 9/1/11</p>
Public Health	Children's Health	<p>CSSB 229 by Senator Nelson would remove current exemptions to allow for all newborns in Texas to get a hearing screen.</p> <p>CSSB 270 by Sen. Uresti has some similarities with CSSB 229. It removes facility exemptions for performing newborn hearing screening and adds follow-up care for newborns with abnormal</p>	<p>Signed by governor; effective date 9/1/11</p> <p><i>SB 270 passed by SHHS; passed by Senate 5/13; voted out of HPH 5/21</i> Amended to HB 411 5/23</p>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
		<p>hearing screening results however it also establishes an oversight process for individuals conducting the screen-up care for newborns with abnormal hearing screening results</p> <p>CSHB 411 by Representative Laubenburg and SB 507 Senator Deuell would put in statute policy developed by DSHS during the interim that bloodspots can be used only for public health studies and can only be released by commissioner approval and institutional review board. The House passed version now requires opt-in consent for the retention of patient blood spots. This does not impact the opt-out consent process for the actual newborn screen.</p> <p>Multiple bills have been filed that would prohibit the sale or possession of substances commonly marketed to children and adolescents, including:</p> <p>Salvia (two bills): (1) SB 348 by Senator Estes; and (2) HB 470 by Rep. Charles Anderson (R-Waco);</p> <p>Synthetic cannabinoids: CSSB 331 by Sen. Florence Shapiro (R-Plano) and Rep. Jerry Madden (R-Richardson)</p> <p>Mephedrone or others known as “bath salts:” CSHB 2118 by Representative Coleman and CSB1066 by Senator Estes</p>	<p>Signed by governor; effective date 9/1/11</p> <p><i>SB 348 placed on Local and Consent 5/25 but was withdrawn;</i></p> <p><i>HB 470 passed by House 4/20; referred to Senate Criminal Justice but not heard</i></p> <p>Signed by governor; effective date 9/1/11</p> <p>Signed by governor; effective date 9/1/11</p>
Public Health	Concussion management	<p>HB 675 by Rep. Eddie Lucio III (D-Brownville) would require school districts to maintain a history and maintenance records on football helmets. Helmets used for 10 years need to be reconditioned; those used for 16 years can no longer be used.</p> <p>CSHB 677 by Representative Lucio would require a neurocognitive or cognitive-linguistic assessment of young athletes before they could participate in athletic activities sponsored or sanctioned by the UIL after sustaining a concussion. Provides return-to-play guidance. Allows districts to opt-out.</p> <p>CSHB 2038 by Rep. Four Price (R-Amarillo) and SB 835 by Senator Deuell. The bill addresses the prevention, treatment, and</p>	<p>Signed by governor; effective date 9/1/11</p> <p><i>CSHB 677 voted out of House Public Education 5/5; House passed 5/13; referred to Senate Education 5/16 no action taken</i></p> <p>Signed by governor; effective date 9/1/11</p>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
Public Health	Food Safety	<p>management of concussions affecting young athletes participating in interscholastic events.</p> <p>HB 75 by Rep. Dan Flynn (R-Van) and SB 237 by Senator Deuell. The bill would expand access to unpasteurized, raw milk. Dr. Edwards explained to committee members why raw, unpasteurized milk is a health hazard.</p> <p>SB 81 by Senator Nelson would increase the number of food manufacturers, food wholesalers, and warehouse operators that will be required to have a license from DSHS. Includes amendments from HB 2084 and HB 3387.</p> <p>HB 2084 by Representative Kolkhorst. It would expand the sale of small food production and sales operations. The part amended to SB 81 would expand sale of small food production to include baked goods for producers with an annual income of \$50,000 or less. Would require labeling for these cottage food producers to include name of producer and statement that the food is not inspected.</p> <p>HB 3387 by Rep Rodriguez would define a farmers market and permit samples in an unregulated environment; TMA and TALHO opposed in committee. The part amended to SB 81 defines farmers markets and allows for the DSHS or local health department to issue temporary food establishment permit for sellers at farmers markets and allows DSHS to adopt rules on temperature requirements.</p> <p>CSSB 506 by Senator Deuell and Representative Guillen decreases the mercury level that would trigger a fish consumption advisory and requires posting information on website.</p> <p>SB 1301 by Sen. Robert Deuell, MD (R-Greenville). The legislation would require that a bitter-tasting substance be added to antifreeze products that contain ethylene glycol. The goal is to deter children from drinking these poisonous products. The bill was taken up today in the House Public Health Committee</p>	<p><i>HB 75 no action pending HPH</i></p> <p>Signed by governor; effective date 9/1/11</p> <p><i>HB 2084 voted out of HPH; recommended for Local Calendar 5/2but not heard; see amendments to SB 81</i></p> <p><i>HB 3387 voted out of HPH 5/6; House passed 5/11; no action taken in SHHS</i></p> <p><i>CSSB 506 passed by the Senate 4/29; failed to receive an affirmative vote In HPH</i></p> <p><i>SB 1301 passed by Senate 4/13; voted out of HPH 5/19; set on House calendar 5/2 4but not heard</i></p>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
Public Health	Hospital-acquired infections (HAI)	SB 620 by Senator Nelson calls for changes in hospitals' reporting of health care-associated infection (HAI) information. The changes would allow the state to participate in the National Healthcare Safety Network supported by the Centers for Disease Control and Prevention. SB 620 would help guarantee a standardized reporting process and conserve precious state dollars. Language from this bill was also included in SB 8 by Sen. Nelson.	SB 620 passed by Senate 4/14; voted out of HPH 5/19 but was not placed on the House calendar SB 8 died on House floor 5/29. <i>Added to SB 7 in special session.</i>
	Hydraulic Fracturing	CSHB 3328 by Jim Keffer (R-Granbury) would require the disclosure of the chemicals used in the hydraulic fracturing, or "fracking" process. The process requires fluids to be pumped underground at high pressure to break up rock and release gas. Language from HB 3328 was also amended to SB 660 by Sen. Juan Hinojosa	Signed by governor; effective date 9/1/11 SB 660 signed by governor; effective date 9/1/11
Public Health	Immunizations Support a statewide initiative to promote vaccination of health care workers and child care providers. Support efforts to make the state's immunization registry more accessible for adults and to make it an opt-out system.	CSSB 1107 by Sen. Wendy Davis (R-Fort Worth) and HB 1816 by Rep. Charlie Howard (R-Sugarland). It would require all first-time students at public and private or independent colleges to receive a bacterial meningitis vaccination. CSSB 1177 by Senator Nelson and Representative Zerwas requires health care facilities such as hospitals to develop and implement vaccination policies for employees to protect patients from vaccine-preventable diseases. The policy would require health care workers to get vaccinations recommended by the CDC and ACIP. HB 3336 by Representative Coleman would require that new moms receive information on pertussis (and the ability to get a Tdap vaccination if needed) before leaving the hospital. CSHB 574 by Rep. Donna Howard (D-Austin) and SB 56 by Sen. Judith Zaffirini (D-Laredo) would allow for immunization data to be automatically stored in the state immunization registry, ImmTrac, allowing for individuals to <i>opt-out</i> .	CSSB 1107 passed by Senate 4/28; House passed 5/6; Senate concurred w/House amendments 5/11; sent to governor 5/16 SB 1177 passed by the Senate 4/26; voted out HPH 5/20; set on House Calendar 5/24; amended to SB 8 5/24; <i>Added to SB 7 in special session</i> Signed by governor; effective date 6/17/11 CSHB 574 voted out of HPH 5/9 as substituted but not placed on House calendar; No action taken on SB 56 in SHHS
Public Health	Lyme Disease	CSSB 1360 by Sen. Chris Harris (R-Arlington) and CSHB 2975 by Rep. Todd Hunter (R-Corpus Christi). The legislation establishes a process of accredited continuing medical education (CME) programs for physicians by the Texas Medical Board (TMB). A TMB stakeholders group would develop accredited CME offerings	Signed by governor; effective 9/1/11

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
		regarding Lyme disease diagnosis, care, and treatment. Language from these bills was also added to HB 1013.	
Public Health	<p><i>Obesity and Worksite Wellness</i> Maintain the state’s current anti-obesity programs, which help communities build physical environments that promote exercise and enable families to have greater access to nutritious food.</p> <p>Support increased physical activity, health education, and yearly reporting of coordinated school efforts through School Health Advisory Committees. Improve nutrition and physical activity in early childhood programs, including promotion of breast feeding.</p>	<p>CSSB 226 by Senator Nelson requires schools to report students’ fitness and academic scores to the Texas Education Agency.</p> <p>CSHB 400 by Rep. Rob Eissler (R-The Woodlands), amendments to the bill would remove the requirement for annual physical fitness testing (Fitnessgram) for all students in grades 3 through 12 and only require the test for students enrolled in physical education class. Other amendments threatened Coordinated School Health program.</p> <p>HB 127 by Representative Alvarado bans the sale of unhealthy drinks to students in schools.</p> <p>CSSB 89 by Senator Lucio and HB 643 by Rep. Eddie Rodriguez (D-Austin) require districts with at 50 percent of students eligible for reduced meals to provide a summer nutrition program.</p> <p>SB 1533 by Sen. Juan “Chuy” Hinojosa (D-McAllen) and HB3467 by Rep. Diane Patrick (R-Arlington) would restrict the availability of foods served in Texas public schools with industrially produced trans fats.</p> <p>HB 2414 by Rep. Borris Miles (D-Houston) would extend the Healthy Food Advisory Committee that was established last session. This committee looks at the retail availability of fresh fruits and vegetables in lower income areas and directs the committee to find funding sources for promoting retail availability</p>	<p>SB 226 signed by governor; effective date 6/17/11</p> <p><i>CSHB 400 voted out of HPE; died on House floor, Included in SB 8 of special session but did not pass</i></p> <p><i>HB 127 passed by House 4/26; No action taken in Senate Education 5/19</i></p> <p>Signed by governor; effective date 9/1/11</p> <p><i>SB 1533 passed by Senate 5/5; referred to the House Public Education 5/9 where HB 3467 resides</i></p> <p><i>HB 2414 voted out of HPH 5/6; Set on House Calendar 5/12but no further action taken</i></p>
Public Health	<p><i>Tobacco Prevention</i> Enact a statewide smoking ban</p>	<p>HB 670 by Rep. Myra Crownover (R-Denton) and CSSB 355 by Sen. Rodney Ellis (D-Houston) would prohibit smoking in all public places and workplaces. TMA has worked with author on a strategy to amend similar language to a must-pass Fiscal Matters bill (HB3790) which has been pending in the House (both House and Senate versions)</p>	<p><i>HB 670 voted out of HPH 3/18; Set on House Calendar 5/11/ bill postponed to 7/4; Amended to SB 1811 5/20; amendment was stripped off in conference committee CSSB 355 placed on Senate Intent Calendar 5/20 but not heard HB 46 in special session.</i></p>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
		<p>SB 268 by Senator Uresti would raise the legal age to purchase cigarettes or tobacco products to age 19 from the current age of 18.</p> <p>HB 2602 by Representative Alvarado would increase the tax on cigarettes from \$1.41 to \$2.46 per pack</p> <p>HB2599 by Rep. Allan Ritter (R-Nederland) would place a tax on chewing tobacco and require better reporting of tobacco taxes. Committee substitute <u>lowers the tax</u>, instead of raising it. TMA will oppose this bill in the Senate.</p> <p>HB 2600 by Rep. Ritter would require records and reports required for purposes of the taxes imposed on cigars and other tobacco products.</p> <p>SB 1811 includes language from Rep. Zerwas' HB 1166 on a fee for tobacco users, which would apply to participants in Texas employees group benefit plan.</p>	<p><i>No action taken on SB 268 in Senate Finance 4/28</i></p> <p><i>HB 2602 considered briefly in House Ways and Means (HWM) on 4/28 but no action taken</i></p> <p><i>HB 2599 approved by House 5/4; referred to Senate Finance 5/12but no action taken</i></p> <p><i>HB 2600 passed House 4/21; referred to SFC 4/29with no further action</i></p> <p><i>SB 1811 died in regular session. Reincarnated as SB 1 in special session</i></p>
<p>Scope of Practice</p>	<p>Scope Expansions</p> <p>Prevent any efforts to expand scope of practice beyond that safely permitted by nonphysician practitioners' education, training, and skills.</p> <p>Defend a single standard of care, the physician's role as leader of the health care team, and the physician's ability to delegate and responsibility to supervise medical care for patients.</p> <p>Support licensure efforts by nonphysician practitioners when it improves patient care, when the practitioners are appropriately trained, and when there is appropriate linkage to the TMB for regulatory oversight.</p>	<p>House Bill 708 by Representative Hancock, HB 915 by Rep. Wayne Christian (R-Center), and HB 1266 by Representative Coleman. All three bills have slight nuances. However, each would allow advanced practice nurses (APNs) to practice independently of physician supervision. The bills would apply to nurse practitioners, nurse anesthetists, and clinical nurse specialists. All would be allowed to (1) prescribe, (2) diagnose, and (3) order and prescribe therapeutic care independently of physician supervision. They would allow care to be provided to patients under the supervision of the Texas Board of Nursing, not the TMB.</p> <p>HB 637 by Representative Eiland would allow physical therapists (PTs) direct access to treat patients without referral from a physician. It would leave the decision to the PT when and if to refer to "an appropriate health care practitioner" if there is not a "significant functional improvement in the patient's condition within a reasonable and predictable time."</p> <p>SB 1056 by Senator Carona would greatly expand the scope of practice for optometrists. The bill would allow optometrists to perform certain surgeries, prescribe or administer any oral or</p>	<p><i>HBs 708, 915 and 1266 action pending HPH HB 1266 has morphed to an Interim Study, passed HPH and sent to Calendars. No Senate companion, no Senate hearing anticipated</i></p> <p><i>HB 637 action pending HPH</i></p> <p><i>Referred to Senate Finance</i></p>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
		<p>parenteral drugs, and use the title “optometric physician.”</p> <p>SB 1084 by Sen. Jeff Wentworth (R-San Antonio) and HB 1716 by John Garza (R-San Antonio) would establish a definition of “complementary and alternative health care services” in state law and define which acts practitioners of these services are prohibited from doing, such as surgery, diagnostic testing, the exercise of prescriptive authority, and medical diagnosis but allow them to perform all other services. It would also require these practitioners to give each client in writing the services they are providing and the practitioner’s related education, training, experience, or other qualifications to provide these services.</p> <p>CSSB 1001 by Senator Carona and HB 3441 by Rep. Warren Chisum (R-Pampa). The committee substitute removed much of the language expanding scope of practice for chiropractors and other health care practitioners. The bill now requires fair payment and nondiscrimination in payment by health plans for services that chiropractors are authorized to provide. It also allows chiropractors and physicians to establish business relationships as long as the physician affirmatively reports and updates those relationships to TMB.</p> <p>HB 1893 by Representative Zerwas calls for a physician to directly supervise anesthesiologist assistants.</p> <p>HB 2098 by Rep. John Davis would authorize physicians and PAs to form corporations for certain purposes. Senator Uresti sponsor.</p>	<p><i>SB 1084 action pending SHHS</i></p> <p><i>CSSB 1001 passed by Senate on 4/14; approved House Licensing and Administrative Procedures 5/17; set on House calendar 5/24</i></p> <p><i>HB 1893 pending action in HPH</i></p> <p><i>HB 2098 passed by House 5/12; SSA approved 5/21; Senate approved 5/24; sent to governor 5/27</i></p>
Scope	Telemedicine	<p>HB 2333 by Rep. Rick Hardcastle (R-Vernon). The legislation would allow a physician to diagnose and treat a patient via the Internet without first establishing a relationship in person or doing a physical exam on the patient. The bill also would allow a physician or telemedicine service to use an unlimited number of physician assistants and APNs to provide care to patients via the Internet; ; TMA and TAFP testified against the bill in the hearing</p>	<p><i>HB 2333 pending action in HPH however proponents are actively seeking other vehicles to amend</i></p>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
<p>Texas Advanced Directives</p>	<p><i>Protect Texas Advanced Directives Act</i></p> <p>Protect physicians from having to possible criminal charges from enacting a DNR</p>	<p>HB 3520 by Rep. Bryan Hughes (R-Mineola). The measure would force physicians and hospitals to provide medically unnecessary care indefinitely.</p> <p>HB 2483 by Rep. Aaron Peña (R-Edinburg). The restrictive measure would greatly limit a physician’s ability and willingness to execute a “do not resuscitate” order. It also would potentially criminalize the activity. It prioritizes the wishes of family members above those even of the patient and gives them near-absolute control over how long and what kind of care a terminally ill patient should receive while in the hospital, regardless of whether the care is medically appropriate.</p> <p>SB 1632 by Sen. Brian Birdwell (R-Granbury) relates to certain do-not-resuscitate orders and advance directives</p>	<p><i>CSHB 3520 and HB 2483 sent to subcommittee in House Human Services Committee(HHS); action pending; issue dead at this time</i></p> <p><i>Referred to SSA</i></p>
<p>Texas Medical Board</p>	<p><i>TMB Reforms</i></p> <p>Oppose efforts that would diminish the agency’s ability to protect public safety, such as weakening its ability to sanction physicians for non-therapeutic treatment or prescribing.</p> <p>Support legislation to ban truly anonymous complaints while allowing disclosure if the complaint comes from an insurance company or its representative.</p> <p>Support legislation to require TMB to abide by the decisions of the State Office of Administrative Hearings (SOAH) in disciplinary matters.</p> <p>Support legislation to increase from 30 to 45 days the period in which a physician must respond to a notice of complaint.</p>	<p>CSHB 1013 by Representative Brown and SB 906 by Senator Patrick. The bill would increase all physicians’ licensing fees to pay for more bureaucratic requirements from TMB, which could advantage physicians that potentially have quality of patient care issues. Floor amendment eliminated a number of concerning elements in bill.</p> <p>HB 680 by Rep. Charles Schwertner MD (R-George Town). The substitute adopted 4/8 extends TMB's deadline for completing a preliminary investigation of a complaint from 30 to 45 days after receipt of complaint. Also, extends TMB's deadline for notifying physician named in complaint of an informal meeting; must notify physician of time and place of meeting not later than 45 (rather than 30) days before date of meeting. SB 190 was amended to this bill on 5/27.</p> <p>SB 190 by Senator Nelson would do the following:</p> <ul style="list-style-type: none"> • All physicians to tape the proceedings of a TMB informal settlement conference; • Increase the time for a physician to respond to a notice from 30 days to 45 days; • Eliminate anonymous complaints; • Institute a statute of limitations on bringing a disciplinary action; and 	<p><i>CSHB 1013 voted out of HPH 4/18; Passed by House 5/9; pending in SHHS</i></p> <p><i>Signed by governor; effective 9/1/11</i></p> <p><i>SB 190 passed in Senate 3/17; voted out of HPH 5/5; Knocked off L&C Calendar by special interest groups opposed to TMA; set on House calendar 5/24; amended to HB 680 in Senate 5/24; House concurred 5/27; Amended to HB 680, signed into 6/17/11</i></p>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
		<ul style="list-style-type: none"> Prohibit the granting of a license to an applicant who has had a medical license suspended or revoked by another state. <p>SB 191 by Senator Nelson would bind TMB to the ruling of an administrative law judge in a proceeding supervised by the State Office of Administrative Hearings.</p> <p>SB 227 by Senator Nelson would provide discretion for TMB to waive a fine in lieu of a remedial action plan for a minor administrative violation.</p> <p>SB 240 by Senator Huffman would streamline the process for out-of-state physicians to obtain a medical license in Texas. Under the measure, doctors who have held a medical license in another state for at least five years, have never had any disciplinary orders or probation, and agree to practice medicine in an underserved area would be given an indefinite amount of time to complete their licensing certification in Texas. Companion legislation is SB 612 by Senator Rodriguez.</p>	<p>Governor vetoed 6/17/11</p> <p>Signed by governor; effective date 9/1/11</p> <p><i>SB 240 passed in Senate 3/22; voted out of HPH 5/20</i></p>
Trauma Care		<p>HB 2546 by Representative Zerwas would create the emergency and trauma care education partnership program. The partnership would consist of one or more hospitals and one or more nursing or medical education programs with the goal of increasing enrollment and graduation of physicians and registered nurses with training in emergency and trauma care.</p> <p>HB 1015 by Rep. Linda Harper Brown (R-Irving) and SB 435 by Senator Nelson would consolidate the state's poison centers into one statewide center. Same language was added to SB 1579 by Senator Ogden relating to state fiscal matters to general government. Sen. Nelson working to correct measure. Language was added to fiscal matters bill SB 1811 that would allow for the Commission on State Emergency Communications to implement standardized operations among the six poison centers.</p> <p>HB 299 by Rep. Leo Berman(R-Tyler); HB 1609 by Rep. Larry Gonzalez; HB 1810 by Rep. Burnam; and SB 624 by Senator Whitmire relate to the Driver's Responsibility Program</p>	<p><i>CSHB 2546 voted out of HPH as substituted 5/6</i></p> <p><i>HB 1015 pending in HPH; SB 435 pending in SHHS</i></p> <p><i>SB 1579 approved by Senate 5/5; voted out House Appropriations Committee 5/13; language amended to SB 1811 in Conference Committee; SB 1811 died 5/29</i></p> <p><i>HBs 299, 1609 in House Homeland Security and Public Safety; SB 624 in Senate Finance</i></p>

ISSUE	2011 LEGISLATIVE PRIORITIES	2011 LEGISLATION	BILL STATUS
Workers' Compensation	<p><i>OIEC/Division of Worker's Compensation Sunset</i></p> <p>Injured workers should be able to obtain clinically appropriate, cost-effective health care in a timely manner and within a reasonable geographic proximity.</p>	<p>HB 1774 by Representative Taylor and SB 651 by Senator Huffman would continue the functions of the Office of Injured Employee Counsel under the workers' compensation program for six years, to coincide with the next Sunset Advisory Commission.</p> <p>HB 2605 by Representative Taylor and SB 658 by Senator Huffman would continue the functions of the Division of Workers' Compensation for six years.</p>	<p><i>Signed by governor; effective date 9/1/11</i></p> <p><i>Signed by governor; effective date 9/1/11</i></p>
Miscellaneous	<i>Sonogram/abortion</i>	HB 15 by Rep. Sid Miller (R-Stephenville) and SB 16 by Senator Patrick would require women to have a sonogram before terminating a pregnancy.	<i>Signed by governor 5/19/11; effective date 9/1/11</i>
Miscellaneous	Government Reorganization and Sunset	HB 1875 by Rep Kolkhorst would eliminate a number of committees and advisory councils such as the Statewide Health Coordinating Council; TMA has concerns over the change in status of some of these valuable policy bodies. Author got bill re-referred to different committee and rules suspended to hear it during the same week (highly unusual) thus no testimony was possible due to the above maneuver.	<i>CSHB 1875 voted out House Gov. Efficiency and Reform as substituted 5/9; pending in House Calendar</i>
Miscellaneous	Texting	HB 242 includes TMA-backed language that would outlaw sending or reading e-mails or text messages while driving. House sponsor was Representative Craddick.	<i>Vetoed by governor 6/17/11</i>

Updated June 30, 2011