

House Public Health

March 20, 2023



Roll Call

Stephanie Klick - Chair - Present

Elizabeth "Liz" Campos - Vice-chair - Present

Nicole Collier - Present

Jacey Jetton - Present

Ann Johnson - Present

Jolanda "Jo" Jones - Present

Venton Jones - Present

Tom Oliverson - Present

Four Price - Present

Reggie Smith - Present

Tony Tinderholt - Present

Resources

[Public hearing notice](#)

[Video of hearing](#)

Recap

Votes on pending bills:

HB 181, reported favorably to House, 10 yes, 0 no

HB 248, reported favorably to House, 10 yes, 0 no

HB 362, reported favorably to House, 9 yes, 1 no

HB 861, reported favorably to House, 10 yes, 0 no

HB 1805, reported favorably to House, 10 yes, 0 no

HB 44, No immunization discrimination in Medicaid, NEUTRAL

Swanson

Medical access for low income and disabled children. Died at the end of the regular session in this and the calendar committee last session. Codifies access to care and

TEXAS ASSOCIATION OF HEALTH PLANS

Meeting Update–March 20, 2023

476-2091

Jamie Dudensing, CEO

jdudensing@tahp.org

www.tahp.org

(512)

ensures children cannot be refused treatment, for those of lower-income. These are the most vulnerable. Time to put an end to this loophole.

V. Jones: Would these get rid of all vaccines? Chicken-pox, etc?

Swanson: Would not eliminate. But would keep people from being discriminated against. These people need medical homes.

V. Jones: Is there any data available that would speak to denial for children related to their immunization status.

Swanson: We have people testifying that can speak to this.

Johnson: What do you mean by discriminated against?

Swanson: No one should be able to be refused care. It is our state government's responsibility to protect that right.

Johnson: If I go to see a physician and they are recommending the best course of treatment and I refuse to acknowledge, they don't have to continue being my doctor? Or do you not agree with that?

Swanson: I think doctors are known for continuing to treat people who don't follow all their advice.

Oliverson: Appreciate you bringing this bill. You're responding to a lot of this almost cancel culture. Another thing is, we talked about this mostly from primary care situations. Can you envision specific speciality situations where it's not so much denying access, but doctors have to take steps to protect other immunocompromised patients? Because I want to help you get this done.

Swanson: I think from the time my kids were young, there was the sick room and the not sick room. And with Covid, they got so much more creative. Telemedicine plays a role too. Can go both ways, also protecting the unvaccinated.

Oliverson: I understand this and what you're trying to address.

J. Jones: My concern, like Rep. Oliverson talks about, I don't see language that discusses the others that are affected by those that are unvaccinated. Under what circumstances should a physician exercise their right versus unvaccinated patients?

Swanson: Medical personnel are exposed but they can limit it, but we must make sure that we can serve children and not leave them without a medical home

Tinderholt: Does this apply only to Medicaid patients?

Swanson: It applies to all patients of doctors who take Medicaid. Even if you self pay, if your doctor takes Medicaid, they cannot discriminate. There are doctors who want to take these patients, but their affiliation with a hospital keeps them from doing that.

Tinderholt: Are there exceptions for people to not pursue the vaccine schedule?

Swanson: That's right. There are exemptions for health reasons, religious reasons and reasons of conscience.

Tinderholt: Do you feel like CDC or doctors are using the schedule to push their agenda.

Swanson: I won't weigh in on the motivation, but it has that effect.

Price: I heard you mention some specific situations where you accommodate specific physicians without painting everyone with the same brush. Are you planning to change the bill any to allow for that flexibility?

Swanson: I don't feel that it is necessary. It says they must treat but they can use their own medical wisdom.

Price: That's not how I read it. It says that they shall be disenrolled.

Swanson: I think doctors should be creative. They all need to be using precaution. Swanson gave an example of RSV.

Price: I just want to know if there is any potential for flexibility. Maybe it's because of their patient mix.

Oliverson: I'm looking at your bill and on line 12 & 11 on the first page. It says the child health program may not discriminate based on a particular vaccine. That can't be the basis of the refusal. It doesn't mean that you can fire patients for other reasons. You could insert solely to make it more clear. We want to prevent blanket policies that don't allow exemptions.

Medicaid is a voluntary program, and I think your bill is limited to that. There are limitations of the program.

V. Jones: The court will interpret laws. This bill doesn't define appropriate. The word solely, including circumstances would be beneficial. Concerned you're taking constitutional rights.

Michelle Evans, Texans for Vaccine Choice

For the bill. For too long, families have been denied basic care. Impact of discrimination is greater for those in rural areas. By refusing to see these patients, these health care workers are going against their obligations to the state.

Tinderholt: Are you wanting to punish doctors or make sure more children have access to quality health care regardless of vaccine status?

Evans: Don't want to put pressure on anyone. Want children to have established care. This is an access to care issue.

Frank Gomez

For the bill. Evidence of coercion.

Jason Turk

Against. *Audio cut out.

Smith: Appreciate hearing professional testimony. Understand that physician has right under current law to deny treatment from someone who has not been immunized.

Turk: Physician patient relationship built off of consent.

Smith: Can you give an example of terminating a relationship with a patient who refuses to get immunized?

Turk: Impossible to segregate our patients from vaccinated to unvaccinated. Measles are exquisitely contagious. If you're immunocompromised, it can be deadly. That's a situation where I would terminate a relationship with unvaccinated patients.

Smith: Asks about measles.

Turk: Discusses symptoms and longevity of it. Entirely preventable with vaccination.

Smith: Are there other offices, if not pediatricians, that can adapt to this bill?

Turk: Can only speak to my practice.

Collier: It's often one open space where sick and not sick patients are placed in the waiting room. Would there be additional costs to safeguarding patients?

Turk: The necessary costs to accommodate this proposal would sometimes be impossible. Pediatricians are often the least paid physicians.

Collier: Whooping cough. Affects others as well, including seniors. Puts others in danger. If it read “a reason” versus “sole reason” for declining care, you would still be against it?

Turk: Speaking for myself, yes.

Judy Pale, Parent Guidance Center

For. Obviously many of our clients are Medicaid recipients. I hesitate to tell people they can get exemptions, because I know it would affect their ability to access care. Bill is permissive, it says you just can’t refuse that one thing. You can still follow Covid protocols, do telehealth, etc.

Gregory Porter

For. In a situation where miniscule risk drives decisions for the entire population. People need to make decisions about what that risk is for themselves. This is a nonpartisan issue for me. Need to remove potential for discrimination.

Cesar Lopez, Texas Hospital Association

Against. Concerns with immunocompromised patients. Proposed language requests to look out for oncology and transplant care.

Johnson: What language would you advise? Wouldn’t this issue extend beyond these two populations?

Lopez: Happy to work with anyone and accommodate anyone.

Jackie Schlegel, Texans for Medical Freedom

For. Access to care issue for the states most vulnerable. Parent to child with special needs. Had to drive two hours to see a doctor that would even meet with her to begin with. It’s our job as a state to protect these children.

Tinderholt: You are my constituent. Ecstatic you’re here, I know your family and your truth.

Rebecca Hardy, Texans for Vaccine Choice

For. Shares stories of families being discriminated against based on vaccination status.

Tom Glass

For. Heart goes out to those immunocompromised. But focusing on those that are unvaccinated as being the scarlet letter is wrong. Turning away those unvaccinated is doing harm.

Sheila Hemphill, Texas Right to Know

For. Actions that we know to be illegal are now legal.

Sarah Bailey

For. Parents have minimal rights.

Richard McKenzie

For. Floored because I have spent years reading about exactly what Hemphill was saying. Emphasizes magnitude of harm caused by Covid vaccines.

Swanson closes the bill. This bill is about medical access for low income children and adults.

Bill left pending.

HB 1998, Requires the TMB to use NPDB, NEUTRAL

Rep. Julie Johnson

Close loopholes regarding physicians' disciplinary actions.

Requires providers to issue a written itemized bill of charges for all health care services and supplies provided to the patient before a health care provider pursues any debt collection against a patient.

Working on committee substitute. Working with TMB and TMA clarifying a few pieces of the bill.

Lisa McGiffert, Patients Safety Actions Network

For the bill. TMB has been under fire for failing to protect patients from dangerous doctors. Most people don't know TMB exists, but when they see doctors' licenses they have expectations that doctors are competent and safe. This bill gives TMB tools.

National Practitioner Databank. Valuable source that collects reports from entities.

Steven Carlton, Texas Medical Board

Neutral. Resource witness.

Klick: Can you discuss fiscal note

Carlton: Monthly check for physicians. 12x a year, over 3 million dollars. Continuous query.

Kelsey McKay

Support. Speaks to a particular doctor with lots of criminal complaints. Can't rely in justice system.

Ware Wendell, Texas Watch

Patient safety crisis in America.

Jennifer Thompson

Victim of intimate partner violence, occurred while on rotation with doctor who was in relationship with.

Johnson closes.

Bill left pending.

HB 2767, HHSC access to PMP for report, Support

Rep. Klick

This bill would give HHSC the authority to access PMP data for the purpose of producing a federal report required by US HHS. Requires Texas State Board of Pharmacy and HHSC to enter into a limited data-sharing agreement.

No witnesses.

Klick closes. This would give HHSC the tools needed.

Bill left pending.

HB 1890, Hospitals at home licensure, NEUTRAL

Rep. Jetton

The bill authorizes a hospital licensed in Texas to operate a hospital care at home program as long as they have been selected to participate in the Centers for Medicare Acute Hospital Care at Home program.

Klick: Hospital at home was a great asset during Covid.

Anna Taranova

Created an innovative approach to health education. Can better assess social determinants of health. Faster road to recovery.

Rep. Jetton closes the bill.

Bill left pending.