



The Texas Association of Health Plans
TAHP TRACKED BILLS - PUBLIC HEALTH
 03-17-2023 - 07:16:38

Select All Deselect All

T HB 44

Swanson, Valoree

No immunization discrimination in Medicaid

Remarks: SUMMARY: Prohibits providers from refusing to provide services to Medicaid and CHIP recipients who are not vaccinated. Requires HHSC to disenroll providers who do not comply and prohibits provider reimbursement.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid, CHIP

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 1/29/23 by JL

Last Action: 3-20-23 H Meeting set for 8:00 A.M., JHR 120, House Public Health

T HB 141

Howard, Donna

CHIP birth control coverage

Companions:

SB 407	Eckhardt, Sarah(D) (Identical) 2-15-23 S Introduced and referred to committee on Senate Health and Human Services
SB 2436	Lamantia, Morgan (F)(D) (Identical) 3-10-23 S Filed

Remarks: SUMMARY: Requires CHIP to cover prescription contraceptive drugs, supplies, or devices for children under 18 with written content. Prohibits CHIP from covering abortifacients or any other drug or device that terminates a pregnancy.

TAHP POSITION: Neutral

COVERAGE TYPES: CHIP

EFFECTIVE DATES: Effective immediately if it receives two-thirds vote, otherwise Sept. 1, 2023

DATE UPDATED: 1/9 by JL

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

 HB 181

Johnson, Jarvis

Sickle cell disease registry

Remarks: SUMMARY: This bill would establish a sickle cell registry at DSHS, which would include a record of cases that occur in the state. The Department would submit annual reports to the legislature on information obtained through the registry.

TAHP POSITION: Support

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/13 KS

Last Action: 3-13-23 H Committee action pending House Public Health

 HB 235

Howard, Donna

Allow Pharmacists to Test/Treat

Companions: [HB 2049](#) Howard, Donna(D) (Refiled from 87R Session)

Remarks: SUMMARY: This bill would allow pharmacists to furnish a prescription drug to a patient under a physician's written protocol. It would allow a pharmacist to perform rapid strep tests and rapid flu tests, and then furnish prescriptions to treat those acute conditions. The bill also provides that a pharmacist may not furnish a prescription drug under that section unless the pharmacist has completed a training program that is approved by the board and is relevant to the condition treated by the drug.

TAHP POSITION: Support

EFFECTIVE DATES: 9/1/23

POSITION STATEMENT: TAHP supports reducing barriers to care. Numerous states have safely expanded authority to pharmacists to allow testing and treatment for a small number of illnesses. Because of provider shortages Texans often lack easy access to primary care providers. Expanding pharmacist authority will allow patients to access treatments quickly and affordably for certain illnesses.

DATE UPDATED: 2/1 KS

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

T HB 343

Goodwin, Vikki

Prescriptive authority psychologists

Remarks: SUMMARY: This bill would allow psychologists that receive a masters degree in psychopharmacology to prescribe mental health medications.

TAHP POSITION: Netural

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/13 KS

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

T HB 593

Shaheen, Matt

Expands Direct Primary Care to Other Providers

Remarks: SUMMARY: This bill would broaden the current direct primary care law. First, it would expand the types of care by changing "primary" to "patient." Second, it would expand the types of providers who can use the programs, by changing "physician" to "practitioner." Does not create a new insurance mandate.

TAHP POSITION: Neutral

EFFECTIVE DATES: Immediate or 9/1/23

Last Action: 2-28-23 H Rereferred to Committee on House Public Health

T HB 594

Shaheen, Matt

Expands Telepharmacy

Remarks: SUMMARY: This bill would remove current restrictions on telepharmacy, such as restrictions on facilities it may be used in, the restrictions on locations eligible to be remote dispensing sites, and the requirement that pharmacists make at least monthly on-site visits to remote dispensing sites. The bill would also allow remote dispensing of CSIs and remove the mileage limitations between remote sites and pharmacies.

TAHP POSITION: Support

EFFECTIVE DATES: 9/1/23

TAHP POSITION STATEMENT: Since 2017, Texas has allowed limited access to telepharmacy services in certain rural and underserved communities. TAHP supports removing barriers to pharmacy care. This bill increases access to

pharmacists, particularly in rural and underserved communities. Telemedicine has proven to be an effective and efficient way to provide quality care to patients, reducing costs and time associated with in-person visits. By allowing licensed pharmacists to offer telehealth services, patients will have greater access, regardless of their location, leading to improved patient outcomes and reduced healthcare costs. The demand for remote care is growing, making telemedicine and telehealth increasingly important in the future of healthcare. However, TAHP cautions against imposing any payment parity mandates that would undermine potential cost savings and innovation.

DATE UPDATED: 2/1 KS, 2/12 BH

Last Action: 2-28-23 H Rereferred to Committee on House Public Health

 HB 595

Shaheen, Matt

Physician Dispensing of Drugs

Companions: [HB 456](#) Shaheen, Matt(R) (Refiled from 87R Session)

Remarks: SUMMARY: This bill allows physicians to dispense prescription devices or drugs to their patients that are not controlled substances, including Schedules I through V or Penalty Groups 1 through 4 of Chapter 481 (Texas Controlled Substances Act). It also allows them to charge their patients for these drugs. The bill also removes important consumer protections. Section 5 of the bill repeals the safety requirements that physicians who dispense dangerous drugs must comply with, including applicable labeling requirements and overseeing compliance with packaging and record-keeping. It also repeals the requirement that physicians who want to dispense dangerous drugs notify the Board of Pharmacy and the Medical Board of their intention to do so.

TAHP POSITION: Neutral/Monitor

EFFECTIVE DATES: Immediate or 9/1/23

TAHP POSITION STATEMENT: TAHP is not opposed to physicians having the ability to dispense non-controlled substances to their own patients if it is not tied to a payment mandate and appropriate patient protections are required, but we do have concerns with some of the provisions of the legislation that could put Texas patients at risk for billing and safety issues. The bill repeals the safety requirements that physicians who dispense dangerous drugs must comply with and removes the requirement to notify the Board of

Pharmacy and the Medical Board. The Texas Legislature should continue these basic safety protections. According to a study by the Institutes of Medicine, most adverse drug events that patients experience are caused by prescriber errors, and at least half of these physician errors are corrected by pharmacists. Patients could also be at risk of surprise billing. The legislation should limit how much a physician can charge for the drugs they dispense and include patient notice requirements.

DATE UPDATED: 2/12/23 BH

Last Action: 2-28-23 H Rereferred to Committee on House Public Health

T HB 638

Toth, Steve

Right to Try Chronic Rx - Not coverage mandate

Remarks: SUMMARY: This bill would allow patients to access investigational drugs if they have severe chronic disease and the patient's physician has considered all treatment options approved by the FDA and determined that they are unlikely to provide relief. This bill does not create a new insurance mandate.

TAHP POSITION: Neutral as long as a coverage mandate is not added

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/3/23 JB

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

T HB 647

Hinojosa, Gina

Advance DNR Order - Pregnancy Directive

Companions: SB 2465 Eckhardt, Sarah(D) (Identical)
3-10-23 S Filed

Remarks: SUMMARY: This bill would allow individuals to specify in an advanced directive the effect that pregnancy has on the directive. Currently, a person may not withhold life-sustaining treatment of a pregnant person.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/24

DATE UPDATED: 2/4 KS

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

T HB 663

Thierry, Shawn

Confidentiality reporting maternal mortality

Remarks: SUMMARY: Allows for voluntary and confidential reporting of pregnancy-associated deaths and pregnancy-related deaths. Establishes a work group to establish a secure maternal mortality and morbidity data registry and allows DSHS to establish rules for implementation. Requires a report on the establishment of the registry and any recommendations.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/13 by JL

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

T HB 667

Johnson, Ann

Music therapists

Remarks: SUMMARY: Creates a licensure for music therapists. It would also create an advisory board under TDLR.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/13 KS

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

T HB 690

Rosenthal, Jon

Community violence intervention

Companions: [HB 1580](#) Rosenthal, Jon(D) (Refiled from 87R Session)

Remarks: SUMMARY: Establishes the Office of Community Violence Intervention and Prevention at HHSC and allows the agency to establish rules to implement the program. The purpose is to coordinate and expand violence intervention and prevention activities, reduce the incidence of interpersonal violence and homicide, provide assistance to promote effective state and local efforts on reducing preventable injuries and deaths, collaborate with governmental entities and other relevant stakeholders, and award grants. Requires the Office to conduct a statewide public health campaign. Requires the Office to establish an award advisory committee.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 2, 2023

DATE UPDATED: 2/13 by JL

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

 HB 724

Howard, Donna

Provider licensure complaint reciprocity

Companions:

HB 3735	Howard, Donna(D)	(Refiled from 87R Session)
SB 2115	Lucio, Eddie(D)	(Refiled from 87R Session)
SB 161	Perry, Charles(R)	(Identical)

2-15-23 S Introduced and referred to committee on Senate Health and Human Services

Remarks: SUMMARY: Requires a licensing entity that receives a complaint regarding a provider who holds a license issued by a different licensing entity to forward the complaint to the appropriate licensing entity. Prohibits a licensing entity from taking disciplinary action against a provider who holds a license issued by a different licensing entity unless that licensing entity refers the complaint back to the licensing entity that received the complaint for investigation and resolution.

TAHP POSITION: Neutral

EFFECTIVE DATES: Immediately if it receives a two-thirds vote, otherwise Sept. 1, 2023

DATE UPDATED: 2/13 by JL

Last Action: 2-28-23 H Introduced and referred to committee on House Public Health

 HB 733

Plesa, Mihaela (F)

Health literacy advisory committee

Companions:

SB 76	Johnson, Nathan(D)	(Identical)
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2-15-23 S Introduced and referred to committee on Senate Health and Human Services

Remarks: SUMMARY: Requires the Statewide Health Coordinating Council to establish an advisory committee on health literacy. The advisory committee must develop a long-range plan and update it every two years. Requires the advisory committee to include in the state plan strategies for improving health literacy that attain greater

cost-effectiveness and better patient outcomes.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/13 by JL

Last Action: 2-28-23 H Introduced and referred to committee on House Public Health

T HB 814

Thierry, Shawn

Opioid Warning Label

Companions: HB 849 Thierry, Shawn(D) (Refiled from 87R Session)

Remarks: SUMMARY: Prohibits pharmacists from dispensing an opioid without providing, receiving, and maintaining an acknowledgment form providing a warning about the risks of opioid addiction and overdose. Requires the Board to adopt by rules an acknowledgment form to be signed on receipt of an opioid that must include language substantially similar to "WARNING: THIS DRUG IS AN OPIOID. THE USE OF AN OPIOID MAY RESULT IN ADDICTION TO OPIOIDS AND DEATH," in all capital letters and printed in 14-point font.

TAHP POSITION: Neutral

EFFECTIVE DATES: Immediate or 9/1/23

DATE UPDATED:2/3/23 JB

Last Action: 3- 1-23 H Introduced and referred to committee on House Public Health

T HB 815

Thierry, Shawn

Red Cap Opioid Safety Act

Remarks: SUMMARY: "Red Cap Opioid Safety Act" - Requires pharmacists to dispense opioids in "distinctive packaging" (a bottle with a distinctive red cap or a container with a conspicuous red label).

TAHP POSITION: Neutral

EFFECTIVE DATES: Immediate or 9/1/23

Last Action: 3- 1-23 H Introduced and referred to committee on House Public Health

T HB 1050

Hinojosa, Gina

Authority pharmacists dispense some drugs

Remarks: SUMMARY: This bill would allow physicians to issue protocols allowing pharmacists to dispense

self-administered hormonal contraceptives to patients over 18.

TAHP POSITION: Support

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/4 KS

Last Action: 3- 2-23 H Introduced and referred to committee on House Public Health

T HB 1105

Price, Four

Pharmacist Vaccination Authority

Companions: SB 749 Flores, Pete(R) (Identical)
3- 1-23 S Introduced and referred to committee on Senate Health and Human Services

Remarks: SUMMARY: This bill would broaden pharmacists' vaccination authority in various ways, including by allowing them to provide immunizations and vaccinations to patients younger than three, but only if they are referred by a physician.

TAHP POSITION: Support

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/19 KS

Last Action: 3- 2-23 H Introduced and referred to committee on House Public Health

T HB 1190

Klick, Stephanie

APRN/PA Controlled Substances Rx

Companions: HB 1524 Lucio III, Eddie(D) (Refiled from 87R Session)

Remarks: SUMMARY: This bill would allow APRNs and PAs to prescribe Schedule II substances, regardless of the setting. Currently, they can only prescribe Schedule IIs in hospital and palliative care settings.

TAHP POSITION: Support

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/21 by JL

Last Action: 3-13-23 H Committee action pending House Public Health

T HB 1240

Oliverson, Tom

Physician Dispensing

Companions:	HB 1778	Oliverson, Tom(R)	(Refiled from 87R Session)
	SB 1503	Buckingham, Dawn(R)	(Refiled from 87R Session)

Remarks: SUMMARY: This bill adds that a physician may "dispense" and delegate "dispensing." Provides that a physician may: (1) provide or dispense dangerous drugs to the physician's patients; and (2) be reimbursed for the cost of providing or dispensing those drugs without obtaining a license as a pharmacist.

A physician may not provide or dispense controlled substance listed in Schedules II through V. A physician who provides or dispenses dangerous drugs must oversee compliance with state and federal law relating to those dangerous drugs. Before providing or dispensing dangerous drugs, a physician must notify the patient that the prescription may be filled at a pharmacy. The notification requirement may be satisfied by a written notice placed conspicuously in the office. Not later than the 30th day after the date a physician first provides or dispenses dangerous drugs, the physician must notify the TSBP and TMB that the physician is providing or dispensing dangerous drugs. A physician who notifies the board and who intends to continue to provide or dispense dangerous drugs must include notice of that intent in any subsequent registration permit renewal application. Amends the definition of "pharmacy" to include a location where a physician provides or dispenses a dangerous drug or a person provides or dispenses a dangerous drug under a physician's supervision, but "retailing of prescription drugs" does not include a physician's collection of a reimbursement for cost.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

TAHP POSITION STATEMENT: TAHP is not opposed to physicians having the ability to dispense non-controlled substances to their own patients if it is not tied to a payment mandate and appropriate patient protections are required, but we do have concerns with some of the provisions of the legislation that could put Texas patients at risk for billing and safety issues. The bill repeals the safety requirements that physicians who dispense dangerous drugs must comply with and removes the requirement to notify the Board of Pharmacy and the Medical Board. The Texas Legislature should continue these basic safety

protections. According to a study by the Institutes of Medicine, most adverse drug events that patients experience are caused by prescriber errors, and at least half of these physician errors are corrected by pharmacists. Patients could also be at risk of surprise billing. The legislation should limit how much a physician can charge for the drugs they dispense and include patient notice requirements.

DATE UPDATED: 2/3 KS

Last Action: 3- 3-23 H Introduced and referred to committee on House Public Health

T HB 1340

Frank, James

Licensing military veterans health care

Remarks: SUMMARY: This bill would require the Texas Medical Board and the Board of Nursing to issue licenses to practice to persons who have a license in good standing in another state, is a veteran of the armed forces, and served on active duty in the state as a physician or nurse. Persons who receive these licenses would only be allowed to practice in HPSAs and medically underserved communities.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/19 KS

Last Action: 3- 3-23 H Introduced and referred to committee on House Public Health

T HB 1411

Rogers, Glenn

Practitioner drug and device prescriptions

Remarks: SUMMARY: This bill would add persons authorized by the acupuncture, chiropractic, counseling, and psychology boards to prescribe or administer dangerous drugs to the definition of "practitioner."

TAHP POSITION: Neutral

EFFECTIVE DATES: Immediately or 9/1/23

DATE UPDATED: 2/19 KS

Last Action: 3- 3-23 H Introduced and referred to committee on House Public Health

T HB 1481

Rose, Toni

Sickle cell health homes

Remarks: SUMMARY: Requires HHSC to establish health homes for individuals diagnosed with sickle cell. Requires MCOs to align sickle cell treatments with

national clinical practice guidelines and protocols. Requires HHSC to provide more provider education on sickle cell and review existing data to determine how health outcomes can be improved. Requires med schools to expand curriculums to focus more on sickle cell. Requires TEA and HHSC to provide more education in public schools. Adds a member of HHSC and TEA to the Sickle Cell Task Force. Requires a voluntary sickle cell surveillance system that tracks individuals with the diagnosis and health outcomes.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/1 by JL

Last Action: 3- 3-23 H Introduced and referred to committee on House Public Health

 HB 1488

Rose, Toni

Sickle Cell Education & Medicaid Coverage

Remarks: SUMMARY: Requires MCOs to align sickle cell treatments with national clinical practice guidelines and protocols. Requires HHSC to provide more provider education on sickle cell and review existing data to determine how health outcomes can be improved. Requires med schools to expand curriculums to focus more on sickle cell. Requires TEA and HHSC to provide more education in public schools. Adds a member of HHSC and TEA to the Sickle Cell Task Force.

TAHP POSITION: Support

COVERAGE TYPES: Medicaid

TAHP POSITION STATEMENT: TAHP has offered an amendment that would also require treatment to be medically necessary. Sickle cell disease is one of the most difficult and stressful chronic diseases to manage and reducing barriers to care by promoting education will improve the quality of services individuals receive.

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 3/9 by JL

Last Action: 3-13-23 H Committee action pending House Public Health

 HB 1543

Oliverson, Tom

Opioid antagonists

Companions: SB 954 Perry, Charles(R) (Identical)
3- 3-23 S Introduced and referred to committee on Senate Health and Human Services

Remarks: SUMMARY: This bill would allow HHSC to create a statewide standing order for opioid antagonists to persons who are at risk of an overdose or their family member.

TAHP POSITION: Neutral

EFFECTIVE DATES: Immediate or 9/1/23

DATE UPDATED: 2/22 KS

Last Action: 3- 3-23 H Introduced and referred to committee on House Public Health

 HB 1644

Romero, Ramon

Study on mental health professionals

Remarks: SUMMARY: This bill would require HHSC to conduct a study to evaluate availability, outcomes, and efficacy of using mental health response teams to respond to behavioral health-related emergency calls. The study would be provided to the governor and the legislature no later than 12/1/24.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/3

DATE UPDATED: 2/22 KS

Last Action: 3- 7-23 H Introduced and referred to committee on House Public Health

 HB 1664

Thierry, Shawn

Study on maternal mortality morbidity

Remarks: SUMMARY: Requires DSHS and the Texas Maternal Mortality and Morbidity Review Committee (MMMRC) to evaluate maternal mortality and morbidity among Black women in Texas and make recommendations to address disparities. The report must examine rates among Black women in Texas in relation to other races and ethnicities, examine socioeconomic status and education level, assess the impact of SDOH, evaluate the impact to certain health conditions, and examine the impact of implicit biases. The report is due Sept. 1, 2024, but may be combined with the biannual report from the Committee.

TAHP POSITION: Support

EFFECTIVE DATES: Immediately if it receives a two-thirds vote, otherwise Sept. 1, 2023

TAHP POSITION STATEMENT: The 2020 MMMRC Biennial Report found that 89% of pregnancy-related deaths are preventable and racial and ethnic disparities persist in maternal mortality and morbidity. The 2022 report found that 8 underlying causes of death accounted for 82% of all pregnancy-related deaths among reviewed cases from 2013. Additionally, the 2021 Healthy Texas Mothers and Babies Data Book noted trends related to prevalence of and treatment for maternal depression that highlight similar racial and ethnic disparities. Improving maternal health and addressing the causes of maternal mortality and morbidity are a priority for managed care plans because the majority of maternal deaths from 2012-2015 were to women enrolled in Medicaid.

DATE UPDATED: 2/1 by JL

Last Action: 3- 7-23 H Introduced and referred to committee on House Public Health

 HB 1686

Oliverson, Tom

Prohibits gender transitioning in Medicaid

Companions:

SB 14	Campbell, Donna(R) (Identical) 3-16-23 S Committee action pending Senate State Affairs
SB 625	Campbell, Donna(R) (Identical) 2-17-23 S Introduced and referred to committee on Senate State Affairs

Remarks: SUMMARY: Prohibits Medicaid and CHIP from covering or providing reimbursement for services that transition a child's biological sex as determined by the child's sex organs, chromosomes, and endogenous profiles. Provides an exception for children who need puberty suppression or blocking drugs for normalizing puberty for a minor experiencing precocious puberty or children with genetic disorders. Prohibits the use of public money to a health care provider, medical school, hospital, physician, or any other entity, organization, or individual that provides or facilitates the provision of a procedure or treatment to a child. Allows for revocation of a providers' license.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid, CHIP

EFFECTIVE DATES: Dec. 1, 2023

DATE UPDATED: 2/1 by JL

Last Action: 3- 7-23 H Introduced and referred to committee on House Public Health

T HB 1767

Klick, Stephanie

Granting privileges at hospitals podiatrists

Companions: SB 730 Hinojosa, Chuy(D) (Identical)
3- 1-23 S Introduced and referred to committee on Senate Health and Human Services

Remarks: SUMMARY: Currently, a facility cannot deny medical staff membership solely because a provider is a podiatrist. This bill would add that facilities cannot deny hospital privileges solely because the provider is a podiatrist.

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/22 KS

Last Action: 3- 7-23 H Introduced and referred to committee on House Public Health

T HB 1771

Price, Four

Telemedicine records

Remarks: SUMMARY: This bill would require each regulatory agency with authority over a professional providing telemedicine services to adopt rules standardizing the formats for and retention of records related to treatment.

TAHP POSITION: Neutral

DATE UPDATED: 2/13 KS

Last Action: 3- 7-23 H Introduced and referred to committee on House Public Health

T HB 1785

Walle, Armando

Office for health equity

Remarks: SUMMARY: Renames the Center for Elimination of Disproportionality and Disparities to the Office for Health Equity. (Note the Center became the HHSC Office of Minority Health Statistics and Engagement and then closed in 2018.) Expands the duties of the office, in part, to investigate and report on issues related to health and health access disparities and monitor trends in behavioral health, morbidity, and mortality rates among women and racial, multicultural, disadvantaged, ethnic, and regional populations, and across age brackets and linguistic groups.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/21 by JL

Last Action: 3- 7-23 H Introduced and referred to committee on House Public Health

T HB 1873 Campos, Liz

Patients' rights

Remarks: SUMMARY: This bill would allow patients to create a directive that requires any diagnosis or treatment be provided only by a physician. It would also create a "patients bill of rights," which says that a patient has a right to be informed of the type of license a practitioner holds and decline services provided by non physicians, among other things.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/19 KS

Last Action: 3- 7-23 H Introduced and referred to committee on House Public Health

T HB 1876 Guillen, Ryan

Rita Littlefield Resource Center

Companions: **SB 1354** Miles, Borris(D) (Identical)
3-16-23 S Introduced and referred to committee on Senate Health and Human Services

Remarks: SUMMARY: This bill would establish the Rita Littlefield Resource Center, which would create a centralized system for persons to obtain information about kidney disease and enroll in clinical trials.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/25

DATE UPDATED: 2/22 KS

Last Action: 3- 7-23 H Introduced and referred to committee on House Public Health

T HB 1890 Jetton, Jacey

Hospitals at home

Remarks: SUMMARY: Establishes a hospital at home program for hospitals to provide acute care in a home setting. Requires HHSC to adopt rules establishing minimum standards.

POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

LAST UPDATED: 2/10 by JL

Last Action: 3-20-23 H Meeting set for 8:00 A.M., JHR 120, House Public Health

T HB 1904

Gamez, Erin (F)

Establishment border county mental health

Remarks: SUMMARY: This bill would create the Border County Mental Health Task Force. The task force would be charged with advising the state on policy priorities for addressing major issues affecting behavioral health, raising public awareness, and addressing other issues such as barriers to accessing mental health services. The task force would develop short- and long-term mental health improvement plans for border counties.

TAHP POSITION: Neutral

EFFECTIVE DATES: Immediate or 9/1/23

DATE UPDATED: 2/22 KS

Last Action: 3- 8-23 H Introduced and referred to committee on House Public Health

T HB 1930

Clardy, Travis

Administration anesthesia

Remarks: SUMMARY: In order for a dentist to provide anesthesia, they must have a permit from the dental board. Those permits have different "levels" depending on the type of anesthesia provided, and each level has specific training requirements. Currently, in order for a dentist to delegate the administration of anesthesia to a CRNA, the dentist must have an anesthesia permit up to the level that would be required if they were performing the anesthesia themselves. This bill would allow dentists to delegate to CRNAs without having to have a permit up to the level that would be required if the dentist were performing the anesthesia themselves.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/19 KS

Last Action: 3- 8-23 H Introduced and referred to committee on House Public Health

T HB 1973

Harris, Caroline (F)

Itemized billing before debt collection

Companions: SB 490 Hughes, Bryan(R) (Identical)
2-17-23 S Introduced and referred to committee on Senate Health and

Human Services

Remarks: SUMMARY: 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. The itemized bill must include the amount charged for each service, a plain-language description of the service, and billing codes submitted to the payor. The appropriate licensing authority may take disciplinary action against a health care provider that violates this chapter as if the provider violated an applicable licensing law.

TAHP POSITION: Support

EFFECTIVE DATES: 9/1/23

POSITION STATEMENT: Health care prices are irrationally high and vary greatly, even for routine care. Rapidly consolidating hospital systems in Texas charge employers double what it costs to break even—more than 3 times Medicare—forcing employers and families to pay millions of dollars more than necessary. Patients deserve access to a detailed list of charges from hospital visits so they can confirm charges, dispute fees, and negotiate discounts.

DATE UPDATED: 2/13 KS, 2/23 BH

Last Action: 3- 8-23 H Introduced and referred to committee on House Public Health

 HB 1998

Johnson, Julie

Texas Medical Board

Remarks: SUMMARY: This bill would require the TMB to search the National Practitioner Data Bank (NPDB) monthly and update new disciplinary information as needed. It would also require peer review committees to report to the NPDB and prohibit the TMB from granting a license if a physician had their license revoked in another state.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/13 KS

Last Action: 3-20-23 H Meeting set for 8:00 A.M., JHR 120, House Public Health

 HB 2025

Oliverson, Tom

Health benefit plan coverage transplant

Companions: [SB 1040](#) Kolkhorst, Lois(R) (Identical)

3- 3-23 S Introduced and referred to committee on Senate Health and Human Services

Remarks: SUMMARY: This bill would prohibit issuers from covering organ transplants if the transplant operation is performed in China or another country known to have participated in organ harvesting, or if the organ was procured by a sale or donation originating in one of those countries. It would allow DSHS to designate additional countries known to have participated in organ harvesting.

TAHP POSITION: Neutral

COVERAGE TYPES: EPO/PPO, HMO, MEWA, CC, ERS/TRS/UT, Medicaid

EFFECTIVE DATES: Delivered, issued for delivery, or renewed on or after 1/1/24.

DATE UPDATED: 2/13 KS

Last Action: 3- 8-23 H Introduced and referred to committee on House Public Health

 HB 2078

Jetton, Jacey

Physician Dispensing of Drugs

Remarks: SUMMARY: This bill would allow physicians to dispense, and delegate the dispensing of, dangerous drugs to their patients. The physician could then bill for the cost of the drug and all other actual costs of dispensing. The physician must notify the patient that the prescription may be filled in a pharmacy. It would also require physicians to notify the Texas State Board of Pharmacy that the physician is dispensing dangerous drugs.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

TAHP POSITION STATEMENT: TAHP is not opposed to physicians having the ability to dispense non-controlled substances to their own patients if it is not tied to a payment mandate and appropriate patient protections are required, but we do have concerns with some of the provisions of the legislation that could put Texas patients at risk for billing and safety issues. The bill repeals the safety requirements that physicians who dispense dangerous drugs must comply with and removes the requirement to notify the Board of Pharmacy and the Medical Board. The Texas Legislature should continue these basic safety protections. According to a study by the Institutes of Medicine, most adverse drug events that patients experience are caused by prescriber errors, and at least half of these physician errors

are corrected by pharmacists. Patients could also be at risk of surprise billing. The legislation should limit how much a physician can charge for the drugs they dispense and include patient notice requirements.

DATE UPDATED: 2/13 KS

Last Action: 3- 8-23 H Introduced and referred to committee on House Public Health

 HB 2079

Jetton, Jacey

Allow Pharmacists to Test/Treat

Remarks: SUMMARY: This bill would allow physicians to dispense, and delegate the dispensing of, dangerous drugs to their patients. The physician could then bill for the cost of the drug and all other actual costs of dispensing. The physician must notify the patient that the prescription may be filled in a pharmacy. It would also require physicians to notify the Texas State Board of Pharmacy that the physician is dispensing dangerous drugs.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

TAHP POSITION STATEMENT: TAHP is not opposed to physicians having the ability to dispense non-controlled substances to their own patients if it is not tied to a payment mandate and appropriate patient protections are required, but we do have concerns with some of the provisions of the legislation that could put Texas patients at risk for billing and safety issues. The bill repeals the safety requirements that physicians who dispense dangerous drugs must comply with and removes the requirement to notify the Board of Pharmacy and the Medical Board. The Texas Legislature should continue these basic safety protections. According to a study by the Institutes of Medicine, most adverse drug events that patients experience are caused by prescriber errors, and at least half of these physician errors are corrected by pharmacists. Patients could also be at risk of surprise billing. The legislation should limit how much a physician can charge for the drugs they dispense and include patient notice requirements.

DATE UPDATED: 2/13 KS

Last Action: 3- 8-23 H Introduced and referred to committee on House Public Health

 HB 2151

Ortega, Lina

Border public health

Remarks: SUMMARY: This bill would create a health multidisciplinary response team to assist with public health issues at the border.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/19 KS

Last Action: 3- 9-23 H Introduced and referred to committee on House Public Health

T HB 2235

Jones, Venton (F)

HIV AIDS tests

Remarks: SUMMARY: A health care provider who takes a sample of a person's blood as part of an annual medical screening may submit the sample for an HIV diagnostic test, regardless of whether it is part of a primary diagnosis, unless the person opts out of the HIV test. Before taking a sample of a person's blood as part of an annual medical screening, a health care provider must verbally inform the person that an HIV test will be performed unless the person opts out. If the person tests positive, the provider would be required to provide referrals to community support programs. The bill would not require commercial insurer to cover the test, but it requires HHSC to adopt rules requiring the commission to provide HIV tests within the Medicaid program.

TAHP POSITION: Neutral as long as a new coverage mandate is not added.

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/22 KS

Last Action: 3- 9-23 H Introduced and referred to committee on House Public Health

T HB 2529

Talarico, James

Insulin VDP Reporting - Pay for Delay

Companions: SB 241 Perry, Charles(R) (Identical)
3-15-23 S Voted favorably from committee as substituted Senate Health and Human Services

Remarks: SUMMARY: This bill would require manufacturers of name-brand drugs, for which a generic is available and that is included on the Medicaid VDP, to submit to HHSC a written verification stating whether the unavailability of a generic is due to pay for delay, legal strategies to extend a patent, or manipulation of a patent.

TAHP POSITION: Support

EFFECTIVE DATES: 9/1/24

TAHP POSITION STATEMENT: Pharmaceutical manufacturers utilize numerous tactics to delay competition from generic competition. Patent games like pay-for-delay slow the advancement of more affordable generic drugs by slowing the entrance of lower cost generic options. In these complex schemes a generic manufacturer sues a patent holder who then countersues and the parties settle with a pay-for-delay deal and a financial reward to the generic manufacturer. Pay for Delay deals cost consumers and taxpayers \$3.5 billion in higher drug costs every year. Using "evergreening" strategies to extend patent periods to either delay generic drug market entry or limit the number of patients who switch to a new generic. Drug companies exploit the patent system to delay competition. An analysis of the 10 best-selling drugs of 2019 found that on average these drugs held more than 69 patents with 37.5 years of patent protection, well past the 20 years of patent life intended by Congress. Furthermore, the prices for these drugs increased 71 percent over the previous five years. A federal ban saves \$20 billion. The legislation simply requires these companies to disclose if these tactics have been used to delay the entrance of lower cost insulin medications.

DATE UPDATED: 2/1 KS, 2/16 BH

Last Action: 3-13-23 H Introduced and referred to committee on House Public Health

 HB 2727

Price, Four

Telemonitoring in Medicaid

Remarks: SUMMARY: Eliminates the requirement that telemonitoring be cost-effective and instead be clinically-effective. Allows for telemonitoring to occur as long as one risk factor is present instead of two and eliminates risk factors indicating a patient is alone or lacks a support system. Requires any provider to establish a plan of care with outcomes and provide the plan to the patient's physician. To the extent possible, allows for women experiencing high-risk pregnancies to receive telemonitoring equipment, which is subject to a PA under rulemaking by HHSC.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Immediately if it receives 2/3 vote, otherwise Sept. 1, 2023

DATE UPDATED: 2/26 by JL

Last Action: 3-13-23 H Introduced and referred to committee on House Public Health

T HB 2798

Bucy, John

DSHS purchase certain health plans

Remarks: SUMMARY: This bill would allow DSHS to purchase health benefit plans for persons enrolled in the HIV medication program. The plan would be required to provide minimum essential coverage required but the ACA and cover the costs of HIV medications and testing and treatment for HIV. DSHS would institute a sliding scale to assist eligible individuals with the cost of their premium and cost sharing.

TAHP POSITION:

COVERAGE TYPES:

EFFECTIVE DATES: 9/1/23

TAHP POSITION STATEMENT:

DATE UPDATED: 3/5 KS

Last Action: 3-13-23 H Introduced and referred to committee on House Public Health

T HB 2982

Oliverson, Tom

Physician agreements

Remarks: SUMMARY: This bill would allow physicians, or groups of physicians, to enter into a written agreement with management service organizations (MSOs) for management and administrative services. An MSO may provide: facilities; certain supplies and equipment; accounting and other clerical services; advertising and marketing services; payer and other relevant contract negotiation services; licensure and legal assistance; business consulting and financial planning services; establishment of prices to be charged for goods and supplies, other than for drugs or medical devices; and the employment of other personnel.

MSOs would not be allowed to control or intervene in the practice of medicine, employ a physician to practice medicine; dictate or otherwise make final decisions on the compensation of a physician; intervene in diagnosis, treatment, or prevention of disease; determine the amount of time a physician may spend with a patient; or require the physician to make referrals.

An MSO may charge a physician a flat, fair fee for the provision of management services. A

physician or group of physicians that enters an agreement would be required to have copies of the agreement for inspection by the Texas Medical Board (TMB) and make the agreement available if the TMB opens an investigation. The agreement would otherwise be confidential and not subject to disclosure.

TAHP POSITION:

COVERAGE TYPES:

EFFECTIVE DATES: 9/1/23

TAHP POSITION STATEMENT:

DATE UPDATED: 3/8/23

Last Action: 3-14-23 H Introduced and referred to committee on House Public Health

 HB 3082

Hayes, Richard (F)

Pharmacist religious beliefs

Companions: [HB 3083](#) Krause, Matt(R) (Refiled from 87R Session)

Last Action: 3-14-23 H Introduced and referred to committee on House Public Health

 HB 3139

Jetton, Jacey

No compete clauses doctors

Last Action: 3-14-23 H Introduced and referred to committee on House Public Health

 HB 3152

Price, Four

Identification the country of origin of drug

Last Action: 3-15-23 H Introduced and referred to committee on House Public Health

 HB 3218

Klick, Stephanie

Price Transparency

Remarks: SUMMARY: This bill would define “estimate” as a written statement outlining a consumer’s total expected billed charges for a nonemergency elective medical service or procedure. It would require a facility to provide an estimate of the facility’s charges for services within 24 hours when a consumer presents the facility a valid medical order for the services. The bill would require that the facility’s final billed charges not exceed the amount specified in the estimate by more than 5% unless the additional charges are related to complications that arose during the procedure as a result of a change in diagnosis. If the final billed charges exceeds 5% off the estimate, the facility would be required to provide

a written statement describing the difference in the billed charges and the complications that resulted in the difference. If a facility violates the provisions of the bill, they may not collect or take any collection action against a consumer, report the consumer to a credit bureau, or pursue an action against the consumer. The bill would also repeal a requirement that DSHS make available a “consumer guide to healthcare” website.

TAHP POSITION: SUPPORT

EFFECTIVE DATES: 9/1/23

TAHP POSITION STATEMENT: Health care prices are irrationally high and vary greatly, even for routine care. Rapidly consolidating hospital systems in Texas charge employers double what it costs to break even—more than 3 times Medicare—forcing employers and families to pay millions of dollars more than necessary. New price transparency laws help patients be better health care consumers. The bill creates an important consumer protection to accompany price transparency so patients can get an upfront price estimate that won't vary substantially on the final bill. If hospitals bait and switch then the consumer won't be on the hook for unexplained price changes, including protections against debt collection.

DATE UPDATED: 3/8 KS 3/13 BH

Last Action: 3-15-23 H Introduced and referred to committee on House Public Health

 HB 3227

Allison, Steve

Authority physician to supervise

Last Action: 3-15-23 H Introduced and referred to committee on House Public Health

 HB 3229

Allison, Steve

Authority physician to supervise

Companions: [SB 1959](#) Flores, Pete(R) (Identical)
3- 8-23 S Filed

Last Action: 3-15-23 H Introduced and referred to committee on House Public Health

 HB 3230

Allison, Steve

Prescribing ordering controlled substance

Last Action: 3-15-23 H Introduced and referred to committee on House Public Health

 HB 3251

Oliverson, Tom

Medical care specialties

Last Action: 3-15-23 H Introduced and referred to committee on House Public Health

T HB 3377 Jones, Venton (F) HIV AIDS tests

Last Action: 3-15-23 H Introduced and referred to committee on House Public Health

T HB 3411 Bonnen, Greg Non Compete

Remarks: SUMMARY: This bill would modify the law that applies to physician non-competes. Currently, non-competes must include a buy-out provision. This bill would require that the buyout amount not be greater than the physician's total annual salary at the time of termination. The bill would also require that non-competes expire within one year and that the geographic area subject to the restriction does not exceed five miles. The bill would also require any non-competes with dentists, nurses, and physician assistants to include a buyout amount of not great than their annual salary, that it expire in one year, and that the geographical radius not exceed five miles.

TAHP POSITION:

COVERAGE TYPES:

EFFECTIVE DATES: 9/1/23

TAHP POSITION STATEMENT:

DATE UPDATED: 3/12 KS

Last Action: 3-16-23 H Introduced and referred to committee on House Public Health

T HB 3467 Martinez, Armando Emergency medical services personnel coverage

Last Action: 3-16-23 H Introduced and referred to committee on House Public Health

	All	Track
Total Bills:	59	59

Track(s): (Master List Only)

Position: (None)

Add to Track

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