



Physicians Caring for Texans

House Public Health Committee
House Bill 2264 by Rep. Alan Schoolcraft
Testimony Submitted by the Texas Medical Association
April 21, 2025

Chair VanDeaver, Vice Chair Campos, and committee members:

The Texas Medical Association (TMA), representing more than 59,000 physician and medical student members across the state, appreciates the opportunity to submit comments *on* House Bill 2264. We agree with the intent of the bill since physicians already receive input from friends and family about patients that may be relevant to the patient’s care. However, we have concerns about patient privacy and the additional administrative burden created by the bill as it is currently drafted.

Under current Texas Medical Board rules (22 Texas Administrative Code Section 165.1) medical record documentation includes relevant information sent to the physician. It states, “[i]nclude a summary or documentation memorializing communications transmitted or received by the physician about which a medical decision is made regarding the patient.” Additionally, it is already common practice to provide educational materials and instructions to patients and family upon discharge from a facility.

TMA is, therefore, concerned that while the bill is well-intentioned, it is duplicative of existing law in some respects while creating other new operational challenges for physician practices. For example, TMA is concerned from an operational standpoint that:

- Since the form is not standardized across states, electronic health records could not handle the information in the form as discrete data.
- Section 183.008 says health care professionals may accept information provided through e-mail. However, the transmission of protected health information via e-mail is not secure and replying by e-mail to acknowledge receipt could violate HIPAA or could result in a breach of system security under Texas law concerning sensitive personal information under Chapter 521, Texas Business and Commerce Code.

TMA is also concerned from a technical standpoint that:

- Section 183.005(a) does not have a field where the reporter can provide their name and relevant contact information.
- Section 183.008(a) should not include an e-mail option, as this is rarely a secure way to send private health information. The section could instead state that a health care professional may offer family and/or friends a way to securely submit information electronically.
- Section 183.008(e) should clearly state that information may not be accepted if it is believed to be inaccurate or is not in accordance with medical record standards created by the Texas Medical Board.
- Section 184.002(a)(2) should allow notification through an admit/discharge/transfer (ADT) feed provided by a health information exchange (HIE) or the Texas Health Services Authority (THSA). As a condition of Medicare participation, facilities already send patient ADT information to the patient’s primary care physician if the facility has the physician information. This ability to send this information is facilitated by HIEs and the THSA.

- Section 184.002(a)(2) should allow at least a 72-hour period to provide this information but could require verbal communication if the follow-up appointment is sooner than 72 hours.

As stated previously, TMA understands and supports the underlying goal of the bill. However, we have concerns, including those identified above, with the bill as currently drafted.

Thank you for the opportunity to provide input on HB 2264. TMA looks forward to working with the author to achieve the intended goals of the bill. Additional questions should be directed to Matt Dowling, TMA director of Public Affairs, at matt.dowling@texmed.org.