



Physicians Caring for Texans

**House Committee on Public Health**  
**Testimony by Ezequiel “Zeke” Silva III, MD, for the Texas Medical Association**  
**AGAINST House Bill 4408 by Chair Jay Dean**  
*April 21, 2025*

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Chair VanDeaver, Vice Chair Campos, and committee members, my name is Dr. Zeke Silva, and on behalf of the Texas Medical Association (TMA) and our more than 59,000 members, I appreciate the opportunity to respectfully testify AGAINST House Bill 4408 by Chair Dean.

We appreciate the legislature’s interest in health care market transparency, but we have serious concerns about the scope, structure, and potential unintended consequences of this legislation – particularly for independent physician practices.

HB 4408 is fashioned in large part after model legislation designed to address consolidation in health care and corporate actors interfering with the practice of medicine. However, unlike the model, HB 4408 does not address the issue of corporate practice of medicine and casts an overly broad net on all health care market participants, subjecting a wide range of physician practices to expansive and intrusive reporting requirements.

While the bill exempts very small independent practices (those with three or fewer physicians) from the requirement to submit annual reports to the secretary of state, a practice group of four or more physicians would be required to report extensive data on ownership, revenue, staffing, and even affiliated clinicians – on both an annual basis and following any so-called “material change transaction,” a category that includes routine contract updates, management agreements, and lease modifications. These reports must be submitted to the secretary of state and, in some cases, shared with the attorney general, without clear procedural safeguards.

We are especially concerned about the bill’s penalties. Even modest independent practices with fewer than 10 physicians could face civil fines of up to \$10,000 per violation. The secretary of state may also audit these groups and publish identifying information about their ownership and operations online. For practices already overwhelmed by compliance burdens, this new bureaucracy risks chilling collaboration, innovation, and expansion of access to care – especially in underserved areas.

Additionally, HB 4408 grants significant discretion to state regulators without guardrails to ensure fair enforcement. For example, the secretary of state may determine what constitutes a “significant reduction” in services, triggering a reporting requirement, and the bill allows for the broad dissemination of sensitive data to state agencies and third parties. Yet it does not clarify how quality, cost, or competition would be measured – or how physician practices would be protected from misuse of this information.

TMA has long supported responsible antitrust enforcement, including increased scrutiny of vertical integration between insurers and health systems. However, HB 4408 does not apply equally to all actors in the health care market. Physician practices – already the least consolidated and most patient-focused segment – should not be the primary target of this legislation.

For these reasons, we respectfully urge the committee to reject HB 4408 in its current form or consider amendments that exempt physician practices from its scope, raise the reporting threshold to align with federal standards under the Hart-Scott-Rodino Act, and implement procedural protections to ensure fairness and due process.

We thank you for your consideration of our concerns and we look forward to continuing our work with Chair Dean to improve the bill. TMA appreciates the committee's dedication to improving health care for all Texans.