



89th Legislative Session Wrap Up

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Frame of Reference: 89th Legislative Session

- The Texas Legislature meets every other year for 140 days in an odd number year, starting the 2nd Tuesday in January.
- Only constitutional requirement is to pass the state's budget
 - Texas has the 8th largest economy in the world! CK1
- Two Chambers
 - House of Representatives: 150 Members
 - Senate: 31 Members
 - Both Republican-led and Republican majorities.

CK2

House Chamber Makeup CK1

Speaker is elected by his peers: Dustin Burrows (R-Lubbock). CK2

Three physicians serving:

- Greg Bonnen, MD, (R-Friendswood), Neurosurgeon
 - Chair, Appropriations Committee
- Tom Oliverson, MD, (R-Tomball), Anesthesiologist
 - Member, Appropriations Committee CK3
 - Member, Appropriations Subcommittee on Article II
 - Also, a member of Environmental Regulations and Redistricting Committee
- Suleman Lalani, MD, (D-Sugarland), Geriatrician
 - Vice Chair, Land and Resource Management Committee
 - Member, Higher Education Committee

Senate Chamber Makeup

Led by Lt. Governor Dan Patrick (R).

Two physicians serving:

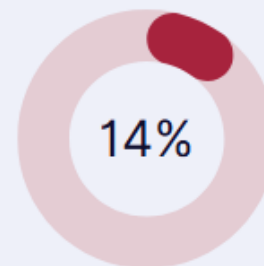
- Charles Schwertner, MD, (R-Georgetown), Orthopedic Surgeon
 - Chair, Business and Commerce Committee
 - Also, a member of the Economic Development, Finance, and State Affairs Committees
- Donna Campbell, MD, (R-New Braunfels), Emergency Medicine
 - Chair, Nominations Committee
 - Vice Chair, Education K-16 Committee
 - Also, a member of the Business and Commerce and Finance Committee

89th Session Stats

8,719  **2,795**

Total number of House & Senate bills filed in the 89th session

Number of bills TMA tracked in the 89th session (32%)



14% of all House & Senate bills filed were passed into law

136+

physicians testified

6,832

Action Alert participants

680

first time AA participants

FIRST TUESDAYS 
Taking Medicine's Message to the Capitol

718

total FTAC participants

253

first time FTAC participants

832

Monday night webinar FTAC participants

Legislative Priorities: Three Main Themes

Access to Care

- Stop scope of practice expansion and grow the physician workforce
- Enhance health care access
- Expand access to care with telemedicine payment parity
- Protect public health by defending Texas' vaccine laws

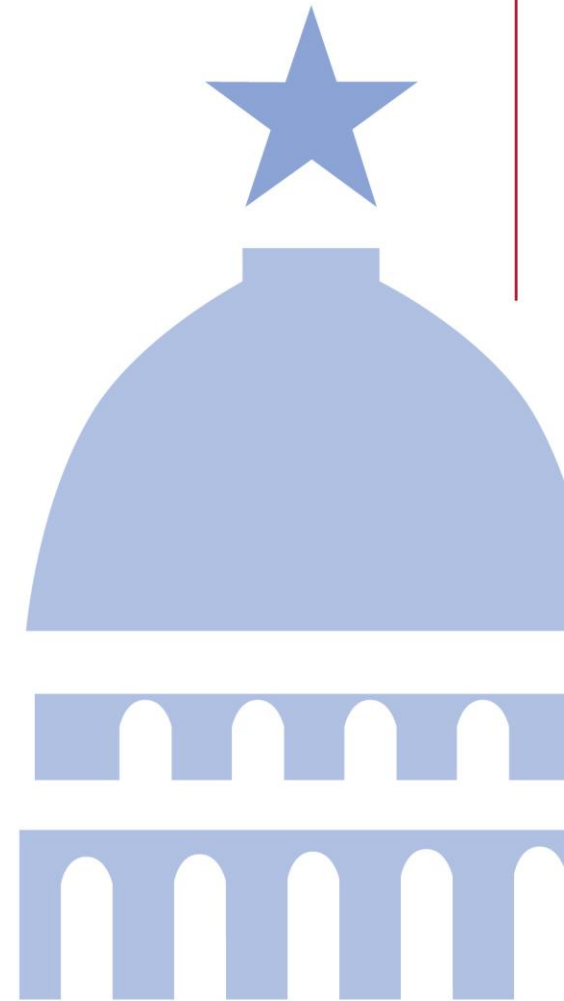
Practice Viability

- Safeguard medical liability protections
- Reform prior authorization and streamline Medicaid
- Ensure new technology is physician vetted

Physician's Autonomy

- Improve women's health
- Allow physicians to practice as trained
- Develop a noncompete agreement law that works for all physicians

Scope of Practice Update





Preserved Physician-led Care

Physician-led team-based care puts patient health and safety first and ensures the same standard of high-quality care. Major scope bills defeated.

MR3

Rather than compromising patient safety for the sake of a quick fix, TMA advocated for the Legislature to pass real and effective, innovative solutions.

34 discrete “scope-of-practice” bills were filed during the 89th Texas Legislature’s 2025 regular session.



Preserved Physician-led Care

More than 40 TMA-member physicians from all corners of Texas came together at the Capitol to stand in opposition to HB 3794.

Defeated HB 3794 (Darby)

- Would have destroyed the physician-led team framework by removing physicians from the health care team and replacing them with APRNs
- Would have allowed APRNs full practice authority to make differential diagnoses
- Would have allowed APRNs to independently prescribe controlled substances in Schedules II, III, IV, and V

Left pending in House Public Health Committee **April 14**, pulled from formal meeting agenda on **May 1**





Preserved Physician-led Care

Within two weeks, **over 60** TMA-member physicians mobilized and filled the Senate chamber, standing united against SB 3055.

MR1

Defeated SB 3055 (Middleton)

Would have given independent practice authority to nurse practitioners, nurse midwives, or clinical nurse specialists in counties with a population under 68,750 who apply and have either:

- Held an active unencumbered license as an **APRN in any state** for at least **10 years or 20,000 hours**; or
- Graduated from a program of nursing education that “has a physical presence in this state” and has a requirement of in-person clinical experience and has practiced as an APRN under a prescriptive authority agreement with a physician for at least **four years or 8,000 hours**.

Left pending in Senate State Affairs Committee May 1.





Preserved Physician-led Care

Defeated ALL other major scope bills challenging physician-led team-based care.

Defeated SB 911 (Blanco), HB 1756 (Manuel), HB 2532 (Shofner), SB 1859 (Middleton)

- Would have destroyed the physician-led team framework by removing physicians from the health care team and replacing them with APRNs.
- APRNs would have had full practice authority to make differential diagnoses.
- Would have allowed APRNs to independently prescribe controlled substances in Schedules II, III, IV, and V.

None of these bills were heard in committee.

Defeated SB 1102 (Paxton)

Would have allowed midwives to administer dangerous drugs during labor.

Referred to Health & Human Services committee, never heard.



Physician-led Care Solution- *failed to pass*

Rather than compromising patient safety for the sake of a quick fix, TMA advocated for the Legislature to pass real and effective, innovative solutions.

Supported SB 2695 (Kolkhorst)

- Would have established the Rural Admission Medical Program – or RAMP – to provide financial and academic support to encourage students from rural areas to pursue medical school and practice in rural communities after graduation.
- Create a rural APRN delegation/supervision program in counties of 30,000 or less
- TMB would track number of delegation/supervision agreements, fees, and where APRNs are located

Placed on House Calendar on May 26.



Preserved Physician-led Care

Defeated SB 268 (Perry)/ HB 861 (Howard)

Would limit the Texas Medical Board's ability to stop the illegal practice of medicine.

VETOED by Gov. Abbott on June 22.

Defeated HB 4051 (Frank)

Would have allowed pharmacists to test and treat and essentially practice medicine. Established process for physician dispensing of medication.

Left pending in House Public Health Committee April 28.

Opposed SB 1373 (Hinojosa, C.)

Would require that medical staff privileges be granted or denied in a consistent manner.

Failed to pass House Public Health Committee.



Physician-led Care Challenged

Rare scope compromise from 2019 was 10 business days for the highest-level physical therapist, 15 business day for others.

HB 4099 (Harris Davila)

- Allows direct access to physical therapy for 30 calendar days without a physician referral.
- Agreement also included an important patient disclosure informing patients that the physical therapist cannot perform a medical diagnosis, cannot perform imaging, such as x-rays, and that the patient's insurance may not cover the service.

Signed by the Governor on June 20, effective September 1.

Preserved Physician Autonomy: Non-competes



CK1

Passed SB 1318 (Schwertner)

The law strikes a balance on non-compete agreements for physicians.

- One-year time limit as statutory duration for agreements
- Buyout cap not greater than the physician's annual salary and wages
- Sets reasonable geographic scope of agreement to a 5-mile radius from physician's primary practice location
- Clear and conspicuous language
- Agreement void if discharged without good cause

Signed by the Governor on June 20, effective September 1.



Med Spas: Elective IV Therapy

Passed HB 3749 (Orr), Jennifer's Law

Definition of "Elective IV Therapy"

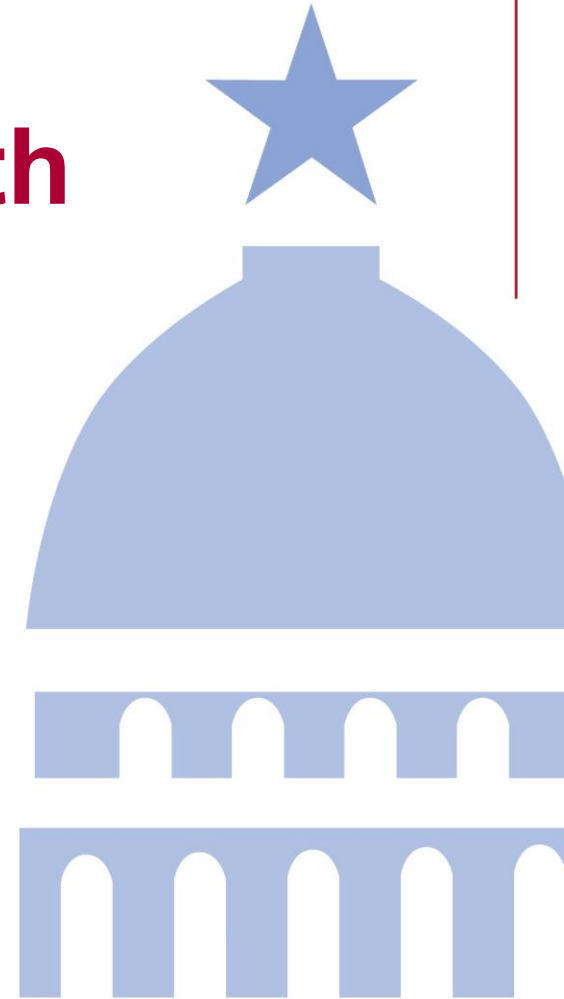
- Administering fluids, nutrients, medications, or blood via IV for temporary wellness or symptom relief, outside a physician's office, licensed health facility, mental hospital, or state hospital.

Delegation of Prescribing and Administration Prescribing/ordering IV therapy:

- Physicians may delegate to PAs or APRNs under adequate physician supervision
- Administering IV therapy: Restricted to PAs, APRNs, or RNs, again under adequate physician supervision. A physician cannot outsource decision-making to unlicensed staff or technicians.

Signed by the Governor on June 20, effective September 1.

Budget and Medicaid, Women's Health, Mental Health





Texas Budget

Constitutionally, the state budget is the only bill that **MUST** pass during a legislative session.



\$338 BILLION

in total spend with a focus on property tax relief.



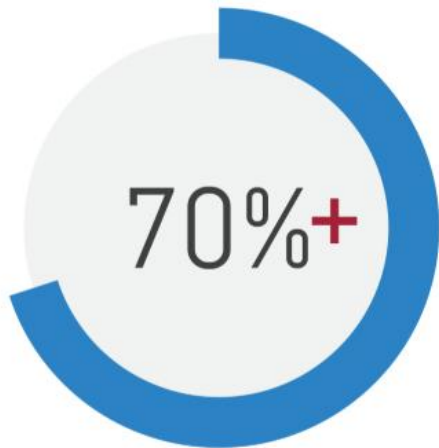
\$149 BILLION

in general revenue, rest is federal match \$ or previously earmarked \$.



\$17 BILLION

increase (approx 5%) from previous session.



Upwards of **70%** of the budget is health care spending, with **additional** ^{CK1} **funding** in the supplemental budget bill (SB 500).



Final budget bill, HB 1, ended up at **1,056 pages** long.

Major winners:

- Property taxes
- Teachers
- Water infrastructure



Article II

Total HHS Agency funds rose to \$105.7B, an increase of \$4.9B

- Overall **increase** of \$5.9B for Medicaid and \$1.4B for CHIP (+ additional \$750M in the supplemental).
- **Increased** funding for the Healthy Texas Women Program including:
 - Breast and cervical cancer screening
 - Mobile mammogram units
- \$5M **increase** of Opioid Abatement funding, going to Maternal Opioid Misuse Program (HB 5155 by Rep. Rose/Kolkhorst).
- \$10.4B in All Funds **increased** for the Children's Mental Health Strategic Plan.



Article III- increases

Graduate Medical Education

- GME: \$77 million overall funding, for the GME Expansion Program to build on the 1:1.1 ratio.
- \$3M for the Rural Residency Physician Grant Program.
- \$35.6M for the Physician Education Loan Repayment program.
- \$11.7M for the Joint Admission Medical Program (“JAMP”).
- The THECB strategy amount is \$16.5M for family practice residency programs w/ additional targeted funding of \$113,957 per year for rural and public health rotations.
- Total Graduate Medical Education Funding \$304,425,000 or \$5,970 per resident, with additional funding of \$122,275,023.

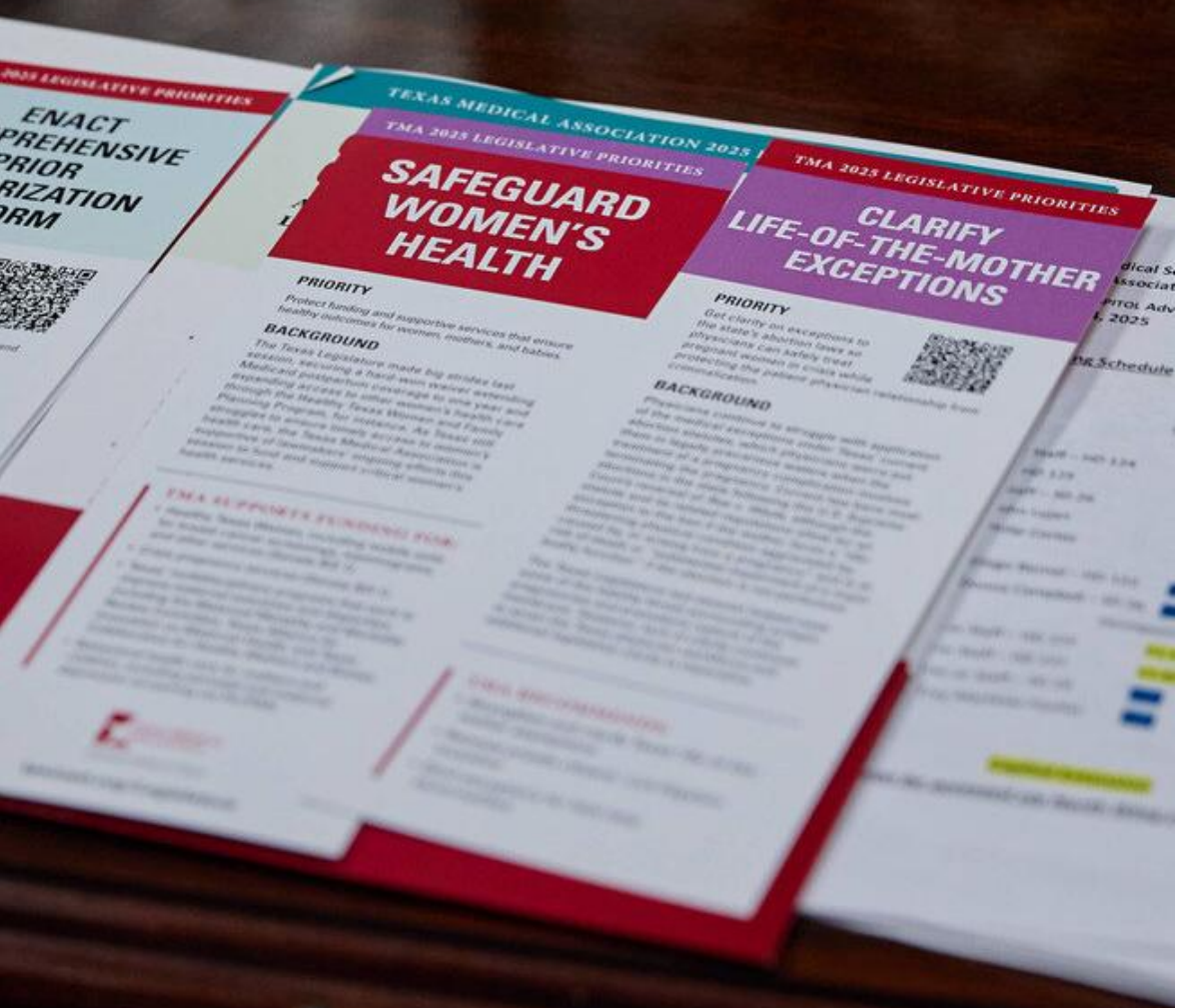
Women's Health

Passed HB 44 (Geren)/SB 31 (Hughes)

- “Life of the Mother Act”
- Signed by the Governor **June 20, effective immediately.**

Passed HB 47 (Howard)

- Expanded coverage and services for victims of sexual assault. PR1
- Signed by the Governor **June 20, effective September 1.**





Safeguarding Women's Health

HB 713 (Howard)

Maternal Mortality and Morbidity Review Committee reforms, **signed by the Governor on June 20, effective immediately.**

HB 5155 (Rose)

Creates the Maternal Opioid Misuse Program, **signed by the Governor on June 20, effective September 1.**

HB 37 (Plesa)

Creating a perinatal bereavement care initiative and programs, **signed by the Governor on May 28, effective September 1.**

SB 1084 (Campbell)/HB 2659 (Lalani)

Amends current law to comply with federal and state requirements regarding certain mammography reports, **signed by the Governor on June 20, effective September 1.**

SB 1233 (Hancock)

Requires HHSC to develop information relating to perinatal palliative care, **signed by the Governor on June 20, effective September 1.**



New Behavioral Health Laws

HB 18
(VanDeaver)

Relating to the establishment and administration of certain programs and services providing health care services to rural counties. **Effective immediately.**

HB 1965
(Garcia, J.)

Relating to a study on mental health services provided to veterans through the Texas Veterans Commission. **Effective immediately.**

HB 5342
(Landgraf)

Relating to the provision of behavioral health crisis services, including the operation of crisis centers and mobile crisis outreach teams. **Effective September 1.**

SB 207
(Paxton)

Relating to excused absences from public school for certain students to attend mental health care appointments. **Effective immediately.**

SB 1401
(West)

Relating to the creation of the Texas Mental Health Profession Pipeline Program by the Texas Higher Education Coordinating Board. **Effective September 1.**

SB 2069
(Zaffirini)

Relating to the establishment of a work group to conduct a study on the feasibility of implementing an acute psychiatric bed registry. **Effective September 1.**

SB 2308
(Parker)

Relating to the establishment of a grant program to fund the United States Food and Drug Administration's drug development trials with ibogaine. **Effective immediately.**

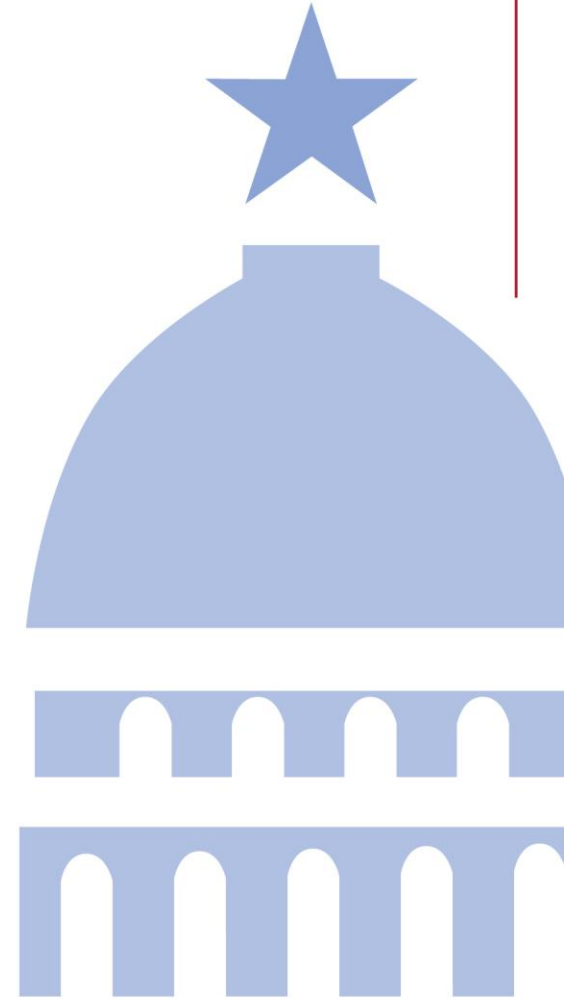


New Program

Dementia Prevention Research Institute of Texas “DPRIT”

- SB 5 by Finance Chair Joan Huffman and the companion HB 5, authored by Rep. Tom Craddick and 119 co-sponsors, passed both the Senate and the House creating DPRIT. The Senate and House Joint Resolution 3 also passed by the Legislature and would fund it with \$3 billion in surplus revenue.
- Modeled after Texas’ CPRIT program (Cancer Prevention)
- **On Saturday, May 25, 2025, Texas Governor Greg Abbott signed DPRIT into law**, however its implementation and funding are contingent on voter approval of the constitutional amendment in the November 2025 elections.

Public Health Overview





Vaccine Bills

HB 383	HB 1468	HB 3465	HB 5022	SB 254
HB 486	HB 1586	HB 3540	HB 5622	SB 269
HB 724	HB 2374	HB 3705	HJR 91	SB 398
HB 730	HB 2755	HB 3737	SB 46	SB 407
HB 772	HB 2872	HB 3852	SB 91	SB 623
HB 943	HB 3176	HB 3957	SB 94	SB 1821
HB 962	HB 3304	HB 4076	SB 95	SB 1887
HB 1082	HB 3392	HB 4535	SB 96	SB 1983
HB 1134	HB 3440	HB 4587	SB 117	SB 2087
HB 1356	HB 3441	HB 4927	SB 118	SB 2119

Green = Passed Orange = Passed out of chamber Blue = Committee hearing Black = No hearing



CK1

Vaccine Bills

HB 1586 (Hull)

- Makes it easier for parents and guardians to opt out of school required immunizations.
- The bill places the DSHS exemption form online which allows it to be printed and distributed en masse.
- The form must still be notarized.
- There are concerns that anti-vaccine groups will pass this form out with anti-vaccine information attached to it and get a school notary to sign.
- Studies have shown that states with easier opt out provisions also have higher exemption rates.

Signed by the Governor on June 20, effective September 1.



Vaccine Bills

HB 3441 (Luther)

- Erodes the civil liability protections for pharmaceutical companies that sell immunizations in Texas.
- The bill states that if a vaccine manufacturer advertises in Texas, a person does not have to go through the National Vaccine Injury Compensation Program.
- The injured person may sue for actual damages and court costs.

Signed by the Governor on June 20, effective September 1.

- This bill sits in a legal grey area as to whether federal law preempts HB 3441.



Vaccine Bills

HB 4076 (Leach)

- Prohibits health care practitioners from determining a person is ineligible for an organ transplant or other relevant services solely due to their vaccination status.
- However, *“a healthcare provider may consider an individual’s vaccination status when making a treatment recommendation or decision solely to the extent that a physician, following an individualized evaluation of the potential transplant recipient, determines the vaccination status is medically significant to the organ transplant.”*

Signed by the Governor on June 20, effective September 1.



Vaccine Bills

HB 4535 (McQueeney)

- House Bill 4535 reworks and duplicates the informed consent process for the administration of the COVID-19 vaccine.
- In addition to providing informed consent and the federally required Vaccine Information Statement or Fact Sheet, a health care provider must also provide and have the patient sign a new state created document that discusses:
 1. The benefits and risks associated with COVID-19 vaccination, including potential side effects;
 2. The expedited manner in which the COVID-19 vaccine was developed;
 3. Whether long-term scientific studies have been performed on the COVID-19 vaccine;
 4. Whether manufacturers of the COVID-19 vaccine are subject to civil liability for any injuries caused by the vaccine; and
 5. The federal Vaccine Adverse Event Reporting System, including clear instructions for reporting any vaccine-related injury or reaction.

Signed by the Governor on June 20, effective September 1.



Vaccine Bills

SB 269 (Perry)

- States a physician shall report to the federal Vaccine Adverse Event Reporting System (VAERS) any serious adverse event the physician's patient suffers from an experimental or emergency use authorization vaccine.
- Even if a physician does not believe the vaccine played a part in the adverse action, it must still be reported. The bill does not limit what the physician may say in the report.
- This applies to one year after the patient receives the vaccine.
- A physician will receive one non-disciplinary corrective action for the first violation.
- The second violation will be an administrative action determined by the TMB.

Signed by the Governor on June 20, effective September 1.



Tobacco/E-Cigarettes



Budget: No budget increase after the \$4.3 million increase in tobacco prevention funding last session. The federal cuts are significant and are still being evaluated.

Passed SB 2024 (Perry)

Prohibits the sale of e-cigarettes that are designed to appear as school or office supplies (including smart phones, headphones, backpacks, or cosmetics), that contain intoxicating substances (including cannabinoids, alcohol, kratom, mushrooms, etc.) and whose liquid or aerosolized material are wholly or partially manufactured in China or a U.S designated foreign adversary.

- It is estimated that 90% of e-cigarette products are made in China.

Signed by the Governor on June 20, effective September 1.



Tobacco/E-Cigarettes

Passed SB 1316 (Cook)

- Prohibits the advertising of e-cigarettes within 1,000 ft of a school or church.

Signed by the Governor on May 21, effective September 1.

Passed SB 1313 (Cook)

- Prohibits e-cigarette retailers use of marketing, advertising or signage that is clearly aimed at children (cartoon characters, celebrities, candy, and other symbols primarily used to market to minors).

Filed without the Governor's signature on June 20 (passed into law), effective September 1.



Information Blocking Reforms Passed

Changes to federal law mandate that all test results, including results that are sensitive and tragic, are immediately sent to the patient's online portal.

Passed SB 922 (Hancock)

- Test results may not be disclosed to a patient by certain electronic means until at least three days after the sensitive test results are finalized. This bill in no way prevents a physician from sharing test results immediately with the patient over the phone, through video conference, or in person.

Signed by the Governor on May 19, effective September 1.



AI & Social Media Regulation

Passed SB 2420 (Paxton)

- The App Store Accountability Act requires app stores to employ age verification, obtain parental consent to the use of mobile applications by minors, and provide information from app developers regarding an app's rating.

Signed by the Governor on May 27, effective January 1, 2026.

Passed HB 149 (Capriglione)

- Established the Texas Responsible Artificial Intelligence Governance Act, which sets out provisions providing for consumer protections and enforcement mechanisms, a regulatory sandbox program for testing innovative AI systems, and the creation of the Artificial Intelligence Council to support innovation and oversee compliance.
- Many of TMA's concerns were addressed in the new draft of HB 149 during the negotiation process. However, a physician must disclose if AI is being used.

Signed by the Governor on June 22, effective January 1, 2026.



Healthy Eating

Passed SB 25 (Kolkhorst)

- Promotes nutrition and physical education in schools. It also requires warning labels for certain ingredients in foods such as blue 1, blue 2, canthaxanthin, diacetyl, potassium bromate, red 3, red 4, red 40, and titanium dioxide.
- The warning label states:

WARNING: This product contains an ingredient that is not recommended for human consumption by the appropriate authority in Australia, Canada, the European Union, or the United Kingdom.

Signed by the Governor on May 21, effective September 1.

Passed SB 379 (Middleton)

- Bans sweetened drinks in SNAP. A "sweetened drink" means a nonalcoholic beverage made with water that contains five grams or more of added sugar or any amount of artificial sweeteners. The term does not include more than 50% percent of vegetable or fruit juice by volume.

Signed by the Governor on June 20, effective September 1.



THC Ban Vetoed

SB 3 (Perry)

- This bill bans all forms of consumable THC in Texas. It still allows for the Texas Compassionate Use Program and farmers to grow hemp.
- TMA was successful in adding an amendment that reduced youth penalties from a Class A to a Class C.
- The bill was **vetoed** by Gov. Abbott, but then immediately placed on a special session call to be regulated instead of banned.
 - **Special Session is set to begin Monday, July 21, 2025.**

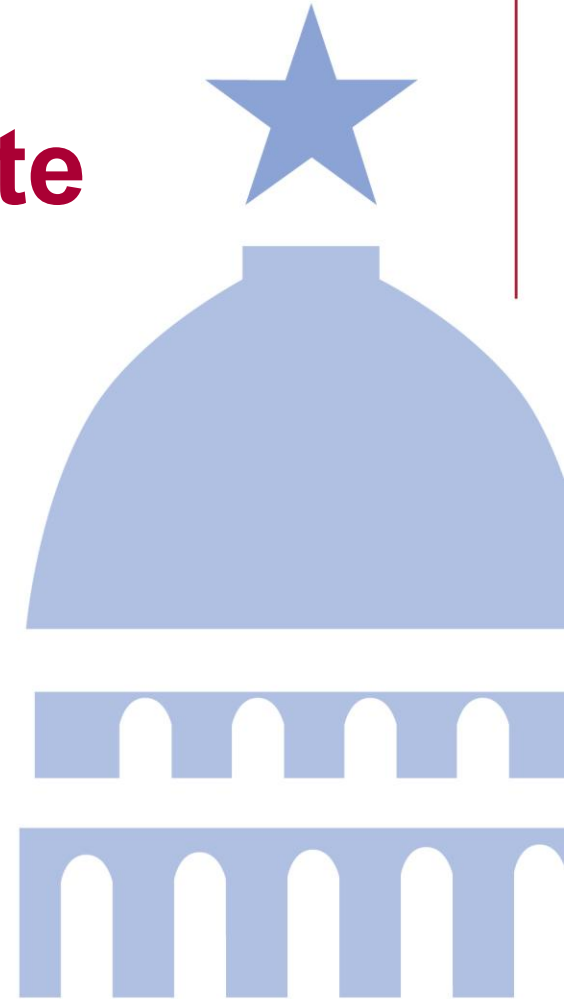
**Thank you to the
25 physicians
who testified for
public health!**



x2

**More than double
from last session!**

Commercial Insurance and Medicaid Managed Care Update





Insurance Landscape

Alignment

Insurers and business community aligned to oppose any and all pro-physician or pro-patient bills.

Skepticism

Key House and Senate committees not keen on reforms, wary of potential to increase premiums.

DOGE Effect

Any suggestion of overregulation or fraud, waste, and abuse were hyper scrutinized.



Record Number of Harmful Bills

HB 139 (Dean)

Creating regulation-free insurance, eliminating patient and physician protections.

Laid out on the House floor on May 15 and then postponed at the 11th hour until 2027, effectively killing the bill.

HB 4012 (Paul)

Creating a bounty hunter law against physicians and adding civil and criminal penalties for claims disputes.

Laid out on the House floor on May 10 and then postponed until 2027, effectively killing the bill.



TMA Priority: Reform Prior Authorization

Passed HB 3812 (Bonnen/Oliverson)

Gold Carding 2.0:

- Extends the evaluation period from 6 to 12 months,
- Codifies the minimum threshold of five services to qualify during that time, and
- Allows physicians to aggregate approvals across affiliated insurance plans.

Signed by the Governor on June 20, effective September 1.

Passed SB 815 (Schwertner)

Click and Close Ban - prohibits insurers from using AI to make adverse determinations on prior authorizations, requiring human clinicians to make denials.

Signed by the Governor on June 20, effective September 1.



Other Good Bills Passed

HB 2254 (Hull)

Value Based Care, **signed by the Governor on June 20, effective immediately.**

HB 388 (Harris Davila)

Coordination of Benefits, **signed by the Governor on June 20, effective September 1.**

HB 2516 (Guillen)

Medigap Coverage for ALS, **filed without the Governor's signature on June 20 (passed into law), effective September 1.**

HB 3057 (Landgraf)

Required coverage for CAR T therapy, **signed by the Governor on June 20, effective September 1.**

SB 527 (Schwertner)

Medical coverage for dental anesthesia, **signed by the Governor on June 20, effective September 1.**

SB 1307 (Cook)

Health Coverage Reference Guide, **filed without the Governor's signature on June 20 (passed into law), effective September 1.**



Negotiated Bills

HB 138 (Dean)

Creating the Health Impact, Cost, and Coverage Analysis Program.

Filed without the Governor's signature on June 20 (passed into law), effective immediately.

SB 926 (Hancock)

Ranking, tiering, and steering of physicians by insurers.

Signed by the Governor on June 20, effective September 1.



Medicaid Managed Care Wins

HB 26 (Hull)

“Food as Medicine.”

Signed by the Governor on June 20, effective September 1.

HB 3151 (Hull)

FQHC expedited credentialing.

Signed by the Governor on June 20, effective September 1.

HB 3940 (Johnson)

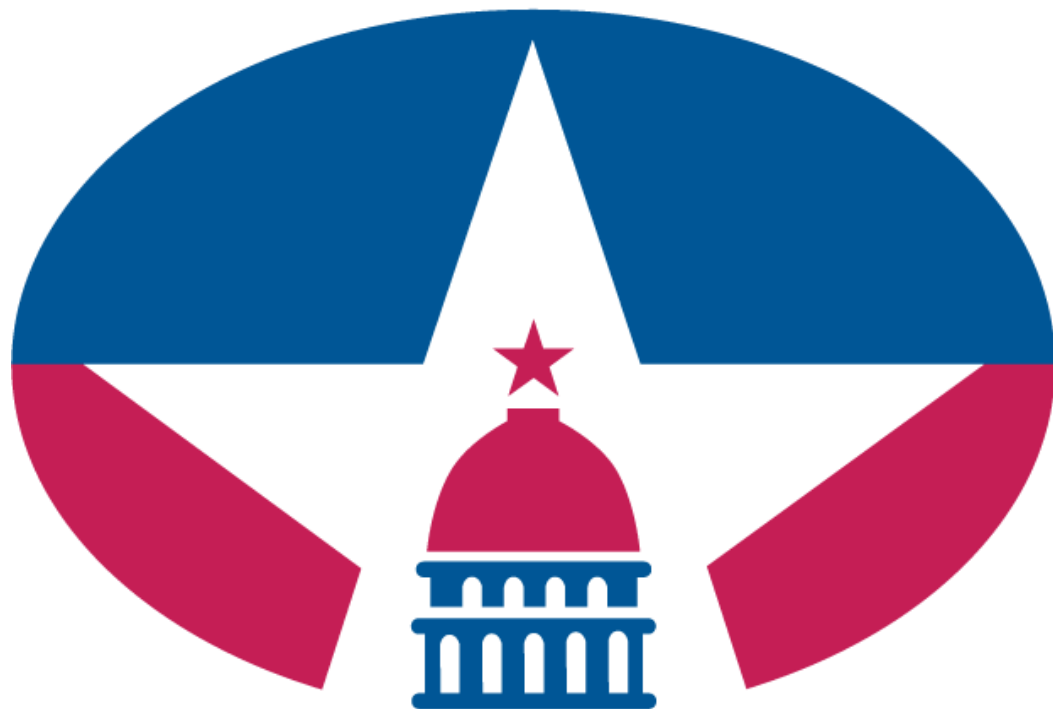
Enrollment notice to new mothers.

Signed by the Governor on June 20, effective September 1.

SB 1266 (Alvarado)

PEMS enrollment support portal.

Signed by the Governor on June 20, effective September 1.



TEXPAC

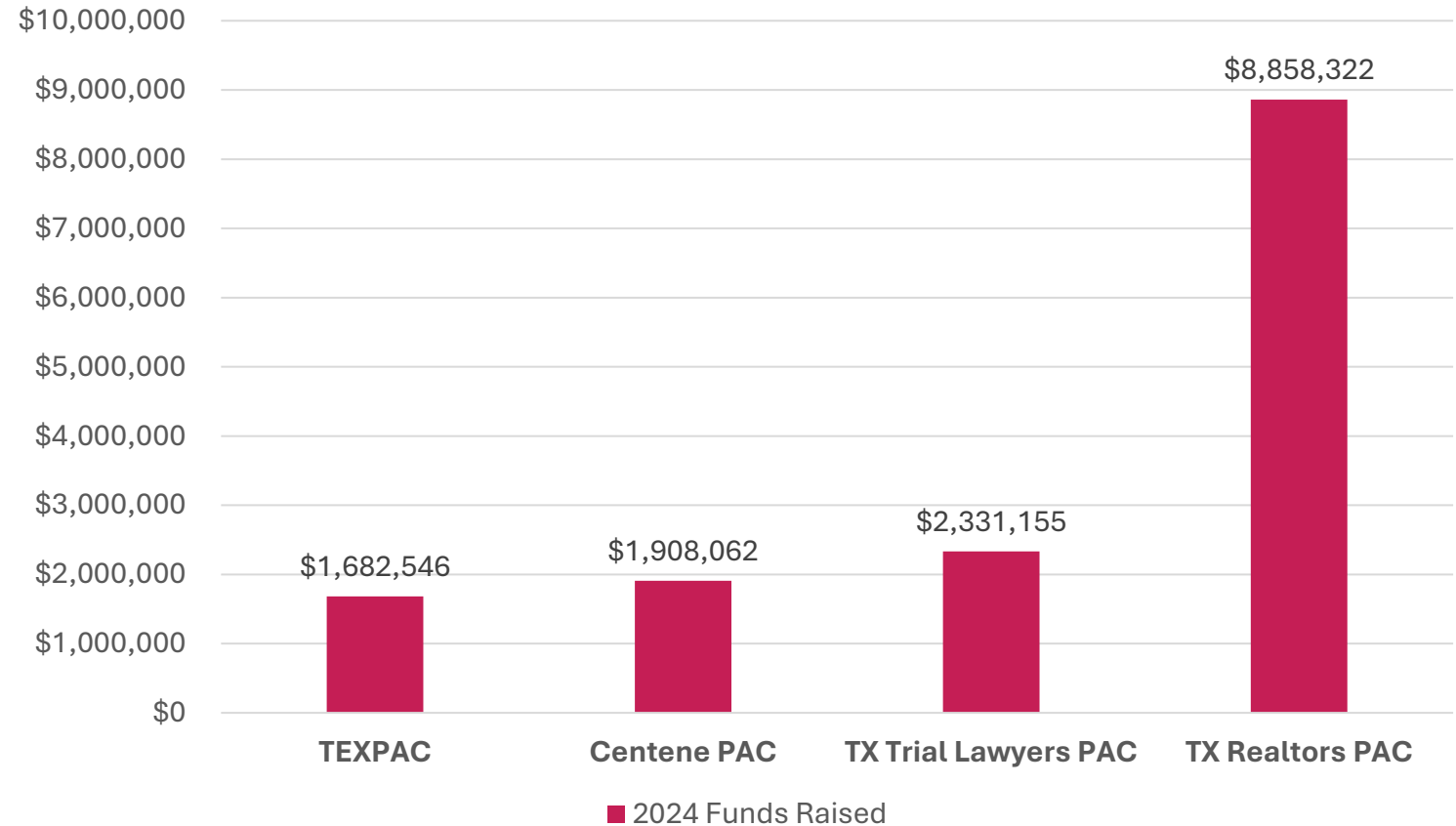


TEXPAC by the Numbers

TEXPAC was drastically outraised and outspent by comparable PACs during the 2024 election cycle.

Federal Insurance PACs spent \$736K throughout the state.

2024 Election Cycle Funds Raised



Who's Protecting Texas Medicine?



What This Means: We're being outspent by interests that work against physicians and patients.

Why It Matters: Only physicians can protect the future of medicine in Texas. TEXPAC is your tool to do that.

Call to Action: Join or renew your TEXPAC membership today. Help us defend medicine at the ballot box.



**Thank you,
physicians!**