

## TEXAS HEALTHCARE LEGISLATIVE UPDATE - 79TH REGULAR SESSION

You have accessed the Healthcare Legislative Update for the 79th Regular Session of the Texas Legislature. This update has been compiled by the Health Care Practice Group of Haynes and Boone, LLP for use as a quick reference tool on topics that we believe that will be of interest to our clients and the healthcare industry, with a specific focus on those new laws that affect hospitals, physicians and other healthcare providers.

The legislation included in this update is referenced both by bill number and subject, and short summaries are provided. The summary is not intended to be a comprehensive report on the legislation or to offer legal advice or opinions regarding the new law but rather to offer a brief description of the subject matter and nature of the legislation that will allow you to determine whether it potentially impacts your business. If you are interested in particular legislation, you may access the legislation directly to obtain the full text of the new law as well as other information about it. To access the text of the legislation directly via the Internet at the Texas Legislature's web site, simply click on the bill number in this update.

We hope that you find this update useful. If you have questions regarding the update itself, or any of the new laws included in it, please contact one of our attorneys who are listed below. We will welcome the opportunity to work with you in obtaining information about current legislation as well as determining the impact these new healthcare-related laws have on your business. Please contact us if you would like a presentation on any of the healthcare legislation summarized in this Update.

Please note that not all healthcare related legislation is summarized in this update.

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<b><u>CHARITY CARE / UNINSURED</u></b>			
<a href="#"><u>SB 1378</u></a>	Non-profit hospital certification and charity care accounting	In Effect	Modifies the certification process through which the Department of State Health Services certifies non-profit hospitals. Previously, the Department reviewed each hospital's Annual Report of Community Benefit to determine non-profit certification, but the new law requires the Department to now consider each hospital's required Financial & Utilization Data report and Community Benefits & Charity Care report to determine non-profit certification. Also modifies the required Department response deadline date for non-profit certification requests from hospitals.
<a href="#"><u>SB 500</u></a>	Reduced rates	In Effect	Expands the category of needy patients for which healthcare providers are allowed to charge healthcare prices lower than the prices charged to insurance companies. Previously, healthcare providers were only allowed to charge lower healthcare prices to Medicaid and Medicare patients and medically indigent patients according to Article 21.79F., Illegal Pricing Practices of the Insurance Code (recodified as Chapter 552). Adds the following patients to the list of those for whom healthcare providers are allowed to charge lower healthcare prices: 1. Patients who are covered by a federal, state, or local government-sponsored indigent health care program; 2. Financially or medically indigent patients who qualify for indigent health care services based on a written charity care policy

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			established by the health care provider; and 3. Patients who are not covered by a health benefit plan that provides benefits for the services and qualifies for services for the uninsured based on a written policy established by the health care provider.
<b>EMERGENCY MEDICAL SERVICES</b>			
<a href="#"><u>SB 330</u></a>	Stroke Committee and emergency services	9/1/2005	Establishes a Stroke Committee of the Emergency Medical Services Advisory Council for the Department of State Health Services under the Emergency Medical Services Act to develop an emergency stroke transport plan and stroke facility criteria.
<a href="#"><u>HB 162</u></a>	Reporting communicable disease exposures of emergency personnel	9/1/2005	Modifies Chapter 81., Communicable Diseases, in the Health & Safety Code with respect to the notification of emergency personnel exposed to persons with communicable diseases. Expands the categories of emergency personnel to include detention officers and county jailers who have the right to be notified by the local health authority in the event that a hospital reports that a person assisted or treated tested positive for certain communicable diseases. Allows hospitals to notify any additional people that may have been exposed during the provision of emergency services. Requires healthcare providers to take reasonable steps to test a deceased person for certain communicable diseases in the event that an exposure incident during the provision of emergency services is reported. Healthcare providers are not required to obtain consent before testing the deceased but, otherwise, must abide by communicable disease reporting confidentiality requirements. The organization that employs the exposed person or for which the exposed person works as a volunteer in connection with rendering the assistance is responsible for paying the costs of the test.
<a href="#"><u>HB 805</u></a>	Thumbprint identification	9/1/2005	Allows emergency medical services personnel, emergency room medical personnel or admissions personnel to take the thumbprint of a person who receives emergency prehospital care if the person: 1. Does not possess personal identification at the time the care is administered; 2. Is unconscious; 3. Is transported across the Texas-Mexico border by ambulance or helicopter while receiving emergency prehospital care; and 4. Is delivered to a hospital that has digital fingerprinting capabilities.
<b>HOSPITALS</b>			
<a href="#"><u>HB 2470</u></a>	Emergency medical facility subsidies	9/1/2005	Modifies trauma facility application and designation requirements for facilities to qualify for state trauma subsidies. Extends funding for uncompensated trauma care.
<a href="#"><u>HB 3357</u></a>	Hospital licenses and financial	9/1/2005	Requires hospitals to provide detailed information on each hospital license application and renewal application about persons with a

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	interests		<p>financial interest in the hospital. Specifically, hospitals will be required to provide the name and social security number of the following people:</p> <ol style="list-style-type: none"> <li>1. The sole proprietor, if the applicant is a sole proprietor;</li> <li>2. Each general partner, if the applicant is a partnership; and</li> <li>3. Any individual who has an ownership interest of more than 25% in the corporation, if the applicant is a corporation. Requires the Department of State Health Services to post the names from the application on the Department's website.</li> </ol>
<a href="#">HB 677</a>	Medical treatment plans for survivors of sexual assault	9/1/2005	<p>Requires hospitals to submit a hospital plan for providing emergency services to survivors of sexual assault to the Department of State Health Services upon the Department's request. Establishes:</p> <ol style="list-style-type: none"> <li>1. Plan submission and resubmission deadlines;</li> <li>2. Minimum standards for the plans;</li> <li>3. Required services to be offered to each survivor of sexual assault; and</li> <li>4. Required information form to be completed for each survivor of sexual assault.</li> </ol> <p>Mandates the development of a community-wide plan to designate one or more health care facilities in the community as a primary health care facility to furnish emergency medical services and evidence collection to sexual assault survivors on a community or area-wide basis.</p>
<a href="#">HB 2471</a>	Single license for multiple hospitals	9/1/2005	<p>Allows multiple hospitals owned and operated by the same entity to operate under a single license if the following requirements are met:</p> <ol style="list-style-type: none"> <li>1. All buildings in which inpatients receive hospital services and inpatient services of each of the hospitals to be included in the license are subject to the control and direction of the same governing body;</li> <li>2. All buildings in which inpatients receive hospital services are within a 30-mile radius of the main address of the applicant;</li> <li>3. Integration of the organized medical staff of each of the hospitals to be included in the license;</li> <li>4. A single chief executive officer for all the hospitals who reports directly to the governing body, through whom all administrative authority flows and who exercises control and surveillance over all administrative activities of the hospital;</li> <li>5. A single chief medical officer for all the hospitals who reports directly to the governing body and who is responsible for all medical staff activities of the hospital;</li> <li>6. Each building of a hospital to be included in the license that is geographically separate from other buildings of the same hospital contains at least one nursing unit for inpatients (unless providing</li> </ol>

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			only diagnostic or laboratory services, or a combination of diagnostic or laboratory services, for inpatients); and 7. Each hospital that is to be included in the license complies with the emergency services standards for a general hospital (if the hospital provides surgery or obstetrical care or both) or for a special hospital (if the hospital does not provide surgery or obstetrical care). Allows the hospital licensing director to recommend a waiver of the emergency services standard requirement for a hospital if another hospital that is to be included in the license complies with the emergency services standards for a general hospital and is in close geographic proximity to the hospital. Allows the Health and Human Services Commissioner to promulgate rules for the emergency services waiver.
<a href="#">SB 1469</a>	Deaths at hospitals	In Effect	Exempts hospitals from the provisions of Chapter 49 of the Code of Criminal Procedure which require the superintendent or general manger of an institution to report the death of an individual under the care, custody or supervision of the institution to the justice of the peace.
<a href="#">HB 1924</a>	Hospital district contracts with physicians	9/1/2005	Modifies the Medical Practice Act by authorizing hospital districts to contract with and employ licensed physicians if the hospital district is: 1. Recognized by a federal agency as a public entity eligible to receive a grant related to a community or federally qualified health center; and 2. Located in a county that, according to the most recent federal decennial census, has a population of 650,000 or more and that borders the United Mexican States; and 3. Organized and operated as a migrant, community, or homeless health center under the authority of and in compliance with 42 U.S.C. Section 254b or 254c or a federally qualified health center under 42 U.S.C. Section 1396d(l)(2)(B).
<a href="#">HB 2463</a>	Taxation of hospitals services provided near the Texas-Mexico border	In Effect	Creates healthcare funding districts in each county located on the Texas-Mexico border that has: 1. A population of 500,000 or more and is adjacent to two or more counties each of which has a population of 50,000 or more; 2. A population of less than 200,000 and contains one or more municipalities with a population of 100,000 or more; and 3. A population of 1.4 million or less and in which a municipality with a population of 1.1 million or more is predominantly located. Allows the Commission of each health care district to impose an annual tax to be assessed quarterly on all outpatient hospital visits to an institutional health care provider located in the district for the purposes of: 1. Providing the nonfederal share of a Medicaid supplemental

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			<p>payment program;</p> <p>2. Subsidizing indigent programs; and</p> <p>3. Paying administrative expenses of the district.</p> <p>Prohibits an institutional health care provider from adding a tax imposed under the law as a surcharge to a patient.</p> <p>Requires an institutional health care provider to submit to the district a copy of any financial and utilization data required by and reported to the Department of State Health Services.</p>
<a href="#">SB 872</a>	Specialty hospitals, physician financial interests and healthcare associated infections	9/1/2005	<p>Specifies that a healthcare provider commits unprofessional conduct if the provider knowingly directs or requires a patient to obtain health care goods or services from a specialty hospital in which the health care provider or an immediate family member of the provider has a financial interest, unless the provider:</p> <p>1. Discloses the financial interest to the patient, in writing; and</p> <p>2. Informs the patient of the option of using an alternative health care facility.</p> <p>Requires physicians to disclose to the Department of State Health Services any ownership interests in specialty hospitals that a physician may have. Establishes an Advisory Panel on Healthcare Associated Infections (HAIs) to establish a study methodology and report to the legislature regarding HAIs generally and with respect to the quality of care offered at specialty hospitals compared to other hospitals.</p>
<b>MANAGED CARE / HEALTH INSURANCE</b>			
<a href="#">HB 2613</a>	Interstate uniformity in long-term care insurance	In Effect	Requires the Department of Insurance to join the Interstate Insurance Product Regulation Commission to work towards interstate insurance uniformity for various insurance products, including long-term care insurance.
<a href="#">HB 765</a>	Group health benefit plans	9/1/2005	Modifies the group health insurance provisions of the Insurance Code by expanding the notice of coverage requirements for group health benefit plans and the employee notice of the disclosure statement for employer standard health benefit plans.
<a href="#">SB 51</a>	HMO vision plans and HMO and PPO coverage requirements	9/1/2005	Requires HMO vision plans to have available eligibility verification staff. Requires HMO and PPO contracts with groups to require payment of the insurance premium through the end of the month in which an individual policy holder terminates, and requires benefits coverage through the time period for which the premium was paid.
<a href="#">SB 1284</a>	HMOs	9/1/2005	Modifies the HMO provisions of the Insurance Code by specifying that certain HMOs are subject to Chapters 823 (Insurance Holding Company Systems) and 824 (Merger and Consolidation of Stock Insurance Corporations) of the Insurance Code.
<a href="#">HB 3376</a>	Insurance fraud	9/1/2005	Modifies the criminal theft and fraud provisions of the penal code, including insurance fraud by expanding and changing insurance fraud penalties, definitions and procedures.

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<a href="#">SB 1149</a>	Electronic availability of insurance information	In Effect	Expands the general requirements of health insurers by requiring certain health insurers to make eligibility, benefits and payment information available telephonically, electronically, or by an Internet website portal.
<a href="#">HB 1030</a>	PPO non-network provider coinsurance limitation	9/1/2005	Modifies the Preferred Provider Benefit Plan provisions of the Insurance Code by limiting the coinsurance a beneficiary must pay to 50% of the total covered amount for services when using a non-preferred provider.
<a href="#">HB 1485</a>	Cervical cancer screening and managed care	9/1/2005	Requires certain health benefit plans to cover annual screening tests for human papiloma virus and cervical cancer for women 18 and older.
<a href="#">HB 1602</a>	High deductible health plans	In Effect	Authorizes the Insurance Commissioner to implement rules to apply the minimum health insurance benefits laws for other types of health plans to that of high deductible health plans.
<a href="#">HB 1775</a>	Specified disease insurance policy	9/1/2005	Provides the required definition of "actual fee" and "actual charge" in specified disease insurance policies.
<a href="#">HB 2371</a>	Acupuncture coverage in HMO and PPO policies	9/1/2005	Prohibits HMOs and PPOs from refusing to cover an acupuncture service because the service was performed by an acupuncturist if acupuncture is a covered service.
<a href="#">HB 2810</a>	Health plan coverage criteria	9/1/2005	Limits a health plan's ability to deny coverage of an applicant solely due to a previous denial of coverage by another health plan
<a href="#">HB 2999</a>	Preferred provider benefit plan contracts with hospitals	In Effect	Prohibits a preferred provider benefit plan to refuse to contract with a hospital solely because the hospital is not accredited by the Joint Commission on Accreditation of Healthcare Organizations.
<a href="#">SB 50</a>	Submission of batched claims to HMOs and PPOs	9/1/2005	Requires HMO and PPO policies to include provisions that prohibit the HMO or PPO from rejecting a clean claim that was received with batch submission that contained a claim that was not clean.
<a href="#">SB 53</a>	Health benefit plans and the use of genetic information	9/1/2005	Expands the categories of insurance policies that are subject to the restrictions on the use of genetic information by insurers to include individual insurance policies.
<a href="#">SB 261</a>	Health insurance coverage education	In Effect	Creates a taskforce on educating the public on the options for and importance of health insurance coverage.
<b>MEDICAID / MEDICAL ASSISTANCE PROGRAM</b>			
<a href="#">HB 1252</a>	Kidney disease and Medicaid	9/1/2005	Adds kidney disease management to the special disease management requirements for those managed care organizations contracted to provide Medicaid services. Adds chronic kidney disease management to the list of disease management programs contracted under Medicaid.
<a href="#">HB 1502</a>	Dual eligibility for Medicare and Medicaid	In Effect	Repeals the dual eligibility provision that prohibits Medicaid payment for a service for which Medicare would pay at a higher rate.
<a href="#">HB 1912</a>	Payment rates for	9/1/2005	Authorizes the Health and Human Services Commissioner to

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	assistive and rehabilitative services		establish rates for the payment of assistive and rehabilitative services similar to Medicare rates.
<a href="#">HB 3235</a>	Medicaid and interpreters	9/1/2005	Requires Medicaid to provide interpreters for deaf recipients of medical assistance.
<a href="#">SB 46</a>	Medicaid information consolidation	In Effect	Allows the Health and Human Services Commissioner to make rules to consolidate the medical assistance program information systems across its various divisions.
<a href="#">SB 566</a>	Medicaid buy-in program	9/1/2005	Allows the Health and Human Services Commissioner to make rules to permit employed persons with disabilities to buy into the Medicaid program.
<a href="#">SB 747</a>	Medicaid and women's health	In Effect	Establishes a demonstration project to expand coverage of women's health care and family planning services provided under the Medicaid program.
<a href="#">SB 1188</a>	Medicaid program administration	9/1/2005	<p>Modifies the Medicaid Program provisions of the Government Code by:</p> <p>§1. Establishing an Office of Community Collaboration to improve the elements of the health care system involved in the delivery of Medicaid services and sharing best practices and resources regarding improvements to the health care system with Medicaid providers;</p> <p>§2. Optimizing Medicaid financing by maximizing the state's receipt of federal funds, creating incentives for providers to use preventive care, maintaining an adequate provider network, more accurately reflecting the costs borne by providers and encouraging quality of care improvement;</p> <p>§3. Improving data analysis and integrating available information associated with Medicaid;</p> <p>§4. Streamlining administrative processes to reduce paper work and administrative burdens by using technology and effective business practices and utilizing service delivery audit mechanisms to ensure Medicaid integrity;</p> <p>§5. Increasing choice, cost-effectiveness and quality of care for the long-term care system;</p> <p>§6. Improving the administration of managed care contracts, posting managed care contract violations and adding contract requirements for managed care organizations regarding advanced nurse practitioners, reimbursement for services outside of business hours at federally qualified health centers or rural health clinics and tracking and resolving provider appeals;</p> <p>§7. Ensuring optimal selection options for medical assistance providers;</p> <p>§8. Optimizing the case management system across the various agencies under the Health and Human Services Commission;</p>

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			<p>§9. Developing and implementing an education campaign for providers and recipients to improve patient outcomes and cost-effectiveness;</p> <p>§10 Establishing an Office of Medical Technology to research and evaluate new developments in medical technology and propose Medicaid implementation of the technologies;</p> <p>§11. Adopting reimbursement rates to provide cost-effective alternatives to hospitalization and reimbursement for online medical consultations;</p> <p>§12. Developing and implementing a comprehensive plan to reduce the use of emergency room services;</p> <p>§13. Developing a performance bonus pilot program for primary care case management providers who treat Medicaid recipients with chronic health conditions in accordance with evidence-based, nationally accepted best practices and standards of care;</p> <p>§14. Modifying pharmaceutical guidelines to maximize the return of unused drugs under voluntary recalls;</p> <p>§15. Evaluating the cost-effectiveness of using a medical information telephone hotline to prevent unnecessary emergency room visits;</p> <p>§16. Analyzing the effect of the Medicare Prescription Drug, Improvement and Modernization Act on the Texas Medicaid vendor drug program;</p> <p>§17. Requiring the public disclosure of each drug recommended for preferred drug list status for the vendor drug program;</p> <p>§18. Requiring final reports on each audit or investigation conducted on fraud, abuse and overcharges;</p> <p>§19. Prescribing minimum requirements for managed care organizations providing disease management programs;</p> <p>§20. Developing an Integrated Care Management Model as a noncapitated primary care case management model to patient health and social outcomes, improve access to care, constrain healthcare costs and integrate the spectrum of acute care and long-term care services and supports;</p> <p>§21. Requiring prescribing providers to void original prescriptions faxed to pharmacies and to file the voided prescription in the patient's medical record;</p> <p>§22. Prohibiting the provision of erectile dysfunction medication to a person required to register as a sex offender under the vendor drug program;</p> <p>§23. Requiring physicians providing Medicaid services to pregnant woman to inform her of the health benefits for which the woman or the woman's child may be eligible under the Child Health Benefit Plan; and</p> <p>§24. Researching the authority, cost and feasibility of offering a</p>

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			stipend to cover the cost of a private health insurance plan as an alternative to traditional Medicaid services and premium payment assistance for long-term care insurance for recipients with health conditions that increases the likelihood of needing future long-term care.
<a href="#">SB 563</a>	Medicaid fraud and abuse	9/1/2005	<p>Expands the definition of provider under the Medicaid fraud and abuse laws to include a manufacturer or distributor of a product for which Medicaid provides reimbursement. Defines "knowingly" for the purposes of the culpable mental state for Medicaid fraud and abuse to mean:</p> <ol style="list-style-type: none"> <li>1. Has knowledge of the information;</li> <li>2. Acts with conscious indifference to the truth or falsity of the information; or</li> <li>3. Acts in reckless disregard of the truth or falsity of the information.</li> </ol> <p>Revises the immunity, enforcement and confidentiality provisions and makes numerous changes to the description of specific acts that constitute unlawful Medicaid fraud and abuse, including the addition of the following acts:</p> <ol style="list-style-type: none"> <li>1. Knowingly makes or causes to be made a false statement or misrepresentation of a material fact to permit a person to receive a benefit or payment under the Medicaid program that is not authorized or that is greater than the benefit or payment that is authorized; and</li> <li>2. Knowingly makes, uses, or causes the making or use of a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to this state under the Medicaid program.</li> </ol>
<a href="#">HB 2618</a>	Medicaid reimbursement to counties	9/1/2005	Expands the eligibility for Medicaid reimbursement to a county for providing healthcare services—a county can now be reimbursed for those charges incurred at a state or federally qualified health center contracted by the county to provide healthcare services
<a href="#">HB 1771</a>	Integrated Care Management Model for Medicaid	In Effect	Requires the Health and Human Services Commissioner to develop an Integrated Care Management Model to implement the Medicaid program.
<a href="#">SB 48</a>	Nursing home reporting and Medicaid reimbursement	9/1/2005	May require nursing homes to submit Minimum Data Set Resident Assessments. Modifies the methods for determining Medicaid reimbursement for nursing homes.
<a href="#">SB 626</a>	Medicaid waivers and nursing homes	9/1/2005	Establishes a cost-limit for services provided in a nursing home under the medical assistance waiver program. Allows the Health and Human Services Commissioner to make rules for cost-limit exemptions.
<a href="#">HB 2420</a>	Medicaid subsidies for medical	9/1/2005	Inserts an additional criterion (the growth in residency training slots in healthcare shortage areas) for determining the allocation of

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	residency programs in healthcare shortage areas		Medicaid subsidies for graduate medical education.
<a href="#">SB 630</a>	Audits of Medicaid providers	9/1/2005	Allows the Health and Human Services Commissioner to develop rules for auditing providers participating in the Medicaid program
<a href="#">SB 1340</a>	Medicaid reimbursement of telemedicine	9/1/2005	Provides for the research and implementation of methods for Medicaid reimbursement for telehealth and telemedicine services.
<b>MEDICAL LIABILITY</b>			
<a href="#">HB 654</a>	Volunteer healthcare providers	In Effect	Modifies the Insurance Code with respect to professional liability insurance policy requirements and availability for volunteer healthcare providers who are not serving directly for a charitable organization.
<a href="#">SB 555</a>	Medical consent forms in English and Spanish	9/1/2005	Amends the Civil Practice & Remedies Code with respect to the disclosure forms required by the Texas Medical Disclosure Panel such that the Panel must make all forms available in both English and Spanish.
<a href="#">HB 655</a>	Volunteer healthcare providers	In Effect	Establishes a trust fund for the provision of professional liability insurance for volunteer healthcare providers who are serving directly for a charitable organization.
<a href="#">HB 2645</a>	Medical liability claims and expert reports	9/1/2005	Modifies the time period restrictions for serving medical expert reports for a medical liability claim—120 days after the filing of the "original petition" rather than the filing of the "claim".
<a href="#">HB 2678</a>	Underwriting professional liability insurance for physicians	9/1/2005	Modifies the underwriting restrictions on professional liability insurance with respect to whether a physician provides services to Medicaid patients and certain past claims filed against the physician.
<a href="#">HB 2680</a>	Volunteer healthcare providers, licensing and liability insurance	In Effect	Modifies the Insurance Code by adding "volunteer healthcare providers" to the list of persons that the Joint Underwriting Association can insure. Modifies the Insurance Code by establishing a trust fund for the provision of professional liability insurance for volunteer healthcare practitioners who are serving directly for a charitable organization. Modifies the Occupations Code by allowing the licensing entities for healthcare professionals to promulgate rules to reduce the licensing requirements for volunteer retired healthcare practitioners serving directly for a charitable organization.
<a href="#">SB 554</a>	ERISA plans and medical liability	In Effect	Exempts ERISA-regulated employee benefit plans from the provisions of the Health Care Liability Chapter of the Civil Practice and Remedies Code.
<b>MENTAL HEALTH</b>			
<a href="#">HB 224</a>	Parental consent for mental health treatment	In Effect	Requires facilities to obtain parental consent (rather than notification) for mental health discharges of persons 18 years old and younger and requires parental consent (but not patient

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			consent) for psychoactive medicine administration to persons 18 years old and younger.
<a href="#">SB 325</a>	Restraints and seclusion	9/1/2005	Restricts physician and healthcare facility use of restraints and seclusion for the treatment of patients or residents.
<a href="#">SB 465</a>	Mental health medication administration	In Effect	Expands the application requirements for a physician to request a court order to permit the administration of psychoactive medications to a patient refusing the medication.
<b>MISCELLANEOUS HEALTH ISSUES</b>			
<a href="#">HB 330</a>	Health Savings Accounts	In Effect	Modifies the Property Code by adding health savings accounts to contributory accounts that are exempt from seizure for satisfaction of debts.
<a href="#">HB 880</a>	State contracts for health care services	9/1/2005	Requires the Attorney General to review contracts with a state entity for the provision of health care services for greater than \$250 million.
<a href="#">SB 39</a>	Forensic evidence and continuing education credits	9/1/2005	Modifies the physician and nursing provisions of the Occupations Code by adding forensic evidence collection as an acceptable continuing education topic for ER physicians and nurses.
<a href="#">HB 546</a>	Forensic examinations of child victims of sexual assault	In Effect	Requires medical professionals performing forensic examinations of child victims of sexual assault to provide photo documentation of the examination or document reasons for not obtaining photo documentation.
<a href="#">HB 916</a>	Health Care Policy Council	In Effect	Establishes the Texas Health Care Policy Council to research the healthcare needs of the state and coordinate necessary care across the various state agencies.
<a href="#">HB 2695</a>	Employee healthcare benefits	9/1/2005	Modifies the Local Government Code by requiring a county making a final bidding selection in a selective bidding process to consider the health insurance benefits offered to the employees of the bidder
<a href="#">SB 45</a>	Health Care Information Technology Advisory Committee	9/1/2005	Creates a Health Care Information Technology Advisory Committee to develop a long-range plan for healthcare information technology for the state.
<b>NURSES</b>			
<a href="#">SB 1000</a>	Nursing licensure and peer review	In Effect	Modifies the Health & Safety Code and the Occupations Code with respect to nursing licensure requirements, nursing peer review requirements and provisions related to vocational nurses.
<a href="#">SB 1525</a>	Safe patient handling procedures	1/1/2006	Modifies the Health & Safety Code by requiring hospitals and nursing homes to research, establish and implement safe patient handling policies and procedures for nurses.
<a href="#">HB 1718</a>	Nurse first assistants	9/1/2005	Modifies the nursing provisions of the Occupations Code by establishing duties and requirements of nurse first assistants.
<a href="#">SB 132</a>	Nursing workforce shortage	In Effect	Modifies the Health & Safety Code, the Education Code and the Government Code by establishing numerous programs and

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			provisions aimed at addressing the nursing workforce shortage in Texas.
<a href="#">HB 1366</a>	Nurses and criminal conduct	9/1/2005	Expands the Board of Nurse Examiners authority to investigate criminal charges against nurses and consider criminal charges when renewing or granting nursing licenses.
<b>NURSING HOMES</b>			
<a href="#">SB 874</a>	Nursing home audits	9/1/2004	Permits the Department of Aging to conduct unannounced quality of care audits at long-term care facilities.
<b>ORGAN PROCUREMENT &amp; DONATION</b>			
<a href="#">HB 1544</a>	Corneal tissue donation	9/1/2005	Modifies the Texas Anatomical Gift Act by requiring a physician to obtain gift authorization before removing corneal tissue from a decedent, similar to the gift authorization required for the removal of organs.
<a href="#">HB 120</a>	Organ donor and procurement	9/1/2005	Modifies the driver's license provisions of the Transportation Code by expanding the opportunities through which a person can choose to be an organ donor and choose to no longer be an organ donor through drivers' licenses and identification cards. Modifies the Anatomical Gift Education Program in the Health & Safety Code to be the Donor Education, Awareness and Registry Program. Allows the Department of State Health Services to solicit contract proposals for an Internet-based donor registry and specifies contract and program implementation requirements.
<b>OTHER HEALTH CARE FACILITIES</b>			
<a href="#">HB 135</a>	Health Spas	9/1/2005	Modifies the health spa provisions of the Occupations Code by requiring health spa operators to post security funds with the Secretary of State.
<a href="#">HB 1558</a>	Assisted living facilities licensure	1/1/2006	Modifies the assisted living provisions of the Health & Safety Code by providing assisted living facilities the option of obtaining an operating license through an inspection by the Department of State Health Services or through an approved accreditation program.
<a href="#">SB 1055</a>	Assisted living facilities licensure and related issues	9/1/2005	Modifies the assisted living provisions of the Health & Safety Code by providing assisted living facilities the option of obtaining an operating license through an inspection by the Department of State Health Services or through an approved accreditation program. Adds a provision to the Health & Safety Code to promote consumer choice for assisted living in community care programs. Establishes a workgroup to study and make recommendations regarding laws regulating the delivery of personal care services in settings not licensed as assisted living facilities.
<b>OTHER HEALTH CARE PROFESSIONALS</b>			
<a href="#">HB 1025</a>	The authority of the Optometry Board and modifications to the laws governing	9/1/2005 expect various provisions	Modifies the authority and membership criteria of the Optometry Board with respect to operating licenses and revocations, inspections and complaints; further specifies the Contact Lens Prescription Act with respect to filling contact lens prescriptions.

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	the dispensing of contact lens	become effective at later dates through a transition process	
<a href="#">HB 972</a>	Board of Chiropractic Examiners	9/1/2005	Expands and modifies numerous provisions governing the Board of Chiropractic Examiners including board membership, the scope of practice and investigations.
<a href="#">SB 610</a>	Practice of Dentistry	9/1/2005	Modifies the responsibility of the State Board of Dental Examiners with respect to licensure requirements, charity care and x-rays.
<a href="#">HB 102</a>	Respiratory care practitioner certifications	In Effect	Requires respiratory care practitioners to obtain certification twice a year and obtain at least 6 hours of continuing education each year.
<b>PHARMACY / DRUGS</b>			
<a href="#">HB 836</a>	Pharmacy co-pays and generic brands	9/1/2005	Modifies the pharmacist provisions of the Occupations Code by requiring pharmacists to allow patients to choose between generic and name-brand drugs and to allow patients to choose to pay the co-payment or the full price of the drug (if less than the co-payment).
<a href="#">SB 410</a>	Pharmacy regulation and access to pharmaceuticals	9/1/2005	Modifies numerous provisions for the State Board of Pharmacy including the identification of approved Internet pharmacies, approved Canadian pharmacies, required physician-patient relationship for prescriptions, renewal requirements for Class E pharmacies, complaints, board membership, employment and disciplinary actions.
<a href="#">SB 492</a>	Pharmacy compounding of drugs	9/1/2005	Modifies the pharmacist provisions of the Occupations Code by providing additional restrictions on pharmacy packaging and compounding of drugs, including that for medical office use.
<b>PHYSICIANS</b>			
<a href="#">HB 984</a>	Diabetes treatment plans for students in public elementary and secondary schools	In Effect	Modifies the Health & Safety Code by requiring parent or guardian and a physician to develop personal diabetes management and treatment plans for every student with diabetes in Texas public elementary and secondary schools.
<a href="#">SB 423</a>	Limited license to practice medicine	9/1/2005	Modifies the Medical Practice Act by creating a limited license to practice medicine for academic appointments.
<a href="#">SB 419</a>	State Board of Medical Examiners, Medical Assistants, Acupuncture and Surgical Assistants	9/1/2005	Modifies numerous provisions for the Board including activities, complaints, decision reversals, expert reviews, license requirements, temporary licenses, peer review, third-trimester abortions, minor consent for abortions and impaired practitioners.
<a href="#">HB 1604</a>	Birth reporting and religious beliefs	In Effect	In the event that a patient's religious beliefs require it, a physician is allowed to delay the required reporting of a birth—extends the

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			required reporting period from 5 to 15 days after the birth.
<a href="#">HB 2158</a>	Retired physicians offering disaster relief services	9/1/2005	Modifies the Medical Practice Act by not requiring retired physicians that only offer practice medicine as a volunteer for a disaster relief organization to pay the annual registration fee to the State Board of Medical Examiners.
<a href="#">SB 424</a>	Examination for license to practice medicine	In Effect	Modifies the Medical Practice Act by extending the periods during which an applicant may pass the examination to obtain a license to practice medicine in Texas.
<b>PRIVACY / CONFIDENTIALITY</b>			
<a href="#">HB 2195</a>	Sharing of inmate health information	In Effect	Allows the health care personnel of the Department of Criminal Justice to exchange inmate health information with the health care personnel of the University of Texas Medical Branch at Galveston and the Texas Tech University Health Science Center without inmate authorization.
<a href="#">SB 1113</a>	Hospitals, emergency medical services and patient privacy	9/1/2005	Incorporates language from the HIPAA Privacy Rules into the Texas law governing hospital disclosure of protected health information to emergency medical service providers without the patient's written authorization.
<a href="#">HB 2765</a>	Legally authorized representative definition for hospitals	9/1/2005	Expands the definition of "legally authorized representative" in the hospital disclosure of healthcare information subchapter of the Health & Safety Code to include: 1. A person authorized to consent to medical treatment on behalf of the patient under the Consent to Medical Treatment Act; 2. An heir of the patient, as defined by the Probate Code; and 3. A person exercising a power as an agent of the patient granted by a statutory durable power of attorney signed by the patient.
<b>PUBLIC HEALTH</b>			
<a href="#">SB 316</a>	Postnatal pamphlet	9/1/2005	Requires physicians and healthcare facilities providing prenatal or delivery care for a woman to provide the woman and the father of the infant or another adult caregiver for the infant with the updated postnatal information pamphlet created by the Department of State Health Services or with another pamphlet addressing the same issues. Requires the following issues to be addressed in the pamphlet: 1. Postpartum depression and other emotional trauma associated with pregnancy and parenting; 2. Prevention of shaken baby syndrome including (techniques for coping with anger caused by a crying baby; different methods for preventing a person from shaking a newborn, infant, or other young child; the dangerous effects of shaking a newborn, infant, or other young child; and the symptoms of shaken baby syndrome) 3. Who to contact if a parent suspects or knows that a baby has been shaken in order to receive prompt medical treatment; 4. List of diseases for which a child is required by state law to be

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			immunized and the appropriate schedule for the administration of those immunizations; and 5. The appropriate schedule for follow-up procedures for newborn screening.
<a href="#">HB 790</a>	Newborn screening	9/1/2005	Requires the Department of State Health Services to conduct a study on newborn screening methods and obtain proposals or information regarding the screening.
<a href="#">HB 2344</a>	Council on Cardiovascular Disease and Stroke	9/1/2005	Modifies the duties, funding and membership provisions for the Council on Cardiovascular Disease and Stroke.
<a href="#">HB 2475</a>	Cervical cancer	9/1/2005	Requires the Department of State Health Services and the Texas Cancer Council to develop a strategic plan for eliminating deaths due to cervical cancer
<a href="#">SB 1211</a>	Immunizations continuing education	9/1/2005	Adds respiratory syncytial virus (RSV) immunization to the list of immunizations for which the Department of State Health Services is required to provide public awareness and provider continuing education .
<a href="#">SB 691</a>	Arthritis public awareness and needs assessment	9/1/2005	Establishes a state arthritis control and prevention program.
<a href="#">HB 1677</a>	Sentinel RSV Surveillance Program	9/1/2005	Allows the Health and Human Services Commission to develop a Sentinel RSV Surveillance Program to monitor and report sentinel respiratory syncytial virus (RSV) infections in children in which the Department of State Health Services may be permitted to review health facility or health professional medical records related to RSV.
<a href="#">SB 1330</a>	Flu and pneumonia vaccines	9/1/2005	Requires hospitals, physicians and ESRD facilities to offer flu and pneumonia vaccines to all elderly persons who have not yet received their annual vaccination.
<b>WORKERS' COMPENSATION</b>			
<a href="#">HB 7</a>	Workers' Compensation Program	9/1/2007	Abolishes the Texas Workers' Compensation Commission and transfers authority to the Department of Insurance. Establishes the use of managed care-like networks for the provision of Workers' Compensation medical benefits and regulates: <ol style="list-style-type: none"> <li>1. Selection of treating doctor;</li> <li>2. Payment of healthcare providers;</li> <li>3. Telephone access to the insurance carrier for providers and beneficiaries;</li> <li>4. Network contracts with providers;</li> <li>5. Network contracts with insurance carriers;</li> <li>6. Provider reimbursement;</li> <li>7. Network, provider and beneficiary interactions regarding utilization review, preauthorization, adverse determinations, independent reviews of adverse determinations, complaint system, and consumer report cards; and</li> </ol>

Bill #	Subject	Effective Date	Summary
			<p>8. Network financial, accessibility, availability, confidentiality, disciplinary actions and quality of care requirements. Modifies Workers' Compensation provision of the Labor Code with respect to:</p> <p>§3.0805. Medical examinations by a treating doctor to define compensable injury;</p> <p>§3.083. List of approved doctors and duties of treating doctor;</p> <p>§3.084. Peer review of approved and treating doctors;</p> <p>§3.087. Electronic billing requirements and access to care in underserved areas;</p> <p>§3.089. Prompt payment provisions;</p> <p>§3.0895. Overpayment refund provisions;</p> <p>§3.090. Appeals process for coverage of non-formulary drugs and fee schedule rules for pharmacy and pharmaceutical services;</p> <p>§3.092. Resolving conflicts between the Labor Code and Insurance Code;</p> <p>§3.093. Studying accreditation requirements for interdisciplinary pain rehabilitation programs and treatment facilities;</p> <p>§3.112. Designated doctor qualifications for determining impairment;</p> <p>§3.233. Reimbursement policies: option of reimbursing physicians in accordance with contracted rates rather than the established fee guidelines; ability to compensate services not specifically addressed in the treatment guidelines; rules regarding required treatment plans; and study regarding reimbursement barriers to surgical device access;</p> <p>§3.234. Rules for pharmacies assigning agents to process claims;</p> <p>§3.236. Physical and occupational therapy requiring preauthorization and the effect of preauthorization of services on retrospective review;</p> <p>§3.244. Information to employers and employees regarding physicians, high-quality care and best-practices to enhance the ability of the employee to return to work;</p> <p>§3.245. Process for healthcare provider disputes of payment decisions;</p> <p>§3.247. Required explanations of an independent review organization's basis for a decision on a medical dispute;</p> <p>§3.260. Adding healthcare providers to the list of entities that the Division of Compliance and Practices monitors;</p> <p>§3.266. Administrative violation for an insurance carrier that makes a statement denying all future medical care for a compensable injury;</p> <p>§3.267. Removes references to the required intent (willful, intentional or knowingly) for administrative violations by a healthcare provider; and</p>

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			§3.275. Administrative penalty process and determinations.
<a href="#">HB 251</a>	Insurance carrier access to workers' compensation claims information	In Effect	Modifies the Workers' Compensation Commission provisions in the Labor Code by specifying privileges and limits on an insurance carrier's right to access claim information from the Workers' Compensation Commission and outlines the required information the Workers' Compensation Commission must provide the insurance carrier in response to a claim information request.