**TSGE Legislative Update – Recap of 87th Session**

* **Total Bills Filed:** 6,927
* **Total Passed:** 1,072
* Total **Vetoed:** 21

**Scope of Practice Bills Failed to Pass**

[House Bill 2029](https://capitol.texas.gov/tlodocs/87R/billtext/pdf/HB02029I.pdf) by Rep. Stephanie Klick (R-Fort Worth) would have allowed APRNs to practice independently including diagnosing and prescribing. The bill received a hearing in late March in the House Public Health Committee but was never brought up for a vote because of the lack of support from members of the committee. TSGE joined many other groups from the House of Medicine in opposing this and several other scope expansion bills.

**TSGE Priority Bill Passes: Coverage for Colorectal Screenings at Age 45**

[Senate Bill 1028](https://capitol.texas.gov/tlodocs/87R/billtext/pdf/SB01028F.pdf) by Sen. Joan Huffman (R-Houston) amends the Insurance Code to revise the scope of the minimum required health benefit plan coverage for colorectal cancer early detection in the following ways:

* by lowering from 50 years of age to 45 years of age the age at which an applicable enrollee must begin receiving the coverage through their health benefit plan; and
* by expanding the examinations, services, and tests that must be covered to include the following:
  + all colorectal cancer examinations, preventive services, and laboratory tests assigned a grade of "A" or "B" by the U.S. Preventive Services Task Force for average-risk individuals, including the services that may be assigned a grade of "A" or "B" in the future; and
  + an initial colonoscopy or other medical test or procedure for colorectal cancer screening and a follow-up colonoscopy if the results of the initial colonoscopy, test, or procedure are abnormal.

The bill limits the circumstances under which an applicable managed care plan may impose a cost-sharing requirement for an enrollee for the colorectal cancer detection coverage to those in which the enrollee obtains the covered benefit or service outside of the plan's network.

**Prior Authorization Gold Carding**

[House Bill 3459](https://capitol.texas.gov/tlodocs/87R/billtext/pdf/HB03459F.pdf) by Rep. Greg Bonnen, MD (R-Friendswood) will allow physicians to earn a “gold card” out of the prior authorization process for certain services if they had at least 90 percent of their preauthorization requests approved by the insurer in the preceding six months.

Also, HB 3459 requires utilization reviews to be conducted by a Texas-licensed physician in the same or similar specialty as the patient’s physician.

**Medical Billing Tax Avoided**

[House Bill 1445](https://capitol.texas.gov/tlodocs/87R/billtext/pdf/HB01445F.pdf) by Rep. Tom Oliverson, MD (R-Cypress) will exclude both medical and dental billing services performed before the submission of a claim, including a claim under certain government-funded programs, from the insurance services subject to taxation.

This eliminates a planned tax on those services that outsourced medical billing companies would have passed on to physicians, with patients also facing increased costs as a result.

**Record GME Funding Approved in State Budget**

Funding in the 2022-23 biennium for the Texas Higher Education Coordinating Board totals $199.1 million in All Funds for Graduate Medical Education Expansion. This amount includes an increase of $42.0 million from 2020-21 biennial funding levels and will enable the state to meet the 1.1-to-1.0 ratio of first-year residency positions for each Texas medical school graduate.

**Pandemic Liability Protections**

[Senate Bill 6](https://capitol.texas.gov/tlodocs/87R/billtext/pdf/SB00006F.pdf) by Sen. Kelly Hancock (R-North Richland Hills) would greatly increase liability protection for physicians, other health care workers, and first responders in the event of a “pandemic disease or a disaster declaration related to a pandemic disease.”

Under the bill, physicians (and those other professionals) would generally not be liable for injuries or death “arising from care, treatment, or failure to provide care or treatment” related to or impacted by the pandemic.

**Other Legislation Set to Become Law**

[House Bill 4](https://capitol.texas.gov/tlodocs/87R/billtext/pdf/HB00004F.pdf) by Rep. Four Price (R-Amarillo) makes permanent many of the allowances for expanded telemedicine payment in Medicaid and the Children’s Health Insurance Program as a result of the COVID-19 pandemic, if the state determines those services are clinically sound and cost-effective.

[House Bill 133](https://capitol.texas.gov/tlodocs/87R/billtext/pdf/HB00133F.pdf) by Rep. Toni Rose (D-Dallas) will provide six months of continuous Medicaid coverage for women postpartum, instead of the current 60 days.

[House Bill 1763](https://capitol.texas.gov/tlodocs/87R/billtext/pdf/HB01763F.pdf) by Rep. Oliverson will prevent PBMs from being able to “claw back” “remuneration fees” after an insurance claim is complete, often months after the patient has received their medicine.

[Senate Bill 249](https://capitol.texas.gov/tlodocs/87R/billtext/pdf/SB00248F.pdf) by Sen. Nathan Johnson (D-Dallas) will require e-cigarette retailers to obtain permits and sets up a framework to regulate those retailers the same way as other tobacco product dealers are regulated. The bill was aimed at curbing vaping in general and youth e-cigarette use.