



End of Session Report

89th Regular Session of the Texas Legislature

Executive Summary

The 89th Regular Session of the Texas Legislature ended on June 2, 2025. This session, lawmakers passed numerous policy improvements for the nursing profession.

Bills Supported by TNA

- **HB 37:** This bill establishes new standards for perinatal bereavement care provided in hospital, establishes a perinatal bereavement care initiative, and a perinatal bereavement care hospital recognition program. The cumulative effect will be to improve perinatal bereavement care for patients dealing with intrauterine fetal demise, neonatal death, or stillbirth by increasing access to counseling services and devices and assigning maternal level of care designations to certain hospitals.
- **HB 713:** This bill creates a limited exception to the duty to report in the Nursing Practice Act for nurses employed by the state to review medical records for the Maternal Morbidity and Mortality Review Committee. Currently, the process requires extensive redaction to avoid triggering the duty to report, which results in chronic delays for publication of MMMRC reports. This change in law will lead to a timelier release of information, which will help the Legislature craft policy to reduce maternal mortality and morbidity in the state.
- **HB 2187:** This bill strengthens enforcement of the nurse staffing statute and prohibition on mandatory overtime, by closing gaps in administrative enforcement, strengthening anti-retaliation provisions for nurses, and creating a new complaint process for nurses who need to file complaints of noncompliance with the Health and Human Services Commission.
- **HB 2851:** This bill requires the creation of a consolidated application service for nursing school applications. The service will be developed over the next few biennia with input from schools of nursing to establish a system unique to Texas nursing education. The system will resolve longstanding gaps in admissions data, which will help inform education funding programs and ensure adequate investment in recruitment of students to nursing programs. The system is also intended to streamline the application process for students applying to multiple nursing programs to ensure students have clear information about where they can attend nursing school.
- **HB 2856:** This bill requires the Texas Higher Education Coordinating Board to study the feasibility of implementing a statewide system for coordinating clinical training placements. Currently, several major cities have large clinical coordination programs managed by non-profit organizations that nursing programs and hospitals can participate in to reduce waste in clinical training placements. These systems are regional and many portions of the state are not covered by similar coordination programs. As a result, clinical training slots are sometimes wasted due to administrative errors. The study will determine

whether broader coordination can reduce wasted clinical slots and increase efficiency in the placement of students in clinical training.

- **HB 3800:** This bill creates an advisory board under the Texas Workforce Commission to develop a resource guide that facilitates collaboration in identifying and addressing local health care workforce needs. Numerous programs and best practices have been developed by the Legislature and state agencies in the past four years, but information about the suite of programs and best practices have yet to be consolidated into a single report. This resource guide will help nurses, nursing programs, and healthcare employers identify and utilize available resources.
- **HB 3801:** This bill abolishes the statewide healthcare coordinating council and creates the Health Professions Workforce Coordinating Council and a workgroup on nursing career pathways in its place. It also transfers the Nursing Advisory Committee to the newly created Council. The Council and workgroup will create detailed, long term planning and data modeling for healthcare workforce development to ensure the Legislature is equipped with the proper tools to target healthcare education and workforce development programs and funding.
- **SB 31:** This bill, titled the Life of the Mother Act, clarifies and harmonizes across Texas abortion statutes the medical emergency exceptions to otherwise prohibited abortions in the state. Now, physicians, with the assistance other healthcare providers, can provide emergency abortion care for pregnant women who encounter a life-threatening condition during pregnancy to address the risk of death or substantial impairment of a major bodily function.
- **(VETOED BY GOVERNOR ABBOTT) SB 268:** This bill would have standardized procedures for the referral of complaints between agencies. Members have informed us of cases in which a member of the public will file a complaint against a nurse with an agency that is not the Board of Nursing. Often, the complaints are against an APRN and filed with the Texas Medical Board. Instead of referring the complaint to the appropriate licensing agency, the recipient agency will issue a cease-and-desist order and initiate a burdensome legal process that does not meaningfully resolve the question of whether a practice violation occurred. The bill was subject to last minute amendments that raised concerns for the Governor's office and led to his veto of the bill.
- **SB 463:** This is a cleanup bill meant to expand the number of facilities covered by the workplace violence prevention bill originally passed last session. The statute now includes all types of home and community support services agencies licensed in the state that employ at least two registered nurses, as well as intermediate care facilities for individuals with an intellectual disability, and state supported living centers.

- **SB 920:** This bill clarifies the authority of school nurses to administer over-the-counter medications to students when requested by the student’s parent, legal guardian, or person with legal control of the student, so long as the medication is unexpired, in the original container, properly labeled, and the dosage is consistent with the instructions on the container’s label.
- **SB 1318:** This bill limits the use of covenants not to compete for healthcare practitioners. These types of provisions in employment agreements proliferated in recent years, with increasingly onerous restrictions on transferring employment from one employer to another. Now, these covenants are unenforceable unless they provide a buyout provision, expire within a year of the end of the contract or employment, and limit the geographical area subject to the covenant to no more than a five-mile radius from the location at which the provider practiced.
- **SB 1619:** This is a cleanup bill meant to address changing technology around the delivery of epinephrine in emergency situations in schools. Previously the statute only authorized the delivery of epinephrine via “auto-injectors.” Now the statute also permits the delivery of epinephrine via “nasal spray.”

Following this executive summary is a detailed breakdown of the bills passed and their impact on the profession.¹

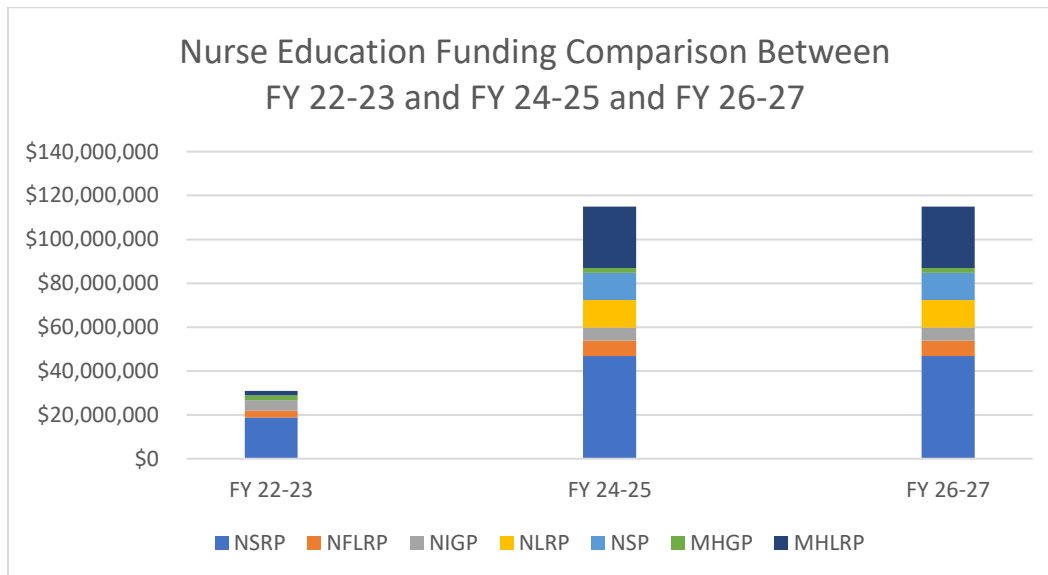
¹ This report was written by the Texas Nurses Association’s Government Affairs Department. Special thanks to all the nurses who volunteered to develop or communicate policy to the members of the Texas Legislature. There are too many volunteers to list here, but these policy developments would not have happened without their advocacy. This report is for informational purposes only. It is not legal advice and should not be relied upon for legal decisions. It is not an exhaustive list of bills passed that will affect the nursing profession. If you have additional questions about the legal impact of these bills, consult your organization’s legal team or your personal attorney. TNA members are welcome to contact the association to discuss these bills further.

Issues in Detail

I. Budget Issues – Continued, Historic Nursing Education Investments

Last session, TNA worked with the Legislature to create several new education funding programs and streamline existing programs to alleviate the nursing shortage and direct funds to bottlenecks in the nursing education pipeline. This session, the Legislature continued to fund these programs at the same rate, meaning Texas will repeat the highest level of funding for nursing education in the state's history.

The 89th Legislature's budget for FY 26-27 funds the Professional Nursing Shortage Reduction Program (NSRP) (funded at \$46.8M), the Nursing Faculty Loan Repayment Assistance Program (NFLRP) (funded at \$7M), the Nursing Innovation Grant Program (NIGP) (funded at \$9.7M), the nurse loan repayment assistance program (NLRP) (funded at \$12.5M), the nursing scholarship program (NSP) (funded at \$12.5M), the Minority Health Research and Education Program (MHGP) (funded at \$2.1M), and the Mental Health Loan Repayment Assistance Program (MHLRP) (funded at \$28M). These targeted education funding programs supplement formula funding for the state's nursing schools. A comparison to previous funding cycles demonstrates the significance of this funding.



This represents a repeat of the largest investment in nursing education in a single biennium in state history and is responsive to the post-COVID nursing shortage.

A. Professional Nursing Shortage Reduction Program

This program was first established in 2001. It is a highly flexible program and has taken several forms over the years. Funding has been directed to different education bottlenecks under

different formulas established by the state budget, and this year the Legislature repeated a new approach first established in the 88th Regular Session.

The funding formula establishes three tiers of funding: (1) a Growth Tier, (2) a Production Tier, and (3) a Faculty Tier.

1. Growth Tier

\$28M of the \$46.8M appropriated for the program goes into this tier of funding. Funds under this tier are distributed in an equitable manner among nursing programs based on increases in the number of nursing students graduating.

2. Production Tier

\$8M of the \$46.8M appropriated for the program goes into this tier of funding. Funds under this tier are distributed in an equitable manner among nursing programs based on the total number of nursing students graduating from a program each year.

3. Faculty Tier

\$10.8M of the \$46.8M appropriated for the program goes into this tier of funding. Funds under this tier are distributed in an equitable manner among nursing programs based on the total number of doctoral level and master's in nursing education students graduating from a program each year.

B. Nursing Faculty Loan Repayment Assistance Program

This program was originally established in 2013. Until 2023, it was only available to full-time faculty. Over the life of the program, nursing faculty increasingly became composed of part time faculty.

In 2013, the mix was 68.2% full-time and 31.8% part-time faculty. By 2022, the mix became 44.8% full-time and 55.2% part-time. This shift altered the utility of the NFLRP and meant that a large portion of faculty was not eligible for this program. Additionally, the award amount available to program recipients was set at \$7,000 per year for as long as the recipient participated in the program, and participants could only receive loan repayment for five years, meaning the maximum amount available to any program recipient was \$35,000.

TNA advocated for changing the program to include part-time faculty and to permit THECB to set the award amount in the 88th Regular Session. This change allowed the agency to determine a higher award amount for full-time faculty, to keep pace with inflation, and to figure out a proration formula for part-time faculty that is commensurate with the number of hours spent

serving as faculty. The revised NFLRP awards began to be awarded for the 2024-2025 academic year, and will continue under this new statutory framework.

C. Nursing Innovation Grant Program

This program began in 1999. In the most recent grant cycle THECB funded innovative projects in prelicensure nursing programs that increased clinical sites or preceptors, developed stackable credentials in nursing education programs, or replicated a previously funded NIGP project with evidence of an increase in clinical nursing faculty or preceptors, or clinical sites. The program was set to expire August 31, 2023, however the TNA advocated for its extension and the Legislature extended the program to August 31, 2027. This funding source is critical for alleviating bottlenecks in clinical education.

D. Nurse Loan Repayment Assistance Program

This program was established in 2023. It offers loan repayment assistance to nurses currently working in Texas who have been working for at least one year in Texas and who have qualifying student loans. It is available to LVNs, RNs, and APRNs at the following amounts:

- LVNs: \$5,000
- RNs: \$9,000
- APRNs: \$16,000

The application cycle is open year-round, and nurses can apply by visiting the Texas Higher Education Coordinating Board's (THECB) website. THECB prioritizes loan repayment applications under a set of rules, all of which can be found on the Board's application website.

E. Nursing Scholarship Program

This program was established in 2023. It is designed to benefit students seeking an initial or an advanced degree in professional nursing, as well as students preparing for licensure as a licensed vocational nurse. The scholarships available under this program will continue to be awarded for the next biennium.

F. Minority Health Research and Education Program

The Minority Health Research and Education Grant Program (MHGP) was established to support the advancement of health research and education for medically underserved populations who face disparities in health access and outcomes within the state of Texas. The program is designed to provide funding for eligible institutions of higher education and Centers for Teacher Education that address health issues for underserved populations, including racial, ethnic, geographic, or economic groups.

This funding supports research and educational initiatives aimed at improving health outcomes for these groups, with the goal of improving health access and outcomes for medically underserved populations.

G. Mental Health Loan Repayment Program

The Mental Health Loan Repayment Program is designed to incentivize practice in the mental health field. The program is available to several types of mental health professionals, but for nursing it is only available to APRNs who are board certified in psychiatric or mental health nursing.

APRNs who are eligible for the program can receive up to \$60,000 in loan repayment over a three-year period. The application cycle is open year-round. You can find more information on the THECB website.

II. HB 37 – Everly’s Law

HB 37 seeks to improve perinatal bereavement care provided by certain hospitals, establishes a perinatal bereavement care initiative, and a perinatal bereavement care hospital recognition program. TNA became engaged in the legislative effort when a TNA member raised the issue for consideration by TNA’s Government Affairs Committee.

The legislation requires hospitals that are assigned a maternal level of care designation by the Department of State Health Services (DSHS) to provide access to perinatal bereavement care counseling and any available perinatal bereavement device for expectant parents following an intrauterine fetal demise, neonatal death, or stillbirth for a period equal to the length of stay recommended by a medical professional for a birth.

The bill also requires DSHS to establish and administer a perinatal bereavement care initiative to improve access to and quality of perinatal bereavement care in the state.

Under the initiative, the department is authorized to provide hospitals with a maternal level of care designation with resources for the provision of perinatal bereavement care. These resources include training for hospital personnel who provide maternal care about how to interact with parents and family members following an intrauterine fetal demise, neonatal death, or stillbirth, perinatal bereavement devices, as well as training for personnel on the use of the device and support to maintain the device, and any other resources deemed necessary for the provision of perinatal bereavement care.

The law directs the department to prioritize hospitals that lack access to a perinatal bereavement device, treat a greater number of high-risk maternal patients, and deliver a greater number of babies.

The department is further authorized to provide grants to hospitals assigned a maternal level of care designation to increase access to perinatal bereavement care as funds are available.

The law requires Health and Human Services Commission (HHSC), in collaboration with the Perinatal Advisory Council, to develop and implement a program to recognize hospitals assigned a maternal level of care designation that provide perinatal bereavement care training to hospital personnel and adopt criteria for awarding recognition to a hospital under the recognition program.

III. HB 713 – Maternal Mortality and Morbidity Review Committee Reporting

HB 713 grows out of chronic delays in the Maternal Mortality and Morbidity Review Committee's (MMMRC) reporting of information. Recent delays triggered a great deal of press and allegations of political gamesmanship. TNA was asked to investigate the issue by legislators and found the delays grew out of a conflict of laws that required a burdensome redaction process to be used by the committee.

The MMMRC is meant to be a public health improvement mechanism. It is not designed to function as an inquisition into harm caused by practitioner mistakes or misconduct. As a result, the MMMRC statute contains several confidentiality provisions to prevent the use of information submitted to the committee for enforcement purposes. When conducting its review of case files, DSHS employs nurses to review the files and provide case reports to the committee. Under the Nursing Practice Act, nurses have a duty to report other nurses who have violated the Nursing Practice Act and caused patient harm to the Board of Nursing. Given that the committee's work is not meant to be used for enforcement purposes, DSHS uses outside contractors to redact case files before they are review by DSHS nurses to avoid triggering their duty to report.

TNA determined, in coordination with its Government Affairs Committee and legislative offices, that these additional redactions serve no added benefit and significantly slow down the process of providing timely information to policymakers about maternal mortality and morbidity in Texas. Therefore, this bill makes a narrow, targeted exemption to the duty to report that exclusively applies to nurses who review information relevant to a case selected for review by the committee. This exemption will permit the nurse to review information without requiring the burdensome redaction process, which will result in more timely reporting of maternal mortality and morbidity data in Texas.

IV. HB 2187 – Hospital Staffing and Prohibition on Mandatory Overtime Enforcement

HB 2187 amends the existing nurse staffing statute and prohibition on mandatory overtime, originally enacted in 2009, to make several improvements to its enforcement mechanisms. This policy priority was the top issue for TNA members heading into the 89th Regular Session.

The law explicitly designates HHSC as the enforcement authority for the nurse staffing statute and prohibition on mandatory overtime. Previously, HHSC took enforcement actions based on the staffing statute, but during the pandemic, agency enforcement ceased and the agency took the position that it no longer had adequate enforcement authority once the emergency declaration expired. Explicitly charging HHSC with enforcement was critical to ending the crisis staffing of the pandemic and return Texas to regular order.

The statute requires hospitals to report compliance data about their staffing committee, staffing plan, and staffing policies. Over time, we have learned that this data is often reported by someone outside the chain of nursing services in the hospital. Because of this, TNA members, including CNOs, began informing TNA they were not aware who was reporting the data and as a result, some of the data reported may be inaccurate. To address this flaw in compliance reporting, HB 2187 amended the reporting requirements to now require that the CNO of each hospital personally attest to the accuracy of information reported to DSHS. This will centralize reporting with the CNO, improving the accuracy of the data reported and ensuring the CNO is kept in the loop on the work of the staffing committee, the staffing plan and policies of the hospital, and the reporting relationship with the state.

HB 2187 also improves anti-retaliation provisions in the law by explicitly prohibiting retaliation against a nurse who provides information to the staffing committee, reports violations of the staffing statute to hospital management, or reports violations of the staffing statute to HHSC.

HB 2187 also requires HHSC to develop a new complaint process specific to complaints related to the nurse staffing statute. In this complaint process, HHSC must:

- Develop a procedure, or designate an existing procedure, through which a nurse may submit a written or verbal complaint;
- Establish a time to review and respond to the complaint; and
- Provide the complainant written notice of HHSC's decision regarding the complaint, including:
 - o The contact information of the commission employee responsible for the complaint;
 - o Commission actions in reviewing, evaluating, or investigating the complaint;
 - o The results of the commission's review of the complaint;
 - o For each reviewed complaint for which an investigation is not conducted, an explanation of the reason the commission resolved the complaint without investigation; and

- The date the complaint is resolved.

Information and materials in the possession of or obtained or compiled by the commission in connection with a complaint and investigation are confidential and not subject to disclosure in accordance with existing confidentiality laws related to hospital complaints.

HB 2187 similarly expands anti-retaliation protections for nurses who refuse to work mandatory overtime or reports violations of the prohibition to hospital management or HHSC. It further requires HHSC to apply the same complaint process used for hospital staffing complaints to complaints related to violations of the prohibition on mandatory overtime.

These strengthened protections will be enforced by hospital licensing regulations, which permit HHSC to investigate alleged violations, impose administrative penalties where necessary (up to \$1,000 per day the hospital is in violation of the staffing statute), issue corrective action plans, and in egregious cases may refer the issue to the Office of the Attorney General for civil litigation. Complaints filed with HHSC will use this regulatory enforcement framework.

For nurses who are retaliated against for filing complaints they will have a civil cause of action under the Section 161.134 of the Health and Safety Code, which prohibits retaliation against hospital employees who report to the employee's supervisor, an administrator of the facility, a state regulatory agency, or law enforcement a violation of law or agency rule.

Under Section 161.134 of the Health and Safety Code, nurses can sue for injunctive relief, damages, or both. A nurse who prevails in a lawsuit brought under Section 161.134 can recover actual damages, including damages for mental anguish even if an injury other than mental anguish is not shown. Additionally, a nurse can recover exemplary damages and reasonable attorney fees. A nurse who prevails in her lawsuit is also entitled to, if applicable, reinstatement in the nurse's former position, compensation for lost wages, and reinstatement of lost fringe benefits or seniority rights.

The nurse has the burden of proof, except that it is a rebuttable presumption that the nurse's employment was suspended or terminated or that the nurse was disciplined or discriminated against, for making a report related to a violation if the suspension, termination, discipline, or discrimination occurs before the 60th day after the date on which the plaintiff made a report in good faith.

Nurses who intend to file suit under Section 161.134 of the Health and Safety Code should be aware that time is of the essence. Nurses should speak with an attorney if they believe they have been retaliated against and should ask the attorney about their options under Section 161.134. Importantly, a nurse who alleges a violation of Section 161.134 must sue before the 180th day after the date the alleged violation occurred or was discovered by the employee through the use of reasonable diligence.

Taken together, a nurse should always attempt to handle issues related to nurse staffing or the prohibition on mandatory overtime internally first by reporting concerns to the nurse staffing committee and their supervisor. If the issue is not addressed internally, the nurse may file a complaint with HHSC. If the nurse is retaliated against, the nurse should speak with a private attorney about the options available for redress.

V. HB 2851 – Nursing School Application Consolidation

HB 2851 requires the Texas Health Education Service (THES) at the University of Texas System Administration to include applications for nursing schools as part of its Texas Medical and Dental School Application System (TMDSAS).

Currently TMDSAS manages application systems for medical, dental, veterinary, and podiatry schools in Texas. By including nursing schools, the system will offer a Texas-specific application system that will allow schools to opt-in for their application service. The long-term goal is to transition all nursing schools in the state to this system to solve gaps in admissions data reporting in the state, reduce the cost and complexity of applying to multiple schools for prospective students, and increase visibility into available options for students.

HB 2851 begins this process by requiring THES to establish an advisory board to develop recommendations for including applications for nursing schools in their system and develop and implementation plan for publication. HB 2851 requires the advisory board to be made up of representatives of professional nursing programs in this state and representatives with expertise in professional nursing program applications.

HB 2851 requires THES to publish its implementation plan on its website no later than January 1, 2026. It also establishes a deadline for abolition of the advisory board on September 1, 2027. This will ensure the system is developed with the input of nursing schools in the state who may participate in the application system.

In the initial biennium, the goal is to onboard a small number of nursing programs as a proof of concept so the Legislature can evaluate whether to expand participation in the application program in future sessions.

VI. HB 2856 – Clinical Coordination Feasibility Study

HB 2856 tasks THECB with conducting a feasibility study on the development of regional portals to assist in reserving clinical rotations at health care facilities for students enrolled in institutions of higher education who require clinical training.

The study must determine the number of regions needed to adequately support institutions of higher education and students that require clinical training, the cost of establishing regional

portals, and the necessary maintenance, support, and staff required to establish and maintain the regional portals.

HB 2856 requires THECB to report the findings of its study to the Governor, the Lieutenant Governor, the Speaker of the House, and the chair of each standing committee with primary jurisdiction over higher education by December 1, 2026.

This feasibility study will borrow from clinical coordination projects already in use in major cities in the state and seeks to improve understanding about which regions of the state do not have access to clinical coordination resources. Clinical coordination programs have been found to increase the efficiency of clinical education and maximize the use of clinical space. Shortage of clinical space is routinely listed as a major barrier to getting more nurses licensed in a timely manner to help address the state's nursing shortage.

The results of the study will inform future legislative policy development and appropriations.

VII. HB 3800 – Local Health Care Workforce Needs Resource Guide

HB 3800 tasks the Texas Workforce Commission (TWC) with creating an advisory board to develop a resource guide that facilitates collaboration in identifying and addressing local health care workforce needs, including training, workforce shortages, and challenging workloads.

The advisory board will include:

- One member from a two-year institution of higher education in an urban area;
- One member from a two-year institution of higher education in a rural area;
- One member from a public four-year institution of higher education in an urban area;
- One member from a public four-year institution of higher education in a rural area;
- Three members representing local workforce development board in geographically diverse areas of this state;
- Two members from statewide organizations representing hospitals;
- Two members from statewide organizations representing health care professionals; and
- Two members from statewide organizations representing community health centers.

The advisory board will elect a presiding officer from its membership, and the advisory board will meet periodically at the call of the presiding officer.

By November 1, 2026, TWC must prepare and submit to the Legislature the resource guide developed by the advisory board. The advisory board will be automatically abolished and the law will expire September 1, 2027.

VIII. HB 3801 – Health Professions Workforce Coordinating Council

HB 3801 establishes the Health Professions Workforce Coordinating Council (HPWCC) and a workgroup on nursing career pathways and abolishes the statewide health coordinating council and transfers the nursing advisory committee to the HPWCC.

The HPWCC is established to study and develop a strategic approach for ensuring a thriving health care system and health professions workforce in Texas. The council is administratively attached to DSHS, which will provide administrative support to the council.

The council will be composed of:

- At least one representative appointed by the executive director or governing body of each of the following:
 - The Department of State Health Services;
 - The Health and Human Services Commission;
 - The Texas Education Agency;
 - The Texas Higher Education Coordinating Board;
 - The Texas Workforce Commission;
 - The Texas Board of Chiropractic Examiners;
 - The Texas Board of Dental Examiners;
 - The Texas Medical Board;
 - The Texas Board of Nursing;
 - The Texas Optometry Board;
 - The Texas State Board of Pharmacy;

- The Executive Council of Physical Therapy and Occupational Therapy Examiners;
- The Texas Behavioral Health Executive Council;
- The State Board of Veterinary Medical Examiners;
- The Texas Veterinary Medical Association; and
- Four members with relevant health care experience, including experience in health professions workforce planning or complex health care data analysis, appointed by the Governor.

Council members serve at the pleasure of the appointing authority. A vacancy in the council shall be filled in the same manner as the original appointment.

The council is tasked with compiling from each state agency with a representative appointed to the council information regarding the health professions workforce, including:

- High school graduation rates from the Texas Education Agency;
- Higher education graduation and certification rates from the Texas Higher Education Coordinating Board;
- Health professions workforce shortages;
- The number of licensed health care professionals regulated by each participating licensing state agency;
- Federal labor statistics regarding health professions; and
- Any other information relevant to the supply and demand of health care professionals.

The council must prepare a strategic plan based on the data it collects that:

- Includes a data analysis model demonstrating the supply, demand, production, and projected need for the next 10 years of the health professions workforce;
- Defines targeted goals and objectives for the health professions workforce, including short-term and long-term strategies for each state agency participating in the council and local workforce planning agencies to build a thriving health care system;

- Identifies immediate shortages in the health professions;
- Defines goals for the state to support the health care needs of a growing population;
- Examines the state's capacity to satisfy future health profession demands based on the existing education programs offered and current trends of interstate migration, attrition, and other relevant workforce factors;
- Proposes recommendations to realign existing workforce education programs;
- Proposes the development of additional education programs for health professions that align with the long-term goals and projections identified in the plan;
- Identifies systemic causes of workforce shortages for health professions; and
- Inventories programs and services, including state funding amounts provided for workforce planning and preparation and for health professional education.

The council shall complete and publish its strategic plan on the council's website no later than October 1st of each even-numbered year.

The council is also tasked with establishing a work group to examine the health professions and health care education programs that provide a gateway into the health professions. The work group consists of members of the council or their designees. The work group must identify sources for gathering information on gateway health professions and build a data analysis model to monitor the historical growth of gateway health professions.

HB 3801 transfers the nursing advisory committee from the abolished statewide health coordinating council to the HPWCC to assist in their work.

HB 3801 also tasks the Texas Center for Nursing Workforce Studies with establishing and overseeing a workgroup to assess the feasibility of better aligning the certification and career pathways of nurse aides, medication aides, personal care technicians, and persons trained in nursing during service in the United States armed forces into the nursing profession.

The workgroup must include the executive head of each of the following entities, or that person's designated representative:

- The Texas Board of Nursing;
- The Health and Human Services Commission;
- The Texas Workforce Commission;

- The Texas Education Agency; and
- The Texas Higher Education Coordinating Board; and
- Relevant academic or health care professionals.

In conducting their assessment, the workgroup is tasked with considering and evaluating the standards, regulations, and laws currently impacting the nursing professions, and the feasibility of alignment in licensure and certification requirements for nurse aides, medication aides, personal care technicians, and persons trained in nursing during service in the United States armed forces to minimize duplicative efforts in the educational pathways in nursing.

The workgroup is required to submit a report summarizing the results of their assessment by December 1, 2026 to the Governor, Lieutenant Governor, the Speaker of the House, and each standing committee of the Legislature with primary jurisdiction over nursing. The portion of the law that establishes this workgroup automatically expires January 1, 2027.

The HPWCC's first report will be published no later than October 1, 2026.

HB 3801 will transform the way the state of Texas conducts short and long term healthcare workforce planning and development, and is designed to provide a coordinated statewide plan for ensuring we train an adequate number of nurses as well as other healthcare professionals. The work of the HPWCC will vastly improve budgetary planning and policy development through the Legislature by providing an authoritative, single source of information for workforce development. Historically, this work has fallen to organizations like TNA to assemble the information and educate legislators on the needs of the profession. By implementing this sort of workforce planning into the regular order of the state government, Texas has developed an internal policy infrastructure that will drive policy development that is more responsive to the changing needs of the health professions and patient care.

IX. SB 31 – The Life of the Mother Act

SB 31 seeks to clarify the emergency medical exception in Texas abortion laws.

In June 2022, the Supreme Court of the United States decide *Dobbs v. Jackson Women's Health Organization*, which overturned *Roe v. Wade* (1973) and *Planned Parenthood v. Casey* (1992) and held, "The Constitution does not confer a right to abortion; *Roe* and *Casey* are overruled; and the authority to regulate abortion is returned to the people and their elected representatives."

In 2023, TNA published an issue brief titled “Clarifying Medical Exceptions in Texas Abortion Laws,” which called for the Legislature to clarify when life-saving care can be provided to pregnant women experiencing medical complications affecting pregnancy.

TNA does not take a position on philosophical views about abortion, including whether abortion should be legal or illegal generally. TNA members hold a broad spectrum of views about this issue and can support candidates for elected office who advocate for their views. However, nurses have an obligation to advocate for patients and address patient care issues as they arise. Therefore, TNA supported clarifying state abortion laws’ emergency medical exceptions.

SB 31 was the Legislature’s response to the situation. The bill maintains current prohibitions on abortion. However, the bill conforms Texas abortion statutes to uniformly define the situation of when a medical emergency occurs by maintaining and clarifying protections against threats to the mother’s life and threats to her major bodily functions.

SB 31 codifies that a physician, using reasonable medical judgment, may intervene and provide timely medical care to a pregnant woman in a defined medical emergency. The bill would also protect women undergoing treatment for cancer and other diseases when the treatment may jeopardize the unborn child.

SB 31 clarifies that if a pregnant woman has a life-threatening physical condition, a physician may address a risk of death or serious risk of substantial impairment of a major bodily function. SB 31 leaves the determination of when abortion is necessary to the reasonable medical judgment of a physician. It does not require the risk to be imminent, nor does it require the pregnant woman to first suffer physical impairment, nor does it require the physical condition to cause damage before action can be taken.

SB 31 requires physicians to also consider what course of care provides the best opportunity for survival of an unborn child. However, it does not require a physician to take a course of treatment for the pregnant woman that would create a greater risk of the woman’s death or substantial impairment of a major bodily function. It also does not require physicians to delay necessary care. It also permits abortions in cases of ectopic pregnancy or miscarriage.

SB 31 clarifies that providing services by a physician or health care provider to a treating physician, or communication between a physician or health care provider and a treating physician, for the purpose of arriving at a reasonable medical judgment do not constitute aiding or abetting in an illegal abortion. The same applies to communications with the patient, attorneys, the broader care team, or those who provide products to a patient or treating physician related to performing, inducing, or attempting an abortion that has been deemed medically necessary.

The law also requires the creation of continuing legal education and continuing medical education on the changes in Texas abortion law.

Nurses who assist physicians in providing emergency care to pregnant women should familiarize themselves with the law and seek clarification from their hospital's legal team if necessary.

X. (VETOED BY GOVERNOR ABBOTT) SB 268 – Board Procedures for Complaints Against Health Care Practitioners

SB 268 seeks to clarify the procedures used for complaints against health care practitioners when the complaints are filed with an agency other than the practitioner's licensing agency.

For example, if a complaint is filed with the Texas Medical Board against an APRN, SB 268 requires the Texas Medical Board to refer the complaint to the Texas Board of Nursing as the appropriate board of jurisdiction.

SB 268 is a general applicability statute, meaning it establishes uniform procedures for all health care licensing entities.

SB 268 requires that a licensing entity that receives a complaint concerning a health care practitioner who holds a license issued by a different licensing entity shall promptly forward a copy of the complaint to that licensing entity.

A licensing entity may not take disciplinary action based on a complaint against a health care practitioner who holds a license issued by a different licensing entity unless that licensing entity refers the complaint back to the licensing entity that received the complaint for investigation and resolution.

SB 268 does not preclude a licensing entity from taking action against its own licensees.

SB 268 also clarifies that complaints concerning a health care practitioner that credibly accuse the practitioner of conduct constituting a criminal offense that resulted in death or serious bodily injury, as those offenses and terms are defined by the Texas Penal Code, should be forwarded to an appropriate law enforcement agency. As a general applicability statute, this clarifies that SB 268 does not override the existing powers of licensing agencies to refer criminal matters to law enforcement when they believe complaints involve criminal conduct. SB 268 further clarifies that a licensing entity may still take action against its licensee even if the conduct involved also constitutes a criminal offense or gives rise to a separate criminal investigation.

XI. SB 463 – Workplace Violence Prevention Act Expansion

SB 463 expands the applicability of the Workplace Violence Prevention Act, originally passed in 2023, to include all types of home and community support services agencies licensed under Chapter 142 of the Health and Safety Code, intermediate care facilities for individuals with

an intellectual disability licensed under Chapter 252 of the Texas Health and Safety Code, and state supported living centers as defined by Section 531.002 of the Texas Health and Safety Code.

XII. SB 920 – Over-the-Counter Medication for Texas Students

SB 920 clarifies that school nurses and other qualified employees can provide over-the-counter medication to students if the district or school has received a written request to administer the medication from the parent, legal guardian, or other person having legal control of the student, and the medication is administered either from a container that appears to be the original container and properly labeled or from a properly labeled unit dosage container filled by a registered nurse or other qualified district or school employee. The dose administered must be consistent with the instructions on the container's label.

XIII. SB 1318 – Limiting Covenants Not to Compete for Healthcare Professionals

SB 1318 limits covenants not to compete relating to the practice of nursing, and other health professions. Covenants not to compete are unenforceable against nurses unless the covenant:

- Provides for a buyout of the covenant by the nurse in an amount that is not greater than the nurse's total annual salary and wages at the time of termination of the nurse's contract or employment;
- Expires not later than the one-year anniversary of the date the contract or employment has been terminated;
- Limits the geographical area subject to the covenant to no more than a five-mile radius from the location at which the nurse primarily practiced before the contract or employment terminated; and
- Has terms and conditions that are clearly and conspicuously stated in writing.

These limitations will reduce the spreading use of covenants not to compete and the increasingly onerous terms seen in these sorts of agreements.

XIV. SB 1619 – Modernizing Access to Epinephrine for Texas Students

SB 1619 updates dated statutory language the Legislature previously adopted to provide access to epinephrine for students in emergency situations. The statute previously specified epinephrine could be delivered via "auto-injectors." SB 1619 amends the statute to include access to epinephrine that is delivered via "nasal spray."

Other Noteworthy Bills that Will Affect Nursing Practice and Education

- **HB 18:** This bill would establish a State Office of Rural Hospital Finance to provide technical assistance to rural hospitals and health systems. It would also create a Texas Rural Hospital Officers Academy to deliver professional development and continuing education programs for rural hospital officers. The bill establishes grant programs to support rural hospitals at risk of financial instability, drive innovation, and respond to disasters. It would also create an add-on reimbursement rate for rural hospitals with a department of obstetrics and gynecology, which HHSC would be tasked with administering. The bill removes existing criteria related to quality assurance programs, staffing, and emergency facilities while retaining a requirement for rural hospitals to maintain records and produce reports measuring grant effectiveness. The bill would create a Rural Pediatric Mental Health Care Access Program to expand telemedicine and telehealth programs to assist in identifying and assessing behavioral health needs and providing access to mental health care services for pediatric patients at rural hospitals.
- **HB 3749:** This bill regulates intravenous therapy by allowing physicians to delegate the prescribing and ordering of the therapy only to PAs and APRNs acting under adequate supervision, and the administration of intravenous therapy to PAs, APRNs, and RNs acting under adequate supervision. The bill also clarifies that the carveout relating to the maximum number of prescriptive authority agreements a physician may enter into does not apply to these services.
- **SB 25:** This bill would increase physical education in school curriculums and prohibit employees from restricting recess and other physical activity. The bill would also require health-related higher education institutions that receive state funds to develop nutrition curriculum requirements and require all health-related majors to successfully complete the requirements. Physicians and nurses licensed in the state will also be required to complete continuing education on nutrition and metabolic health. The bill establishes an advisory committee to examine the impact of nutrition on health, provide a review of scientific studies, provide education, and develop nutritional guidelines. Finally, the bill requires food manufacturers to include warning labels and disclose the use of artificial colors, additives, and other chemical ingredients banned by Canada, the EU, or the UK.
- **SB 2069:** This bill would create a workgroup to conduct a study on the feasibility of an acute psychiatric bed registry. The workgroup would include a designee from the Texas Nurses Association.

TNA is a member-focused organization, but it is also a non-profit trade association. Our advocacy primarily focuses on addressing nursing-specific issues; however, TNA also advises the Legislature on policy issues affecting public health generally or health issues that may not be priority issues for nurses but are nonetheless within the domain of nursing expertise. While many policy proposals are improved upon, amended, or abandoned based on TNA's input, there are times when the Legislature decides to address issues in ways that are inconsistent with TNA's advice and counsel. This session was no exception.

Among this category of policy issues, the Legislature passed the following bills, which will affect nursing practice or nursing education in ways that are not consistent with or deviate from the public positions or policy preferences of TNA:

- HB 1586: This bill changes the process by which parents can request an exemption from immunization requirements for their children for non-medical reasons. Prior to the passage of this legislation, parents were required to request an exemption form from DSHS. The bill eliminates the requirement for the exemption form to include a seal or security device, which could lead to unauthorized reproductions and misuse. It also minimizes the need for DSHS to keep track of the number of forms downloaded, hindering the state's ability to monitor and respond to public health trends. Currently, almost 120,000 Texas school children have been exempted from one or more school required vaccinations. Evidenced-based research shows that exemptions cluster geographically which leads to higher risk of vaccine preventable outbreaks. Implementing HB 1586 could accelerate this trend, compromising herd immunity and putting vulnerable populations at greater risk and costing the state millions of dollars in response. TNA opposed this legislation throughout the session, and has requested the Governor veto the bill to protect public health.
- HB 4535: This bill is framed as an informed consent bill related to COVID-19 immunizations, however it requires the inclusion of information that is irrelevant or inaccurately characterizes the immunization as carrying a more significant risk of harm than it does. The COVID-19 vaccine, despite being subject to a great deal of ill-informed criticism, proved to be the most effective intervention available in reducing the spread of COVID-19. It is safe and effective, and practitioners already provide informed consent as well as information about its safety, efficacy, and risks. TNA opposed this bill for its mischaracterization of the COVID-19 vaccine as needing some sort of mandated, heightened informed consent disclosure as opposed to the already-in-use, standard informed consent disclosures that accompany all medical procedures.