



HIMSS®

Texas Chapters

Central Texas · Dallas-Fort Worth

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Healthcare Information and Management Systems Society (HIMSS). HIMSS and its members are global advisors and thought leaders supporting healthcare ecosystem transformation through the effective use of information and technology. HIMSS' Texas chapters comprise over 8,000 Texans and our members represent health care providers, nonprofit organizations, and emerging research and technology corporations.

Vision: To realize the full health potential of every human, everywhere.

Mission: Reform the global health ecosystem through the power of information and technology.

Transforming health — that's our “why,” and technology is the “how.” We know that the health ecosystem can be extraordinary, and that new perspectives and solutions are the key to real change. From public policy to digital health transformation, that’s what drives us and our members.

Ensuring more Texans have access to care through the utilization of technology

✓ **HB 18 (VanDeaver)** – Establishes grant and training programs to support the continued operation of rural hospitals.

- Support funding for THECB and HHSC to implement bill

✓ **HB 1051 (Bhojani)** – Requires health plans to provide reimbursement for audio-only telemedicine, teledentistry, and telehealth services.

✓ **HB 1052 (Bhojani)** – Requires health plans to provide equivalent coverage for telemedicine, teledentistry, and telehealth appointments regardless of whether an originating site or distant site is located inside or outside this state.

✓ **HB 2861 (Guerra)** – Requires public schools without a full-time nurse on campus to have a telehealth program and establishes a task force to evaluate program implementation.

✓ **HB 2964 (Landgraf)** – Directs funds from the broadband infrastructure fund to increase the availability of services at homes and businesses.

Reducing costs by improving health and health care

✓ **HB 25 (Hull) / SB 25 (Kolkhorst)** – Expands access to physical education in schools, requires nutrition education in high schools and higher education, and establishes the Texas Nutrition Advisory Committee.

✓ **HB 1027 (Shaheen)** – Removes limitations on the practice of telepharmacy and utilization of remote dispensing sites.

✓ **HB 1621 (Lujan) / SB 151 (Menendez)** – Establishes a matching grant program for technological enhancements at hospitals providing mental health care service.

- Support contingency riders to fund this program.

✓ **HB 5098 (Curry) / SB 2358 (Perry)** - Establishes a loan program to implement EHRs in nursing, assisted living, continuing care and behavioral health facilities with a preference given to facilities in rural and underserved areas.

✓ **SB1467 (C. Hinojosa)** – Allows the Department of State Health Services to provide death information to hospitals to assist with hospital participation in Medicaid.

Protecting privacy while fostering innovation

HB 149 (Capriglione) – Requires government agencies to notify users of AI use. Prohibits the use of AI to incite harm and criminality, as well as informed decision-making. Prohibits the use of AI to discriminate based on political views or protected classes. Creates the AI Regulatory Sandbox program and the Texas AI Council.

✓ **HB 876 (Lalani)** - Allows DIR to establish an interstate organization aimed at sharing cybersecurity best practices among the states.

✓ **HB 2298 (Lalani)** – Establishes a grant program for health facilities to seek funding to promote the use of AI technology in scanning medical images for cancer detection.

✓ **HB 2922 (Spiller) / SB 815 (Schwertner)** – Senate committee substitute requires health plans to disclose AI use in utilization review to patients.

✗ **HB 4855 (Phelan) / SB 1235 (Hancock)** – Similar to but broader than SB 922 (below), this bill creates significant financial penalties and potential criminal charges for violations.

✓ **SB 922 (Hancock)** – Allows providers a chance to counsel patients by prohibiting the posting of sensitive test results to a patient portal less than three days after test completion.

SB 1188 (Kolkhorst) – Requires all EHRs to store data in the U.S. and restricts access to EHRs by people outside of the U.S. Requires health care practitioner to validate the accuracy of any AI-generated information, including diagnoses, prior to entry into the EHR. Requires parental access to minors' medical information. Requires EHR to include the patient's sex at birth and requires the patient's sex at birth to be used in algorithm or decision assistance tool included in the EHR.

✓ **SB 2966 (Schwertner)** – Requires private companies using AI to make consequential decisions to establish a framework to govern the use of the system to protect consumers.