

BILL ANALYSIS

Senate Research Center
89R24376 MPF-D

C.S.S.B. 1373
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Health & Human Services
4/23/2025
Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

In Texas, hospitals have the authority to grant, renew, or modify medical staff privileges for healthcare professionals, including physicians, dentists, and podiatrists. These decisions determine whether a provider can perform specific procedures, particularly those that require access to hospital facilities. However, growing concerns have emerged regarding inconsistencies and potential bias in how these decisions are made.

Doctors of Podiatric Medicine (DPMs) are highly trained specialists who complete four years of podiatric medical school and three years of surgical residency. They are licensed to perform surgeries involving the foot, ankle, and related structures of the leg, and have long done so within their established scope of practice. More than 1,300 licensed DPMs currently serve in Texas, providing essential care in trauma, wound treatment, sports medicine, and diabetic limb preservation. Despite their qualifications, some hospitals have denied or limited their privileges. These decisions often overlook clinical competency and instead rely on professional title rather than training and experience.

This inconsistent and sometimes biased credentialing process restricts DPMs from practicing fully within their licensure and can delay care and limit access to specialized treatment. The issue is especially urgent as Texas faces growing healthcare needs due to an aging population and rising rates of diabetes and obesity.

Texas has already invested in strengthening its podiatric workforce. In 2021, the state established the University of Texas Rio Grande Valley School of Podiatric Medicine—the first state-supported podiatric medical school in Texas and the 11th in the nation. Texas has also expanded Graduate Medical Education (GME) funding to include accredited podiatric programs. To protect and build on these investments, Texas must ensure fair and consistent privileging practices so DPMs can fully serve their communities without unnecessary or discriminatory barriers.

WHAT THIS BILL ACCOMPLISHES:

S.B. 1373 amends Section 241.101 of the Health and Safety Code to require hospitals to use objective, consistently applied criteria when making decisions about medical staff privileges. These criteria must be adopted by the institution and used uniformly for all applicants, whether they are seeking new privileges or changes to existing ones.

The bill also clarifies that hospitals may require applicants to demonstrate current clinical competency, training, and experience relevant to the privileges requested. This ensures that privileging decisions remain focused on qualifications and patient safety, while discouraging arbitrary or discriminatory denials.

COMMITTEE SUBSTITUTE:

The committee substitute addresses the concerns of certain stakeholders by replacing the language requiring an objective privileging process for all medical staff to language requiring hospitals to consistently apply the same privileging criteria for all members of the medical staff. This change preserves the ability of hospitals to tailor their privileging processes to local needs

and institutional standards, while ensuring that all applicants, regardless of specialty, are treated equitably.

C.S.S.B. 1373 amends current law relating to a hospital's determination to grant, deny, renew, or modify medical staff privileges.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 241.101, Health and Safety Code, by adding Subsection (c-1), as follows:

(c) Requires that the criteria used to determine whether to grant or deny medical staff privileges or to renew or modify medical staff privileges be applied in a consistent manner to each person requesting medical staff privileges or the renewal or modification of medical staff privileges.

SECTION 2. Effective date: September 1, 2025.