

**HOUSE OF REPRESENTATIVES
COMPILATION OF PUBLIC COMMENTS**

Submitted to the Committee on Public Health
For Hearing Date: Monday, March 3, 2025 8:00 AM
Compiled on: May 5, 2025 11:14 AM

Note: Comments received by the committee reflect only the view of the individual(s) submitting the comment, who retain sole responsibility for the content of the comment. Neither the committee nor the Texas House of Representatives takes a position on the views expressed in any comment. The committee compiles the comments received for informational purposes only and does not exercise any editorial control over comments.

COMMENTS FOR Health and Human Services Commission(HHSC)

Tricia Hanley
Self
Ingram, TX

Please approve this bill. Allowing wholesale and more items would allow us to grow our businesses and contribute more to our local economy and help provide for our families.

Mary Jane May, DeafBlind Advocate/CoNavigator
DBCTX / Self
Austin, TX

I am in favor of HB 645; Provision for CoNavigators to work with DeafBlind People.

Rosa Clay
Caprock Home Health Service Inc.
Lubbock, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), I urge your support for an increase to the community care attendant rate. This increase is essential in continuing to stabilize the home care workforce that provides vital services to some of Texas' most vulnerable citizens, including older adults, individuals with disabilities and children with medically complex needs.

The Legislature's historic \$1 billion investment in 2023 increased the community care attendant base wage. This was a greatly appreciated and important step in strengthening home and community-based services. However, critical funding gaps remain.

One of the most pressing issues is the service support portion of provider rates, which has remained unchanged since 2007. Today, it stands at just \$2.07 per hour, while inflation-adjusted estimates place it at \$3.04 in 2024-a 47% shortfall. Without an increase, providers struggle to cover operational costs, including administrative staff, rent, utilities, and state-required compliance systems such as electronic visit verification (EVV), all of which are necessary to maintain high-quality care and compliance.

I respectfully request your leadership in securing a rate adjustment that will reflect the real cost of delivering care. This investment in home care will stabilize the workforce of an essential industry, improve access to care for vulnerable Texans, and generate long-term cost savings for the state by preventing unnecessary hospitalizations and institutionalizations.

Thank you for your time and consideration. I would welcome the opportunity to discuss this further and appreciate your support in the upcoming legislative session.

Priscilla Mejia
Caprock Home Health
lubbock, TX

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Jessica Bisnette

self - nurse

whitehouse, TX

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Despite past efforts to address workforce shortages and waitlists, challenges persist. The demand for therapy services continues to outpace workforce availability, with a 32% increase in waitlisted children in just six months.

The primary driver of these growing waitlists is home health providers' inability to attract and retain pediatric therapists who as professionals are drawn to higher-paying opportunities elsewhere. Consequently, children requiring these services face delays in care that ultimately result in longer, more expensive interventions.

A 10% rate increase is necessary to stabilize the workforce and ensure children receive timely, medically necessary therapy. A well-funded pediatric therapy system not only safeguards access to care for children with complex medical needs but also generates long-term cost savings for Texas.

I respectfully request your leadership in securing a rate adjustment that will ensure adequate reimbursement to maintain a stable workforce and improve access to care for children with disabilities and medically complex needs.

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Vicki Hammons
Caprock Home Health
Amarillo, TX

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Debi Yetro
caprock home health
Abilene, TX

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Jennifer Drowns
Caprock Home Health
Lubbock, TX

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Kathryn Peters
Helping Restore Ability
Bedford, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), I urge your support for a critical 21% rate increase for private duty nursing (PDN) services.

These services are essential for children with disabilities and medically complex health conditions. PDN is a proven cost-saver, reducing hospitalizations and ensuring these children receive care at home, where they thrive. For example, a week of PDN costs \$2,300, while a single severe respiratory hospital stay costs \$25,000-an over tenfold increase in state spending per patient.

Despite a much-appreciated 2% rate increase from the Legislature in 2023, current rates still do not reflect the cost of attracting and retaining skilled nurses, putting access to care at risk for Texas families and children. Without action, providers will continue to struggle, forcing more families into costly hospital settings.

I respectfully request your leadership in securing a 21% rate increase that will ensure adequate reimbursement to maintain a stable workforce and improve access to care for children with disabilities and medically complex needs. Investing in PDN reduces long-term costs and strengthens the health care system for Texas' most vulnerable patients.

Thank you for your time and consideration. I would welcome the opportunity to discuss this further and appreciate your support in the upcoming legislative session.

Alejandro Cuevas
Rehab at Home Healthcare Services
Arlington, TX

Dear Representatives,

My name is Alejandro Cuevas and my family owns Rehab at Home Healthcare Services, a home care company in North Texas. On behalf of the Texas Association for Home Care & Hospice (TAHC&H), I urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

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Thank you for your time and consideration. I would welcome the opportunity to discuss this further and appreciate your support in the upcoming legislative session.

Sincerely,
Alejandro Cuevas

Courtney Sanders
MVP Pediatric Home Health
Whitehouse, TX

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Gabriela Hernandez
Caprock Home Health
Lubbock, TX

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Michelle Cooney
Elite Home Health
Longview, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), I urge your support for an increase to the community care attendant rate. This increase is essential in continuing to stabilize the home care workforce that provides vital services to some of Texas' most vulnerable citizens, including older adults, individuals with disabilities and children with medically complex needs.

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I respectfully request your leadership in securing a rate adjustment that will reflect the real cost of delivering care. This investment in home care will stabilize the workforce of an essential industry, improve access to care for vulnerable Texans, and generate long-term cost savings for the state by preventing unnecessary hospitalizations and institutionalizations.

Thank you for your time and consideration. I would welcome the opportunity to discuss this further and appreciate your support in the upcoming legislative session.

Mark Olson

Self as father of 2 disabled adult daughters; also as President & CEO, LTO Ventures, nonprofit developer of housing for adults w/IDD
Boerne, TX

I am the father of two significantly developmentally disabled adult daughters. They will need paid supports from Direct Support Professionals (DSPs) to live as independently as possible in a home- and community-based setting. I also am the developer of a \$25 million residential mixed-use community in Kendall County for adults with intellectual or developmental disabilities (IDD). They will need paid DSP supports to live as independently as possible. The current rates set by the Texas Legislature of \$10.60/hour and the proposed new rate of \$12.00/hour are ridiculously inadequate. I would say laughingly inadequate, but there is nothing funny about this. DSPs provide essential life sustaining supports to individuals whose disabilities preclude them from safely caring for themselves. Raising DSP wages to \$17.50/hour in this biennium would bring them to parity with wages currently paid to workers in State Supported Living Centers (SSLCs) who perform a fraction of the tasks and have a fraction of the responsibilities of DSPs in home- and community-based settings. Raising DSP wages to \$17.50 would add only \$313 million to the biennium budget, less than 1000th of the proposed state budget...aka "sofa cushion money." It would enable us to recruit, hire, train, and retain DSPs who will pass up \$12/hour in favor of a starting wage \$16/hour at Bill Miller BBQ or Walmart. Ask yourself...would you want your disabled son or daughter to receive essential life supports from someone willing to take \$12/hr? Would you work for that wage? The increase from the current \$10.60/hr to \$17.50/hr is a big jump...I get that. But it only exists because the Legislature failed to keep pace in past sessions with the cost of living and what is happening in the real world. I ask that you support the increase to \$17.50/hour. Thank you.

NORA PADILLA

happy valley home care

Edinburg, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), I urge your support for a critical 21% rate increase for private duty nursing (PDN) services.

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Despite a much-appreciated 2% rate increase from the Legislature in 2023, current rates still do not reflect the cost of attracting and retaining skilled nurses, putting access to care at risk for Texas families and children. Without action, providers will continue to struggle, forcing more families into costly hospital settings.

I respectfully request your leadership in securing a 21% rate increase that will ensure adequate reimbursement to maintain a stable workforce and improve access to care for children with disabilities and medically complex needs. Investing in PDN reduces long-term costs and strengthens the health care system for Texas' most vulnerable patients.

Thank you for your time and consideration. I would welcome the opportunity to discuss this further and appreciate your support in the upcoming legislative session.

christine wixson

self - admin professional

caldwell, TX

please make ivermecting available over the counter. it's safety studies prove it to be safer than ibuprofen and a lot of other otc drugs.

Susan Bell

self

Kerrville, TX

I am in favor of HB 3219. Let's make Ivermecton easily accessed and properly dosed for those who wish to use it.

Rodney Casey, Mr

Shackelford County Republican chairman

Albany, TX

Taxpayers should not be asked to pay for IVF.

Marilyn Hartman

Co-chair, Advocacy Committee, NAMI Central Texas (National Alliance on Mental Illness, Austin affiliate)

Austin, TX

I have just submitted to each member of the House Public Health Committee the following comment, plus 2 attachments related to the critical Residential Intermediate Care model to fill the gap between state hospital care and current community placements, which are not meeting the high level of care needed by our citizens with severe mental illness.

I write about the critical, but missing, residential model in the continuum of care for our citizens with severe mental illnesses (SMI). I attached on my email to each Committee member the Residential Intermediate Care housing brief which outlines its elements and cites its cost-effectiveness versus incarceration, hospitalization, continuous emergency department visits, and homelessness, all costly to Texas taxpayers and to the ill persons in their ability to recover or be productive. Advisory committees, including those formed by the state of Texas, have supported it. My colleagues and I ask you to support a pilot of this model with funding through a budget rider, starting with vacated buildings on state hospital campuses that are suitable for occupancy.

Our current mental health system is in CRISIS, with more people with mental illness in our jails than in our state hospitals getting treatment. While this is obviously a public health crisis, it has also become a public safety crisis. Jails are routinely releasing people with mental illness onto our streets without the benefit of treatment. Mental healthcare should not be an extension of the carceral system.

While Texas has put billions into building new state hospitals or rehabbing them, there are a large number of patients who cannot be discharged, despite being stable and not in crisis, and they continue to take up beds, of which there is still a shortage; there is no appropriate model in the community that meets their true level of need, which is a more structured and supervised setting than currently exists, an intentional, therapeutic community. As a result of bed shortages (and staff shortages to put them all online), an unacceptable number of people languish in jail without treatment, making their chances of recovery less likely with each day that passes.

The time has come to put Residential Intermediate Care in place. In the original plans, this model was to accompany the new state hospitals. The Texas mental health system will continue to be in crisis until this piece is added to the continuum.

Thank you for your sincere consideration and support on this effort.

Martha Martinez Aparicio

self

Conroe, TX

na

Andrew Lomas, SLPA
Care options for Kids
Conroe, TX

On behalf of Texas children warranting medically-necessary therapeutic services, I urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

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Thank you for your time and consideration. I would welcome the opportunity to discuss this further and appreciate your support in the upcoming legislative session.

Denise Kaye
Caprock Home Health
AMARILLO, TX

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Nicole Hernandez
Caprock Home health Inc
Lubbock, TX

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sonja burns
Self
Austin, TX

The TX Legislature should direct TX Health and Human Services to pilot Intermediate Care Facilities (Intentional Therapeutic Communities) on the campuses of the state hospitals for those individuals who require a more structured and supervised setting than is currently available in the community. My twin brother has resided at ASH for over 16 yrs. in this admission - after cycling through the revolving door for many more years: hospitalizations, incarceration, homelessness/ inappropriate settings. He lives with a TBI (partial lobectomies of each temporal lobe and major left frontal lobe damage), Autism, Bipolar Disorder, a silent seizure disorder, PTSD, and OCD. He is NOT the sum of his diagnoses! He is an amazing person who loves to care for animals. He loves to work - picking up trash and doing lawn work. He is a prolific artist and loves making drawings for people for their birthdays or just to show appreciation. He loves Bob Marley, dancing, church, playing games, and going to horse therapy. And he needs a supervised and structured setting with a lot of predictability in order to thrive. He is NOT a unicorn - we need safe and appropriate campus settings for his population so that they can live with dignity and purpose. TX has invested over \$2 BILLION in a State Hospital System Redesign - which is now an "acute care" model, unlike the long(er)term model (safety net) it once was. The State Hospital is part of the PUBLIC MENTAL HEALTH SYSTEM - but the majority of people are accessing this service for competency restoration. Why are we waiting for a crime?! We must advocate for a person's true level of need. By not doing this, we wait for an arrestable offense and we hope there is no victim. This is a PUBLIC HEALTH CRISIS THAT HAS BECOME A PUBLIC SAFETY CRISIS. TX needs residential options in between hospital level care and community placement, to include a secure option for those at risk of leaving and who are not safe unsupervised in the greater community. TX has the opportunity to create more campus settings/ intentional communities and should pilot this program using vacated buildings suitable for occupancy on the campuses of state hospitals. TX should innovate within programs we already have: HCS, HCBS-AMH, and ICF (Intermediate Care Facilities). We have a growing population of individuals who are "too acute" to meaningfully engage in voluntary services, but not acute enough for inpatient care as they are at "baseline" - and "baseline" means they cannot live safely and successfully in the greater community. When arrested, they are "incompetent to stand trial" (IST) and "unlikely to restore/regain" (UTR). These individuals cannot be served in the criminal legal system - and we have not included them in our continuum of care and housing. At a great fiscal and human cost, we are wittingly leaving these individuals to cycle through the hospitals, the jails, and homelessness/ inappropriate settings.

Jeffrey Mikolajek
NAMI/self
Austin, TX

I am urging you to vote for senator's Perry RIDER for treating Serious Mental Illness (SMI) at our State Psychiatric Hospitals. The RIDER proposes an Intermediate Care Unit as a step down unit for less restrictive care for those patients who are at the level to transition into the community via staged events. It will also give patients who may not be ready to move into the community, without being supported, for a limited time or might being unable to be released independently into the community for a given amount of time. The Texas NAMI has published a paper outlining the formation of how the unit would function at the Austin state Hospital as a pilot study for other state psychiatric hospitals in our state. I will send you a separate email with Senator Perry's proposal and Texas NAMI Intermediate Care step down unit proposal.

I have special interest in this area due to the fact that my son has been in Austin State Hospital for over five years being treated for his schizophrenia. He has been very stable for the last 3 years and needs a step down unit to smoothly transition back into our community without recycling back into a jail, ER, or hospital. please support Senator's proposal for a step down system in our state psychiatric hospitals. It has been a population that has been ignored for way too long, especially from HHSC and their funding.

Sincerely,

Jeffrey Mikolajek

Kassyndra Keller
self- retired Public School Teacher/ Counselor
Ennis, TX

vote NO on HB 2

Courtney Young
Caprock Home Health Service Inc.
Lubbock, TX

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I respectfully request your leadership in securing a rate adjustment that will reflect the real cost of delivering care. This investment in home care will stabilize the workforce of an essential industry, improve access to care for vulnerable Texans, and generate long-term cost savings for the state by preventing unnecessary hospitalizations and institutionalizations.

Thank you for your time and consideration. I would welcome the opportunity to discuss this further and appreciate your support in the upcoming legislative session.

Samantha Lupul
Caprock Home Health
Lubbock, TX

On behalf of the Texas Association for Home Care & Hospice (TAHC&H), I urge your support for an increase to the community care attendant rate. This increase is essential in continuing to stabilize the home care workforce that provides vital services to some of Texas' most vulnerable citizens, including older adults, individuals with disabilities and children with medically complex needs.

The Legislature's historic \$1 billion investment in 2023 increased the community care attendant base wage. This was a greatly appreciated and important step in strengthening home and community-based services. However, critical funding gaps remain.

One of the most pressing issues is the service support portion of provider rates, which has remained unchanged since 2007. Today, it stands at just \$2.07 per hour, while inflation-adjusted estimates place it at \$3.04 in 2024-a 47% shortfall. Without an increase, providers struggle to cover operational costs, including administrative staff, rent, utilities, and state-required compliance systems such as electronic visit verification (EVV), all of which are necessary to maintain high-quality care and compliance.

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Thank you for your time and consideration. I would welcome the opportunity to discuss this further and appreciate your support in the upcoming legislative session.

Mary Jane Gentry
Public health March 03,2025-88:00 AM
Lubbock, TX

Health and Human Services Commission (HHSC)

Karissa Peterson
self - financial advisor
Coldspring, TX

I strongly oppose HB 4553. This bill imposes unnecessary oversight and medicalization on midwifery care in Texas. It undermines family choice and duplicates reporting already required of Licensed Midwives. Please vote NO on HB 4553.

Darlene Murdock
AORN
Missouri City, TX

On behalf of the Texas Collaboration of periOperative Registered Nurses (TCORN) and our thousands of members and their colleagues across the state, I am writing to you today to express strong support for surgical smoke evacuation legislation in Texas – SB 490/HB 513 – that would ensure safe workplaces for all operating room (OR) staff.

I am the National President-elect of the Association of periOperative Registered Nurses. I worked in the operating room for thirty years. During my 28th year in the OR, I was diagnosed with Chronic Cough. For the past twenty years, I have experienced a persistent cough that worsens from time to time. However, in my 28th year, the cough became so severe that it affected my ability to sleep and talk. Colleagues often asked if I was okay during my coughing spells. My spine specialist stated that my spine issues were exacerbated by my constant coughing. After months of trying various inhalers, antibiotics, and prescription-strength cough medications, my cough continued to persist, making it difficult for me to work and the quality of my life was negatively affected. Eventually, I transferred out of the operating room but remained within surgical services, and my cough miraculously disappeared. While I have no concrete proof, I believe that this improvement was due to no longer inhaling surgical smoke.

As with cigarette smoke, surgical smoke can be seen and smelled, it is the result of human tissue being cut with mechanical tools and/or heat-producing devices, such as lasers and electro-surgery pencils commonly used for dissection and hemostasis. In other words, it's the smoke from burning flesh. An estimated 90% of all surgical procedures – including such common surgeries as cesarean sections, mastectomies, knee replacements, and appendectomies – generate surgical smoke.

A single day working in an operating room without smoke evacuation is equivalent to inhaling the smoke of 27-30 unfiltered cigarettes. Smoke evacuation systems are already available at most hospitals and ambulatory surgical centers in Texas; however, our workplaces are not legally required to use them. This must change.

While many agencies – like OSHA, the CDC, and the Joint Commission – recognize the hazards of surgical smoke, there are no national enforceable requirements for the evacuation of surgical smoke. Absent national requirements, eighteen states have enacted surgical smoke evacuation legislation, and Texas is one of many states considering bills this year. Now more than ever, Texas needs to take care of its frontline healthcare workers in the OR and protect them from harmful surgical smoke. We need this legislation to ensure the health and safety of our vital healthcare workforce.

On behalf of thousands of critical health care workers across Texas, we urge you to support SB 490/HB 513 to ensure that surgical smoke evacuation systems are used every time surgical smoke is in an OR. The lives of all who work in the OR depend on it, just as

Carmel Pound
Self, Perioperative Registered Nurse
Humble, TX

I strongly support this bill for legislation that will regulate smoke evacuation tools to prevent the exposure of healthcare workers to carcinogenic smoke while providing care to patients. We smell the burning of charred tissue during surgery which has aerosolized viruses, carcinogens, and other harmful substances that have been linked to cancer. Please help to pass legislation that will protect our folks that put their lives on the line daily to care for others. This is just one way of showing gratitude for their tremendous contribution. Thank you.

Blanca E Gonzalez, LMSW-AP
D'Oro Home Health Services & D'Oro Primary Home Care Services
Weslaco, TX

Again, it should be noted that since 2007 the PAS program has not received an increase in the portion to support provider rates. It has been extremely difficult to meet the cost of living increase, resulting in inability to; A. not able to give salary increases to in-house administrative staff; B. To pay the high payroll 941 taxes; and C. Keep up with the cost of living changes every year to meet the challenge of state of the economy.

Kayla Kouletsis
Care Options for Kids
Spring, TX

On behalf of Texas children warranting medically-necessary therapeutic services, I urge your support for a critical 10% rate increase for pediatric therapy services. These services are essential for children with disabilities and medically complex conditions, enabling them to receive care in their homes rather than in costly institutional settings.

Despite past efforts to address workforce shortages and waitlists, challenges persist. The demand for therapy services continues to outpace workforce availability, with a 32% increase in waitlisted children in just six months.

The primary driver of these growing waitlists is home health providers' inability to attract and retain pediatric therapists who as professionals are drawn to higher-paying opportunities elsewhere. Consequently, children requiring these services face delays in care that ultimately result in longer, more expensive interventions.

A 10% rate increase is necessary to stabilize the workforce and ensure children receive timely, medically necessary therapy. A well-funded pediatric therapy system not only safeguards access to care for children with complex medical needs but also generates long-term cost savings for Texas.

I respectfully request your leadership in securing a rate adjustment that will ensure adequate reimbursement to maintain a stable workforce and improve access to care for children with disabilities and medically complex needs.

Thank you for your time and consideration. I would welcome the opportunity to discuss this further and appreciate your support in the upcoming legislative session.

Debra Veal
Self
Houston, TX

I support and favor making Ivermectin over the counter!!

Tran Le Boeuf
TCORN / AORN
Celina, TX

December 4, 2024

On behalf of the Texas Collaboration of periOperative Registered Nurses (TCORN) and our thousands of members and their colleagues across the state, I am writing to you today to express strong support for surgical smoke evacuation legislation in Texas – SB 490/HB 513 – that would ensure safe workplaces for all operating room (OR) staff.

As health care providers, our members work tirelessly for their patients. Every time they step into an OR in Texas, someone's life is in their hands. But ironically, their lives are also in the line when the OR is filled with surgical smoke during a patient's surgery.

As with cigarette smoke, surgical smoke can be seen and smelled, it is the result of human tissue being cut with mechanical tools and/or heat-producing devices, such as lasers and electro-surgery pencils commonly used for dissection and hemostasis. In other words, it's the smoke from burning flesh. An estimated 90% of all surgical procedures – including such common surgeries as cesarean sections, mastectomies, knee replacements, and appendectomies – generate surgical smoke.

Many surgical facilities do evacuate during some procedures, but few facilities evacuate consistently during all procedures that generate surgical smoke. Nurses and other OR staff have little control over whether they are assigned to a smoking or non-smoking operating room. A single day working in an operating room without smoke evacuation is equivalent to inhaling the smoke of 27-30 unfiltered cigarettes. Smoke evacuation systems are already available at most hospitals and ambulatory surgical centers in Texas; however, our workplaces are not legally required to use them. This must change.

While many agencies – like OSHA, the CDC, and the Joint Commission – recognize the hazards of surgical smoke, there are no national enforceable requirements for the evacuation of surgical smoke. Absent national requirements, eighteen states have enacted surgical smoke evacuation legislation, and Texas is one of many states considering bills this year. Now more than ever, Texas needs to take care of its frontline healthcare workers in the OR and protect them from harmful surgical smoke. We need this legislation to ensure the health and safety of our vital healthcare workforce.

On behalf of thousands of critical health care workers across Texas, we urge you to support SB 490/HB 513 to ensure that surgical smoke evacuation systems are used every time surgical smoke is in an OR. The lives of all who work in the OR depend on it, just as all Texas residents rely on the health and safety of our health care providers. Most respectfully, Tran Le Boeuf

Viena Sardinias
self
San Antonio, TX

As a Texas tax paying mom I am against HB 3 by Buckley, I do not want my money to go to private schools. We need more funding for public schools!

Julia Birney, Ed. Diag.
Self, Educational Diagnostician
Childress, TX

I work with small, rural schools with the Special Education population. HB 3 will be detrimental to our students, staff, schools, and therefore also our communities. Please do not continue to support this Bill. Thank you.

Jessica Turner
Self/parent
Wylie, TX

I oppose HB 3!

Steve Johnson
Self
Oak Point, TX

Gentlemen - Please commit Texas to supporting the COS movement. A Constitutional Convention appears to be the only way we can stop Washington DC from ruining our country financially. In addition such a convention would allow the people to finally force Congressional term limits.

Thank you

Suzannah Srinivasan
Self
Austin, TX

My name is Suzannah Phillips Srinivasan. I am a native Texan, mother, and professional who has worked in the field of reproductive rights and disability rights for the past 20 years, both in the U.S. and internationally. I strongly oppose HB 44, as written, and urge the Committee to listen to abortion experts, including abortion funds, for recommendations as to how to fix the text of this bill.

There is a maternal health crisis in Texas that is a direct result of banning abortion access. This bill does nothing to remedy this crisis; in fact, as written, this bill will only exacerbate it. While purporting to provide legal clarity on when medical providers can perform abortions on patients experiencing pregnancy complications, the bill does not provide the legal clarity necessary to allow providers to intervene in obstetric emergencies.

Instead, as written, the bill seeks to amend the 1925 pre-Roe abortion ban, which could effectively revive this outdated law and result in the criminalization of abortion seekers, providers, and those helping people access abortion care, including abortion funds. This will not save lives. It will only make it even more difficult for Texans to access abortion care as a vital part of the spectrum of reproductive health care that pregnant people need.

People with disabilities are more likely to have medically complex pregnancies because they often have conditions that interact with their pregnancies in potentially dangerous ways. For example, pregnant people with disabilities are at least twice as likely to experience preeclampsia and premature rupture of the membranes during pregnancy as people without disabilities, and are 23 times more likely to develop sepsis. Taken together, these risks make it much more likely that pregnant people with disabilities who experience obstetric emergencies are at a heightened risk of extreme consequences, including organ failure and even death, if they are unable to access emergency abortion care.

Texans with disabilities have already been denied life- and health-saving access to abortion in obstetric emergencies because of the chilling effect of Texas' criminal abortion bans. It is essential to note that HB 44, as written, would do nothing to protect pregnant people with disabilities from the harmful effects of this regressive legal environment. Instead, this bill would make it harder for Texans to access the care they need. By including language that amends the pre-Roe ban, the bill would exacerbate the chilling effect of criminal abortion bans within the State, while at the same time, denying Texans the ability to travel—and be supported to travel—to seek necessary care in states where abortion remains legal.

If the Committee and the authors of this bill are serious about helping Texans, then they should oppose this bill, as written, and listen to abortion experts, including abortion funds, on how to fix this bill.

Douglas Young
Foster's Home for Children
Stephenville, TX

As a member of the Texas Coalition of Homes for Children (TCHC), Foster's Home in Stephenville supports a "Strong Families Tax Credit."

Virginia Craddock, Retired OR Nurse
AORN chapter 4417
BURNET, TX

Please vote yes on this bill to protect not only patients but OR staff and providers from the dangers of second hand smoke in the OR.

Leslie Wetzel
Self
Marble Galls, TX

I totally want Ivermectin over the counter

Susan Kelly
Self; Retired journalist
Austin, TX

Please vote in favor of HB 44 -- "Life of the Mother Act" to ensure that our OB/GYNs have leeway in interpreting the Texas abortion laws. Pregnant women should not be left to die when they need an abortion to end an ill-fated pregnancy. Please save the lives of our mothers!

Reed Bilz, Ms
Self
Fort Worth, TX

I urge you to amend this bill to remove the archaic 1925 language. Then vote FOR HB 44 to save the lives of Texas women.

Lea Hartman, Ms.
Self
San Antonio, TX

Texans deserve clear access to care without fear.
They deserve policies that treat their lives like they matter — not bills that quietly expand criminalization and confusion, while pretending to offer protection.

Vicki Hall
Self, retired
Daingerfield, TX

Make ivermectin OTC

Michelle Leos
Self
San Antonio, TX

Ivermectin

Deborah Stefano
Covenant Childrens Hospital/Music Therapist
Lubbock, TX

As the only board certified music therapist at Covenant Children's hospital, I see countless benefits for the services I provide daily to pediatric patients and families. I am able to impact families at Covenant Children's through evidence based interventions that aid in healing and coping. One of the most impactful interventions I provide are heartbeat recordings or amplified cardiopulmonary recordings. I am able to capture loved ones heartbeats prior to demise and create a musical memory for families to cherish. This takes training and board certification to ensure quality work for end of life care. When unedited recordings are presented to families by non music therapy staff, families face emotional harm and pain from hearing the struggling breaths of their child. Music therapy creates lasting impacts on families across the life span and I am honored to care for the most vulnerable patients daily. Music therapy licensure adds protection for Texas families that deserve the highest quality of care from credentialed and licensed professionals. Misrepresentation breeds harm and injury to our beloved Texans.

Jen Crenshaw
Self
Yantis, TX

Please pass 3219

Penelope Gibbs, Mrs.
Self
Victoria, TX

Please pass HB2588 bill

Ande Shoults
Self retired Radiologic Technologist Registered by ARRT
Mesquite, TX

Nurse Practitioners are NOT qualified to order, perform and read diagnostic radiological exams. Please do not pass this bill

Ashley Ayala
self - stay at home mom and administrator
Prosper, TX

Hi, my name is Ashley Ayala and I am a constituent. I am calling to ask my Representative to co-author two great bills: HB 1669 and HB 2588. These bills are scheduled for a committee hearing on Monday. Both of them help small farmers better provide healthy food for our community.

This matters to me as I feel that raw milk has alot of the health benefits that pasteurized milk does not.

Dale Rudin, Dr.
Self
Austin, TX

I support adult adoptees rights to their original birth certificates.

Sayaka Gatlin
Malik's Law
Irving, TX

Malik's law

Megan Morand
self, genetic counselor
Manevl, TX

I am a genetic counselor who sees adult and pediatric patients from across the state both in person and via telemedicine. I strongly support H.B. 1503 and genetic counseling licensure. I witness first hand the patient harm that can occur when non-genetics providers counsel on genetic testing results inaccurately. Texans deserve to have access to licenses genetic counselor's who can provide expertise and avoid inaccurate, confusing, or incorrect interpretation of genetic testing results.

Kathy Haigler
Self
Dale, TX

On Metcalf's bill: someone should be talking about <https://www.dshs.texas.gov/vital-statistics/adoption-information/central-adoption-registry>

Julie Ledbetter
self - cottage food producer
Houston, TX

Hello, my name is Julie Ledbetter and I live in Houston, Texas. I'm writing you in favor of HB 2588. I offer specialty goods to include gluten free, dairy free and/or nut free as part of my business. I have several celiac customers and friends who find it difficult to find fresh treats they can enjoy. I am very mindful of food allergies. Gluten free is expensive so let's start with the income cap. Most home bakers net approximately 30% of what we sell. At \$100,000 this is a net of \$30,000 a year. We aren't asking for much here. In fact, not even enough to live on without another source of income. Moving on to selling items requiring refrigeration and in response to the lady during your last session who said it isn't possible to refrigerate \$100,000 in inventory...I don't believe any of us are attempting to sell this quantity ALL at once. I have clients who would love to buy cheesecakes and soups from from me but currently cannot due to the refrigeration requirements. Wholesale: I have a local restaurant that would like to sell my cookies, cakes and marshmallows and at this time I have to refuse because the product isn't going from my hand to the consumers'. HB 2588 will allow me to serve my clients with special food needs in a much greater capacity from treats to vegetarian meals be it from my hand to theirs or local restaurant's to theirs. It will AFFORD me the ability to do so in greater capacity.

I prayerfully ask that you consider voting yes for this bill and I thank you so much for your time.

Ricki Estrada, Vice President of Specialized Treatment and Recovery Services
Aliviane Inc
El Paso, TX

Dear Chairwoman Klick and Members of the Public Health Committee,
My name is Ricki Estrada, and I am the Vice-President of Specialized Treatment and Recovery Services at Aliviane in El Paso, Texas. I am submitting this written testimony in strong support of House Bill 1644, which seeks to declassify fentanyl testing strips (FTS) and similar tools as drug paraphernalia under Texas law. This bill also wisely includes an exemption for xylazine, a substance increasingly found in the unregulated drug supply.

Expanding access to fentanyl testing is not only a tool for overdose prevention—it is a gateway to vital healthcare services, including HIV and Hepatitis C screening, substance use treatment, and support services that promote long-term wellness. At Aliviane Residential Treatment, we have seen how something as small as a test strip can connect someone to trusted community providers and the care they may have never otherwise accessed. People at risk of overdose are also at higher risk of infectious diseases. We have clients with Hepatitis C/HIV and studies shows they can transmit the virus to up to 20 others within three years. Early detection through harm reduction efforts like FTS improves individual outcomes and helps reduce the public health burden across Texas and allows the clients to focused on their recovery efforts instead of being worried about their health.

Fentanyl testing also plays a key role in building trust with people who use substances. When individuals feel supported instead of judged, they are more likely to seek help and take steps toward recovery. HB 1644 allows Texas to embrace a compassionate, evidence-based, and cost-effective approach that meets people where they are. Given the 75% increase in drug poisoning deaths statewide in just five years, Texas must act. Supporting HB 1644 is an investment in safety, public health, and dignity. I urge you to pass this bill and help protect the lives of countless Texans.

Sincerely,
Ricarda Estrada, LPC, LCDC
Aliviane Inc
El Paso, Texas

Andrea Rangel
Aliviane
El paso, TX

Dear Chairwoman Klick and Members of the Public Health Committee,
My name is Andrea Rangel, and I am the Program Director for the TRY program at Aliviane in El Paso, Texas. I am submitting this written testimony in strong support of House Bill 1644, which seeks to declassify fentanyl testing strips (FTS) and similar tools as drug paraphernalia under Texas law. This bill also wisely includes an exemption for xylazine, a substance increasingly found in the unregulated drug supply.

Expanding access to fentanyl testing is not only a tool for overdose prevention—it is a gateway to vital healthcare services, including HIV and Hepatitis C screening, substance use treatment, and support services that promote long-term wellness. At Aliviane, we have seen how something as small as a test strip can connect someone to trusted prevention specialists, counselors, safety education, and care they may have never otherwise accessed.

Fentanyl testing also plays a key role in building trust with people who use substances. When individuals feel supported instead of stigmatized, they are more likely to seek help and take steps toward recovery. HB 1644 allows Texas to embrace a compassionate, evidence-based, and cost-effective approach that meets people where they are. Given the 75% increase in drug poisoning deaths statewide in just five years, Texas must act. Supporting HB 1644 is an investment in safety, public health, and dignity. I urge you to pass this bill and help protect the lives of countless Texans.

Thank you,

Andrea Rangel
Program Director
Aliviane

Nathan Hancock
Self
Manvel, TX

I support this bill. It will benefit small businesses and also home businesses to get started and help in the American dream.

Brittany Sunderland
Bakery
Quinlan, TX

Pass to sell refrigerated items under cottage food

Laura Juarez, office manager
APC Homemaker Services
CORPUS CHRISTI, TX

Everyone in need deserves good healthcare

Katie McAuliffe
Self
Houston, TX

Make Ivermectin over the counter

James Bolten
Self
Cleburne, TX

How

Lee Ellis
Self
Llano, TX

I am in full support of the convention of states

Rajeev Sudhakar, MD
Us Heart and Vascular
Murphy, TX

Honorable committee members, I have been through literal "cauldron of medical training" as is required of any U.S trained physician. The privilege to practice medicine is bestowed to the medical doctors only after successful completion of all aspects of training including academic excellence, clinical practice, and after displaying sound clinical judgment. Practice of medicine is not about performing one heroic act, but be able to deliver medical expertise, care and kindness, day after day, often late into the night to the relegation of our personal lives in the service of patients who entrust us with their care. Expanding the scope of practice of mid level providers who have not received similar level of medical training undercuts the medical doctors, who should be at the forefront of excellent medical care all Texans deserve. I implore you to oppose this bill. I thank you for your public service to the great State of Texas and it's people.

MICHAEL MCAULEY, Dr.
Radiology Assoc Of North Texas
Fort Worth, TX

Against bill

Tatiana Coleman
Self
Houston, TX

HB 4553 requiring midwife's to report their births and deaths in the state of Texas

Daksha Khandheria, Dr.
VA
Amarillo, TX

NPs must need supervision to practise especially when ordering imaging , antibiotics and opioids

Jigisha Shah
SRM Urgent Care
Rosenberg, TX

First 2 years of medical school are fundamental for one to understand medicine and skipping that can reduce one's understanding and decision making process remarkably and that can put patients's life in danger if someone is treating with out that basic training and understanding.

Jonathan Parker
I Love This Plant Co.
Plano, TX

I support HB 46, however, I'm here to voice concern about how we continue to regulate cannabis—especially in the context of low-THC products.

The current low-THC framework keeps us stuck in a cycle that supports the unregulated market and makes it harder to ensure safety, access, and real education. Putting arbitrary THC caps on cannabis is like telling SPECS they can only sell kombucha because high-proof alcohol might harm children. It's not practical—it's more about political optics than public health outcomes.

If we want Texans to enroll in the Compassionate Use Program, we need to actually be compassionate—compassionate about the fact that every individual's needs are different. That means trusting patients, doctors, and caregivers to determine the right product, dosage, and potency—not lawmakers.

HB 46 is a step, but it still reflects a narrow and stigmatized view of cannabis. We have a chance to do better—with smarter regulation, more public education, and a deeper understanding of how this plant can truly support health and wellness in Texas.

Kim Giberga
Salado Creek Mental Health
San Antonio, TX

Hello, We are a group of Nurse Practitioners working in a designated underserved area of Texas to help those with mental health problems. Texas is currently ranked last and near last for access to mental health care for children and adults. Please approve this bill. It would allow us to have more NP's working to help our residents. Each NP must currently pay a physician \$1,000 a month to allow us to practice within state regulations. With this bill approved, we could attract more NP's into these roles to help more people. We currently serve 1,200 patients with care, compassion and excellent psychiatric care.

Mohan Gadam, MD
TMA physicians
Austin, TX

Voting NO

Carrol Norrell
Self
Cedar Park, TX

Texas Cottage Food Law by Hull
I am a consumer and would appreciate having healthy natural food choices.

Brandie Melling
Melling
Houston, TX

"Hello, my name is Brandie Melling and I live in Houston, Texas. I want this bill to pass because this will allow me to stay at home and take care of my elderly mom without having to leave her side.

I am a cottage food producer and people in my community want more choices for healthy food than I can currently provide under the cottage food law.

Eve Butler, Self
Self
Killeen, TX

Hello, my name is Eve Butter and I live in Killeen Texas. I want this bill to pass because

I am a cottage food producer and people in my community want more choices for healthy food than I can currently provide under the cottage food law.

Joyce Horn
STAR (Support Texas Adoptee Rights)
Hewitt, TX

Thank you, Representative William Metcalf, for authoring HB 1887. Thank you, committee members who are hearing testimony from adoptees, family members, & adoption agencies advocating on behalf of adopted people having equal access to their original birth certificate (OBC).

My name is Joyce Horn. I come to you professing total support of HB 1887. As an adoptive mother, a board member of STAR (Support Texas Adoptee Rights,) & former board member/President of AKA, (Adoption Knowledge Affiliates), I have over 25 years of both personal & professional experience in the world of adoption. I have heard numerous stories from people who are adopted explaining they have no idea who they really are. Many have faced a multitude of challenges regarding physical, mental, & emotional health. Doctors are often left perplexed with the ability to make a diagnosis as there is little to no medical history to assist in an explanation. With lack of genetic history, a blueprint, the diagnosis(s) is often long, grueling, frustrating & financially depleting.

EVERY ADULT ADOPTTEE in the State of Texas deserves access to a VITAL RECORD that is personal to them, should they choose. A record that proves identity, existence, a map to medical, genetic, & ethnic history. There are people who oppose this thought for a variety of reasons. I am not here to judge their reasons. I am here to say, if it is not right for you as an adult adoptee, that is your choice. For the hundreds of thousands of adult adoptees who DO want to seek their own personal information, it is their CIVIL RIGHT! The extra steps that are currently required are extremely insensitive, financially draining, & mentally/emotionally exhausting. Over the years Texans have faced many forms of discrimination & as of today, not having access to the OBC is 100% discrimination! It shows prejudice & inequality against the adopted person, who I might add, usually had no choice in the adoption. Research shows this lack of knowledge often results in increased mental health issues such as anger, anxiety, and depression, along with a higher rate of suicide. In some cases, obtaining a driver's license or passport, without the OBC creates additional hurdles, such as financial burdens for attorney/court fees, travel expenses, & lost wages when attempting to obtain a copy of THEIR VERY OWN VITAL RECORD! If you are not adopted your original birth certificate can be obtained online or in person for a nominal fee.

With the popularity of DNA tests there is no longer any "real secrecy." That rebuttal is a moot point. I also want to address those who think this about a reunion with the birth family This is secondary. What this is about, is an original birth certificate. A document providing a blueprint of who you are. A civil right to all Texans, many of whom are your constituents! Please end the discrimination against approximately 600,000 adoptees born in Texas and approve HB1887.

Thank you!
Respectfully,
Joyce Horn

Rachel Reitan
Texas Nurse Practitioners/Wichita County Nurse Practitioners
Wichita Falls, TX

Hi my name is Rachel Reitan and I live in Wichita Falls, Texas. I am submitting written testimony in support of HB 3794. I have been a nurse practitioner for ten years and hold three masters degree in addition to a doctorate degree from the University of Texas at Arlington. I work primarily in the specialty of Infectious Diseases and am currently undergoing my fourth Master degree at Drexel University, in Infectious Diseases. I say this to underscore the amount of training and education I have to support my clinical role as a nurse practitioner, which isn't uncommon among my colleagues. In addition, prior to becoming a nurse practitioner, I was a board certified critical care nurse for ten years. Wichita County, Texas faces challenges in accessing primary care, particularly for low-income and uninsured individuals, due to a shortage of primary care providers and specialists. This shortage leads to long wait times, overuse of emergency rooms, and difficulties in accessing consistent follow-up care, especially for those with chronic conditions, which is where many patients end up seeing a specialist like me in the hospital for unnecessary and preventable conditions. Wichita County is designated as a Medically Underserved Area by the US Department of Health and Human Services, further highlighting the need for improved access and HB 3794 is a clear answer to this problem as NPs in my area can use their vast experience and formal education to care for the needs of our community. Put patients first and support HB 3794.

Justin Lee, Dr.
Self and Urologists/Surgeons in total
Frisco, TX

It would be incredibly reckless for nurse practitioners or PAs to practice medicine independently. We are a large group of over 30 urologist and we have multiple nurse practitioners and PAs. They in no way have the knowledge to practice medicine without our guidance. They don't even know what goes on when patients have surgery. I as a physician would not see a nurse practitioner or PA independently and patience who are not in the medical field would in my opinion get Inferior medical care without seeing or being supervised by a doctor. The amount of mistakes in medical care would go up exponentially.

Aisha Shaukat Shariq, MD
Self
El Paso, TX

Support ongoing supervision of mislead from MD/ DO to provide safe patient care

Stephen Wilkins, MD
Self, anesthesiologist
Southlake, TX

Support the medical community and doctors please!

David De Fazio, Dr.
Self
Southlake, TX

How would you feel if it was one of your family members being taken care of by an unsupervised CRNA? Would you trust them completely with their life?

Susan Calloway, PhD, FNP-BC, PMHNP-BC, FAANP
Texas Nurse Practitioners
Austin, TX

As a nurse practitioner with specialties in family practice and psych-mental health who has practiced for 29 years and have developed nurse practitioner programs, the last being the psychiatric-mental NP program at Texas Tech University. This program focuses on serving the mental health needs of rural Texans. We were the first NP program in the country to require a telemental health graduate course and telemental health clinicals. This was specifically designed to enhance our ability to meet our rural patient's needs. Unfortunately several graduates have moved to full practice authority states or secured employment with telemental health providers in full practice authority states. The difficulty in Texas is finding a supervisory physician along with the costs incurred which are major barriers to practice. My supervisory physician is in extremely poor health and when she passes my patients will immediately lose access to mental health care until a new physician can be found. What is ironic is that according to the TMB I need to find a physician to sign as my supervisor so a radiologist, dermatologist or pathologist could serve as my supervisor for psychiatric practice. Texas ranks 50 out of 51 states in overall mental health care and 50th in the mental health workforce shortage. When an individual has their first episode of psychosis, lifelong disability can result if timely care is not received. With PMHNPs practicing outside of the state due to barriers to practice there is a steady drain on our NP workforce to states with full practice authority. I am praying that these unnecessary and costly barriers to practice will be removed so that our NPs can serve those they desire to serve- the citizens of Texas.

Felicity Mack, Dr
Balance family medicine, family physician
Richmond, TX

As a family physician who has practiced here in Texas and also in New York State, I speak in opposition of allowing full and or independent practice for nurse practitioners. After seeing it in practice firsthand in New York, I would highly discourage full scope of practice for nurse practitioners here in Texas. The experiment of this working for healthcare in other states has shown higher healthcare costs under nurse practitioners with poorer outcomes for patients. Ultimately, what is gained by allowing nurse practitioners to practice independently is not more access to care in rural areas or high need locations but rather more nurse practitioners in saturated areas of healthcare already along with complications that ultimately need to see physicians to treat. Nurse practitioners do not abide by the medical board rules and regulations which are the standards upheld by the state for those practicing medicine. If they want to practice medicine independently, they should be held to the same standards as physicians. Training hours and the time spent in residency and medical school far outweigh the training received by any nurse practitioner. If a patient is to seek medical care, I try to educate on the difference between the training of the two specialties. Ultimately, nurse practitioners are trained to work alongside a physician to care for a patient, they are not trained to be independent due to the difference in training and background. I hope all of this will be considered before moving forward on a bill that will ultimately hurt the health of Texans.

Jessica Parsons, MD
Self, private practice physician
Houston, TX

I am writing today to ask you to please VOTE NO on House Bill 3794 as proposed by Rep. Drew Darby in the House Committee on Public Health because it will put all Texans at risk in their health care services. This bill is yet another dangerous scope-of-practice expansion plan which proposes independent medical practice by advanced practice registered nurses (APRNs), nurse practitioners, nurse I am writing today to ask you to please VOTE NO on House Bill 3794 as proposed by Rep. Drew Darby in the House Committee on Public Health because it will put all Texans at risk in their health care services. This bill is yet another dangerous scope-of-practice expansion plan which proposes independent medical practice by advanced practice registered nurses (APRNs), nurse practitioners, nurse midwives, nurse anesthetists, and clinical nurse specialists – without the safety net of appropriate and proper physician supervision, the part of the health care team that is most efficiently and effectively trained to lead the decision making.

This is not what Texans deserve.

APRNs should not be allowed full practice authority, wherein without appropriate education as to the various medical conditions that can present with a constellation of symptoms they would be permitted to formulate medical diagnoses and ultimately prescribe without physician delegation or supervision. This is the definition of what a physician does, not a nurse, nor a nurse practitioner, nor any other non-physician.

This bill would even allow APRN's to prescribe controlled substances listed in Schedules II through V.

The focus of education for Nurse Practitioners, Nurse Midwives, nurse anesthetists and non-physicians has been shown to be distinctly different from that of physicians. Much of their education is based on populations and algorithms, not individuals, advanced understanding of basic science, organ systems and structures, along with the disease of these systems and structures. Therefore, independently forming medical differential diagnoses, and developing appropriate treatment plans for patients is not something for which they are adequately prepared without supervision.

Unless you truly believe that you and your own family members would be equally served in times of crisis by a person who did not attend medical school, and instead chose to take a lesser route, I urge you to please VOTE NO on HB 3794.

Thank you,
Jessica Parsons

Jorim Parmar, Dr.
Self
Irving, TX

As a physician with a Doctorate of Medicine, I firmly oppose the proposed bill granting increased autonomy to Nurse Practitioners and Advanced Practice Registered Nurses. The depth of knowledge and understanding required to manage the complexities of medical care independently is typically acquired through the extensive training and education that physicians undergo. Expanding the scope of practice for NPs and APRNs without equivalent training risks compromising patient safety and care quality.

Oluwagbenga Opanuga
Pythagoras
san antonio, TX

NURSE PRACTITIONERS SHOULD BE GIVEN FULL PRACTICE

Kara Chasteen
Myself
Bertram, TX

I support this Bill. Please pass.

Vilma Rangel, APRN
Self-Nurse Practitioner
Brownsville, TX

Hi, I am Vilma Rangel, Nurse Practitioner, from Brownsville. I am submitted written testimony in support of HB 3794. I am a practicing nurse practitioner with a doctoral degree in nursing. I am one of the 3 full time psychiatric/mental health providers in Brownsville, Texas. Our approximate population is 192,000 people. It is estimated that 22.8% of the US adult population suffers from mental illness, that translate roughly to 43,776 people in Brownsville that need access to mental health care.

As you can see, Brownsville (lower RGV area) is underserved, and my community is in dire need of care. One on my current patients is a 17-year-old who suffers from seizures that are triggered by high levels of anxiety. He has had fractures already from the falls he has during these episodes. It would have taken him several months to get the care he needs to control his anxiety. I have been able to help him decrease anxiety, thus decreasing frequency of seizures.

It is experiences like this that make me advocate for my community and ask that you support HB 3794 and put patients first by allowing them access to health care and allow nurse practitioners to practice to the full extend of their education and experience.

Carolyn Gaido
Sand 'N Sea Properties, LLC
Galveston, TX

oppose HB 2767

scott (legal) Carter
self -Insurance Agent
san antonio, TX

HB44 is a criminal affront to a human dignity and a woman's right to make her own choices about her body do not pass this bill.

Elisabeth Brolin
American Voter
Carrollton, TX

Please support HB 796

Charles Woodard
self
CYPRESS, TX

Oppose this bill please - it continues to legitimize the horrors caused by our legislature's zeal to please the worst among us in their enacting the worst anti-abortion law in the United States. The real answer is to start over with a humane approach to whatever new law that results. Start by trying to write a law to help young women in a difficult time, sometimes victims themselves, sometimes too young to have legally consented, in medical risk to their health and well-being. The legislature should care more about Texas girls and young women than it does about pleasing the awful element among us that want such a TERRIBLE LAW to exist. HB 44 is trying to put a badly written band aid on a terrible wound to our society. I am a grandfather of 4 granddaughters and no one in our family will ever vote again for a legislator who had a hand in writing the current Texas law.

Afshan Khan, Dr
Self
Austin, TX

Hello, I am a Texas physician writing to VOTE NO on House Bill 3794 by Rep. Drew Darby in the House Committee on Public Health.

HB 3794 is a dangerous scope-of-practice expansion plan. It allows independent medical practice by advanced practice registered nurses (APRNs), nurse practitioners, nurse midwives, nurse anesthetists, and clinical nurse specialists – without the safety net of physician supervision. The bill gives APRNs full practice authority to formulate medical diagnoses and prescribe without physician delegation or supervision, including the prescribing of controlled substances listed in Schedules II through V. It allows them to make primary and differential medical diagnoses.

This idea is bad for patients. Physicians must not be forced off the health care team.

No Texas patient, no matter what part of the state they live in, deserves substandard care.

Please VOTE NO on HB 3794.

Thank you.

james Zerner
Texas Radiology Associates
Dallas, TX

As a board-certified physician practicing in Texas, I write to express strong and unequivocal opposition to HB 3794, which proposes granting independent practice authority to nurse practitioners (NPs) without requiring physician collaboration or supervision. While I fully recognize and support the vital role nurse practitioners play in our healthcare system, especially in underserved areas, this bill undermines patient safety, fragments care and erodes the standard of medical quality Texans deserve.

The fundamental issue with HB 3794 lies not in the intent to expand access to care—but in the proposed method, which sacrifices the depth and rigor of physician training in favor of expediency. Nurse practitioners, while skilled and compassionate, are not equivalent to physicians in terms of clinical training. Physicians complete four years of medical school followed by three to seven years of residency training, totaling a minimum of 10,000 to 16,000 hours of supervised clinical education. In contrast, most NP programs require only 500 to 1,500 clinical hours, with significant variability in quality and rigor—some programs even offering 100% online coursework and self-arranged clinicals.

Independent practice authority without standardized, physician-led oversight will lead to clinical misjudgments, delays in diagnosis, inappropriate prescribing, and increased healthcare costs due to unnecessary referrals and testing. Peer-reviewed studies have already shown that independent NP care often results in increased utilization of diagnostic imaging and higher opioid prescribing rates. In the realm of complex chronic disease management, cancer care, or acute critical care, the margin for error is razor thin—and that margin is precisely why physician training is so comprehensive and demanding.

Moreover, HB 3794 risks creating a two-tiered system of care in Texas: one in which rural or underserved communities are disproportionately managed by providers with significantly less training. Is this truly the equity we seek? Texans in all zip codes deserve access to the same standard of care, not a diluted version born out of legislative expedience.

Rather than dismantling collaborative care, we should strengthen physician-NP partnerships by improving care delivery models, streamlining supervisory requirements, and investing in team-based approaches that enhance both access and quality. Collaboration between physicians and NPs works—and it works well. But full practice authority without structured oversight jeopardizes the very foundation of patient-centered care.

Finally, no other sector would tolerate a proposal to remove the highest-trained professionals from oversight roles. We would never substitute an engineer for an architect in designing a skyscraper, nor would we permit a paralegal to independently argue a death penalty case in court. Why then, would we lower the bar in healthcare, where lives are literally at stake?

Please Reject HB 3794.

Sven Sorge
Self
Berlin, TX

Dear Sirs and Madams,

I'm a Texas resident urging you not to support HB 44 as written.

This bill includes dangerous language that could revive a 1925 law and lead to the criminalization of pregnant people and those who help them.

Texas has long said it won't prosecute people for having abortions—this bill threatens that.

Fix HB 44 by removing any language that could be used to target abortion seekers, funds, or helpers. Texans deserve support, not punishment.

Thank you very much for your help!

With kind regards!

Susan Teixeira, Mrs.
Self
Houston, TX

I've worked in Women's Health Care for over 40 years as a certified nurse practitioner.

America ??? is rated as a third world country, for women's and baby's first year of life, in morbidity and mortality. This has and should be unacceptable on EVERY level of this country!!!

We are aware of pre Roe vs. Wade, issues. We are revisiting bigger issues, as at least four women died due to lack of care, because the drs. were afraid to treat them! YES, I am pissed off, because ill advised and poorly educated politicians have contributed to these deaths. To have women, who are bleeding out from a spontaneous miscarriage being told "we'll pray for you", is CRIMINAL! Of course they are not held responsible, as lack of care absolutely contributed to these women's demise. This is 2025, pregnant women, with vague laws, is contributing to the morbidity and mortality rates.

One doesn't need to be a rocket scientist to realize this has taken an issue and made it worse.

To criminalize women for making decisions over their body in a "reasonable" time period, given all the options is something the men in Washington would have never passed, IF it was a man's issue! The irony is men agree with me, go figure.

Let's be realistic and honest, which I find is difficult to locate in the state and government system.

Unwanted children (for multiple reasons) end up in our broken foster system. From there they often end up in our broken juvenile system and on to our broken prison system.

Pro-life is honestly pro-birth, because after these innocent babies are born, the majority have been dealt a bad hand because we the people, the village, fail them daily! They weren't born bad.

Now we're watching DOGE dismantling the safety nets, as poor as they are to help this babies grow up, with opportunities. The hypocrisy is astounding!

A young mother with a three year old special needs child was recently told they will be canceling their health care coverage, as she is low income.

The disregard and condescending road this issue is traveling on is so evil and disrespectful of women and their babies that it rocks the foundation of what this country is claiming to be about!

Be honest and take a realistic view of the total impact, when harming, not helping women and children in Texas.

Azalea Saemi

Self

Austin, TX

Non physician providers are to extend physicians. They haven't the training or experience to practice independently. I am a board certified emergency physician. I have had countless patients come to the ED unnecessarily because of superfluous tests ordered by these providers, because of incorrect information shared, or misdiagnoses. I now have a position where I do not supervise non-position providers.

It has taken me years to find a position where I I'm not obligated by contract to supervise these non-physician providers. Often times in the emergency department, groups that we work for obligate us to supervise them with no option out of this scope of duty. I have seen egregious misses, misdiagnoses, and potential harm caused to patients had I or a colleague not caught these because of direct supervision, or quick oversight. I don't believe there is a place for non-physician providers outside of urgent care facilities in general or triage in the ED where they get labs started. There is a reason medical training is as long as it is. We need nurses to be nurses and doctors to be doctors.

I worked at a small rural hospital in Pampas, TX, where there were no anesthesiologists at the hospital. The only anesthesia care provided at this facility was by a group of CRNAs as an emergency physician. We have some anesthesia training and feel quite confident rendering this care, whether it's procedural, sedation or intubation and airway management I was bullied by the nurses as well as the cRNA group to call them every time I had a procedural sedation, even though I was perfectly capable of doing it. They build at a higher rate and this I believe is fraud because they were rendering "specialist care" even though they provided a lower level of care since I'm a physician and they are not. Again, I was not given the option to practice the medicine that I was trained because of this issue of these non-physician providers having the contract at this hospital without any anesthesiologist oversight. I thought this was egregious as I've never encountered anything like this and shortly after incident where I could not practice medicine that I was trained in, I quit working at this hospital. I believe the patients there needed me For so many reasons and this being one of them, but I don't believe any CRA should ever provide care unsupervised by physician, an anesthesiologist. Too much care falls under poor practice of medicine. The art of being a physician is to know what is needed and what is not. Ordering too many tests. I'm driving up Healthcare or insisting on providing care that an emergency physician can provide adequately is unnecessary billing... and in my opinion fraudulent. When there is an adequate training, there is more of a reflexive triggered ordering of too many tests. I have seen this time and time again. Too many tests does not equal better care.

Renee Zimmerman, NP-C

Frontera Healthcare Network

Menard, TX

My name is Renee Zimmerman. I have been on healthcare for 47 years. My career has provided healthcare to areas that otherwise would not have access. My community is poor and transportation can be a problem. My hometown of Menard is able to receive primary healthcare locally because of clinics like Frontera Healthcare. Please help me to continue to care for the community I grew up in where there is such a critical need for providers. Autonomy for Nps is so important and we are up for the task. We can fill the gaps in healthcare in areas that may be undesirable to physicians. Help us help others who are in need of healthcare.

Azalea Saemi, Dr.

Self

Austin, TX

Please see previous comment

Joseph Valenti, Dr
Texas Medical Association
Dallas, TX

My name is Dr. Joseph Valenti. I am Chairman of the Board of Texas Medical Association and a Board certified OB/Gyn with 27 years of practice experience. I write you today to stand in strong opposition to HB 3794. First, and as a matter of full disclosure and transparency, I have worked with and currently employ both NPs and CNMs. They are part of a healthcare team that I lead and take full responsibility for. We are very effective together, and what may be of interest to the Committee is that not a single midlevel I work with is in favor of this bill. That is because they understand and appreciate the quality and safety net afforded them and our patients by having a Physician as the head of our healthcare team. They openly would tell you they lack the width and breadth of experience and knowledge to diagnose and treat many conditions. In a world where the volume of medical knowledge doubles every 72 days, they are aware that an average of 800 clinical training hours can never compare to the 10,000-16,000 hours a physician completes before graduating from a 3-7 year residency after medical school. When we are in clinic, they are in my office at least 1-2x/day asking questions of me about diagnosis and treatment.

Moreover, this bill carries significant risk of delayed diagnosis, increased cost, and overprescribing of opioids as outlined in this study: 2020 Sep;35(9):2584-2592. doi: 10.1007/s11606-020-05823-0. Epub 2020 Apr 24.

Opioid Prescribing by Primary Care Providers: a Cross-Sectional Analysis of Nurse Practitioner, Physician Assistant, and Physician Prescribing Patterns. The finding in this study that should concern Committee members a great deal was this: Key results: Among 222,689 primary care providers, 3.8% of MDs, 8.0% of NPs, and 9.8% of PAs met at least one definition of overprescribing. 1.3% of MDs, 6.3% of NPs, and 8.8% of PAs prescribed an opioid to at least 50% of patients. NPs/PAs practicing in states with independent prescription authority were > 20 times more likely to overprescribe opioids than NPs/PAs in prescription-restricted states. If this bill becomes law, Texas would become one of those states. Texans all have grave concerns about opioid addiction, and anything that drives that addiction and leads to increased demand for drugs coming over our borders should be a hard stop. Just because other states have done this doesn't mean we should. And NONE of those states border Mexico with cartels.

Notwithstanding this documented risk, this is a slippery slope. Shall medical assistants now become nurses? Shall paralegals now become attorneys? I think not. Texans want and deserve Physician run and Physician led healthcare, because it is the highest quality care available. No, it is not and never will be perfect. But I would submit to you that it is more perfect than this bad alternative. Shakespeare wrote that "...the eye sees what the mind knows." In short, Midlevels cannot diagnose and treat what they have never seen.

keeli darst
Texas Industrial Medical
Seabrook, TX

Hello, My name is Keeli Darst, MSN, FNP-C, COHN I believe it is imperative for NP's to have total autonomy in the State of Texas. With the increasing need for healthcare the baby boomer population is aging, this means that there is a large portion of the population who is starting to need more healthcare services. There is also a shortage of physician's, especially in rural areas. Nurse practitioners offer cost-effective care and access to care, not replacing, but complimenting physicians, and aiding underserved communities. Healthcare teams, can maximize their budget by creating a complementary group of healthcare professionals (including NPs) on the team, NPs' salaries are lower than those of physicians making them attractive professionals to employ. their ability to provide high-quality care, provide mental health services, and advocate for patients are just some of the reasons that NPs are in high demand. Nurse practitioners are in high demand, and are essential to the future of healthcare.

Aurelia Kieffer
Self
Frisco, TX

"Minors do not need access to sexually explicit or pervasively vulgar content or pornography!"

Sreenadha Vattam, Dr
Dalla pain institute
Frisco, TX

NP s have minimal training. ,
To continue to have quality of health care and minimal errors it's necessary and mandatory to have NP to work under supervision
of Physicians

Pradeep Kumar, Dr
TIPS NEC
Plano, TX

No expansion

Hima Reddy, MD
Texas medical association
Fort Worth, TX

.

Priyanka Priyanka, MD
Self
Southlake, TX

I am writing to express my concerns regarding the proposed legislation that would allow full independent practice for Nurse Practitioners (NPs) and Physician Assistants (PAs) in Texas. As a physician with years of experience in patient care, I have witnessed firsthand the potential risks associated with granting these practitioners autonomy without the necessary oversight and training that physicians undergo.

Recently, a family member of mine experienced a troubling incident at an urgent care facility where an NP was unable to diagnose a urinary tract infection (UTI) despite the patient presenting with clear symptoms and a fever. The NP's hesitation to prescribe an antibiotic resulted in my family member's condition worsening, ultimately leading to hospitalization. This experience has deeply concerned me about the implications of allowing NPs and PAs to practice independently without the collaborative support of a physician.

While I recognize and appreciate the valuable role that NPs and PAs play in our healthcare system, particularly in increasing access to care, I firmly believe that their training does not equate to the comprehensive education and clinical experience that physicians receive. The complexities of patient care require a depth of knowledge and critical thinking that is developed through years of medical training and practice. Without this foundation, there is a heightened risk of misdiagnosis and inadequate treatment, which can lead to severe consequences for patients.

The safety and well-being of our patients must remain our top priority. I urge you to consider the potential risks associated with independent practice for NPs and PAs and to prioritize legislation that ensures collaborative practice models that include physician oversight. This approach not only safeguards patient health but also enhances the quality of care provided in our communities.

Thank you for your attention to this critical issue. I appreciate your commitment to public health and look forward to your thoughtful consideration of the implications of this legislation.

Sincerely,
Dr Priyanka

Taimoor Hashim, Md
Texas cardiovascular specialist
Irving, TX

Appose

Tobin Slack, Dr.
Texas Society of Anesthesiologists
Austin, TX

As a member of the Texas Society of Anesthesiologists and Physician practicing in [Enter your City Name] I am writing to express my strong opposition to House Bill 3794.

HB 3794 removes the requirement for physician involvement in anesthesia care by granting independent practice to nurse anesthetists (CRNAs) and other APRNs.

This bill does not increase access to care and instead lowers the standard of care.

Nurse anesthetists are important and respected members of the Anesthesia Care Team, but they are not substitutes for physicians. Independent practice without physician supervision puts patient safety at risk, especially during high-acuity or emergency situations. When an emergency happens in the operating room-seconds count.

I urge the committee to oppose HB 3794 and preserve physician-led anesthesia care for Texans.

Tobin Slack, M.D.

Laura Dew, Dr.
Self. Physician
Houston, TX

RE: Opposition to HB 3794– Expansion of APRN and Nurse Anesthetist Scope of Practice

As a member of the Texas Society of Anesthesiologists and Physician practicing in [Enter your City Name] I am writing to express my strong opposition to House Bill 3794.

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Nurse anesthetists are important and respected members of the Anesthesia Care Team, but they are not substitutes for physicians. Independent practice without physician supervision puts patient safety at risk, especially during high-acuity or emergency situations. When an emergency happens in the operating room-seconds count.

I urge the committee to oppose HB 3794 and preserve physician-led anesthesia care for Texans.

Sincerely,
Laura Dew MD

--

Jason Williams
Physicians
Plano, TX

Vote no on House Bill 3794 this hurts patients and physicians

Beverly McDowell
Self
Lipan, TX

I fell and Broke my hip, I'm 73 yrs old. It was 5 months ago and I'm still in allot of pain. I don't want to take pain pills. If I could have gummies with ThC I could get through the pain, but if I can't take gummies I don't sleep and remain on pain pills to work and sleep. Please think of the good it does!

Tiffney Tezino, Dr.
Self/Anesthesiologist
San Antonio, TX

Opposition to HB 3794– Expansion of APRN and Nurse Anesthetist Scope of Practice

As a member of the Texas Society of Anesthesiologists and Physician practicing in San Antonio I am writing to express my strong opposition to House Bill 3794.

HB 3794 removes the requirement for physician involvement in anesthesia care by granting independent practice to nurse anesthetists (CRNAs) and other APRNs.

This bill does not increase access to care and instead lowers the standard of care.

Nurse anesthetists are important and respected members of the Anesthesia Care Team, but they are not substitutes for physicians. Independent practice without physician supervision puts patient safety at risk, especially during high-acuity or emergency situations. When an emergency happens in the operating room-seconds count.

I urge the committee to oppose HB 3794 and preserve physician-led anesthesia care for Texans.

Nishith Majmundar, MD
Lajja Neurology association
Houston, TX

To whomever it may concern

I am practicing neurologist and generally do not write this kind of messages

I am very concerned with this proposal which can be wrapped under pt care and accebility but it is is very concerning for pt care

There is no comparison for knowledge level and expertise between a trained physician who has undergone vigorous training in their respective field and nurse when it comes to taking care of pt care

In my 25 years of practice we have come across pt being treated in wrong manner or not in proper way when there were taken care by NP in urgent care or clinics when physician supervision was not appropriate which even came close to not only not helping but hurting pt

There is no level of knowledge NP can obtain which can replace a trained physician has.

If this basically cost cutting measure then it is fair to people they will be serving and I hope with proper ethical and common sense in elected officials they will reject this proposal

Human life is not based on how to make few extra bucks but to cherish it and it deserves the proper and heartfelt care

Hope we as physicians who are not known for unity speak up cohesively against this meaningless proposal

Regards,

David Tasker, DR
Private practice ophthalmology
San Antonio, TX

This flagrant granting of nurse practitioners ability to diagnose and treat, to include controlled substances should be stopped. Medical school and keeping up to date is a requirement. Tell me what PA or NP has to meet continuing education and specialty requirements?

I am against letting them have this physician function without medical school or an internship of one year.

Shariq Sikanderli, MD
Resident physicians
Richmond de, TX

Curtis Stegman, CAA, MSc
Baylor College of Medicine
Houston, TX

Dear Members of the Public Health Committee,

I am writing to strongly oppose House Bill 3794, which proposes granting independent practice authority to Advanced Practice Registered Nurses (APRNs) and Certified Registered Nurse Anesthetists (CRNAs) in the state of Texas. While I respect the vital contributions that nurses and advanced practice providers make to our healthcare system, this bill represents a significant risk to patient safety — particularly in the field of anesthesia.

Anesthesia is a complex and high-risk medical specialty that requires in-depth knowledge of physiology, pharmacology, and acute crisis management. Even minor misjudgments in anesthetic dosing or airway management can have catastrophic, irreversible consequences. For this reason, anesthesia in Texas and across the country is most safely and effectively delivered under the Anesthesia Care Team (ACT) model, which involves physician anesthesiologists supervising the care provided by anesthesiologist assistants (CAAs) and CRNAs.

The ACT model is grounded in the principle of collaboration, not independence. It ensures that patients receive care from a team that blends the advanced procedural skillsets of CAAs and CRNAs with the comprehensive medical training and diagnostic expertise of physician anesthesiologists. This model promotes a high standard of safety, improves outcomes, and ensures that when complications arise — and they often do in anesthesia — there is always a physician immediately available to intervene.

Independent practice removes this safety net. While CRNAs are highly trained in anesthesia delivery, their education and clinical training hours are not equivalent to those of physician anesthesiologists. For instance, anesthesiologists undergo over 12,000 hours of clinical training, compared to approximately 2,500 for CRNAs. This significant discrepancy matters most during emergencies when split-second decisions can mean the difference between life and death.

Texas has one of the fastest-growing and most diverse populations in the country. The complexity of patient cases — particularly in rural or underserved areas — makes a team-based approach to anesthesia even more critical. Rather than lowering standards to increase access, Texas should invest in expanding collaborative, team-based models of care that preserve patient safety while addressing provider shortages responsibly.

By rejecting HB 3794, the Texas Public Health Committee would affirm its commitment to evidence-based, patient-centered care. Texans deserve access to anesthesia services that prioritize safety, quality, and collaborative excellence — not care that sacrifices medical oversight for political expediency.

Thank you for your attention to this important issue and for your continued dedication to the health and well-being of all Texans.

Sincerely,
Curtis J. Stegman, M.Sc., CAA
Certified Anesthesiologist Assistant
Baylor College of Medicine

william moran, Physician
Self
Keller, TX

Very dangerous

Edward Zompa MD PhD
West Isle Urgent Care
Galveston, TX

As a practicing emergency physician for over 30 years, I can tell you that nurse practitioners and physicians associates are extremely over represented in the cases that I see that involved mismanagement of patient care. Two years of nursing school and some online courses are not the equivalent of a four year college degree a four year medical school degree a minimum of three years of residency and potentially 5 to 7 years of fellowship. They are not equal. They should not be allowed to practice independently under any circumstance passing this bill will lead to increased costs and increased patient mortality.

Lisa Ehrlich, Dr.
Self
Houston, TX

I strongly oppose this bill. I employee to nurse practitioners who are capable as their role as nurse practitioners. However, one or the other are often both are in my office daily to ask questions and seek guidance. I have serious. Patient safety concerns for their practicing independently. Additionally, I spend a significant amount of time decreasing the number of tests they order and referrals they make. This has been well proven and states that have given nurse practitioners independence that it increases healthcare costs for their patients.

Aaron Wesp, MD
Self, Internal Medicine Physician
Porter, TX

As a physician and knowing what the healthcare environment is in Texas and the United States, I understand why this Bill was brought to the floor. However, I find it demeaning to those people who spent them time obtaining a Doctor degree in Medicine or Osteopathy. The training that goes into training a physician is far superior to that of a APP and to allow unsupervised APP treatment would, in my opinion be a huge disservice to the patient population of Texas and possibly a significant health risk as well. The role of supervision is there to support the APPs and is necessary for providing assistance for cases that are beyond the usual scope of practice for APPs. I can say this with 30 years of experience of which 20+ that have included supervising APPs. I have seen good and I have seen bad but what I can say unequivocally that supervision has always been necessary, no matter the quality of the APP.

Andrew Whaley
Self
San Antonio, TX

Horrible idea to allow mid levels to practice medicine without going to medical school

Paul Nguyen
Self
Sugar Land, TX

There's a reason for physicians to go through 8 years of school and at least 3 years of residency to get enough knowledge to be able to care for patients independently. Please don't put public healthcare at risk for whatever reasons. Thanks!

Dia Abochamh, Dr.
Gulf Coast cardiology, PLLC
Port Arthur, TX

Oppose

Eric Fillman, MD
Self
New Braunfels, TX

Scope creep. Seeing on a daily basis, the limited competence of non-physicians, these individuals or para-providers will be a detriment to the health of our great citizens of the Republic of Texas.

Liz Story, Dr
Self
Grapevine, TX

This is dangerous for patients. I've seen deadly mistakes made by nurse practitioners while I was a hospitalist and I can't imagine them working unsupervised.

Robina Poonawala
Self / family physician
Austin, TX

I oppose this bill and giving autonomy to mid levels to provide care as they do not have basic knowledge to 'diagnose' correctly and hence playing with human lives ! This is unethical and I wonder if you or your families would go to a mid level practitioner if you or your family had an emergency or a medical problem !

Donald Brown, Dr.
TMA
Granbury, TX

Walking in dangerous territory. I have seen mistakes in diagnosis and treatment on several occasions. Have some sense. You don't see Paralegals with the right to practice law on there own.

Carlos Viesca, Dr.
BPI, PA. TPS
El Paso, TX

Has a physician, and private owner of my own practice, the obstacles I had have only increased, I'm at the brink of declaring bankruptcy in my practice, my patience, demands more and more to be seen by me a physician. I plead to you all to deny this bill.

Michael Yolland, Dr
Self
Dickinson, TX

Advanced practice nurses are nurses with additional training however they do not receive the intensive training that physicians do nor do they complete specialized residency training. The current care team model allows for the appropriate level of autonomy for advanced practice nurses while still allowing oversight by licensed physicians. Please do not approve this bill 3794.

Oksana Marroquin
Self, Family Medicine
Humble, TX

Opposition to Expanding Full Practice Authority for Nurse Practitioners, Nurse Midwives, Nurse Anesthetists, and Clinical Nurse Specialists

Dear Members of the Public Health Committee,

I am writing to express my strong concern regarding proposals to grant full practice authority to advanced practice registered nurses (APRNs), including nurse practitioners, nurse midwives, nurse anesthetists, and clinical nurse specialists, without the requirement for physician supervision.

As a physician who has supervised numerous nurse practitioners and physician assistants over the years, I have witnessed firsthand the critical gaps in medical knowledge and clinical reasoning that can jeopardize patient safety. While many of these providers are dedicated and well-intentioned, their training does not equip them with the depth of medical understanding required to diagnose and manage complex health conditions independently.

Medical decision-making is nuanced and demands the ability to analyze and synthesize information beyond protocol-based thinking or reliance on memorized mnemonics. Without the comprehensive training that physicians undergo, including years of medical school and residency, APRNs are not adequately prepared to shoulder the full responsibility of independent practice—particularly when forming medical diagnoses and prescribing medications, including controlled substances from Schedules II through V.

For the sake of patient safety, I respectfully urge you not to support legislation that would grant full practice authority to APRNs without physician supervision. While they play a valuable role as part of a collaborative care team, independent practice without proper medical training poses a risk that Texas patients cannot afford.

Thank you for your time and consideration.

Sincerely,

Oksana Marroquin, MD

Virendra Agarwal, MD medicine
Self
Gainesville, TX

Bad for USA citizens to have substandard healthcare and treatment by not so qualified

Charley Andrews, Dr.

Self

Hurst, TX

For the safety of the citizens of Texas the practice of medicine should be limited to those who have completed education and training as physicians. Other medical personnel have been able to provide services under the supervision of physicians. This provides, when needed, immediate guidance and consultation. Expanding the scope of practice to independent activity of these non-physicians will expose patients to increased risk of harm. Expansion of scope of practice to non-physicians can potentially result in an increase in medical malpractice cases and increases in testing by lesser qualified individuals, thus ultimately increasing the cost of medical care.

The education of non-physician, advanced degreed caregivers was never designed nor intended to substitute for the most highly educated and training of physicians. Texans deserve to have access to physician care and will be confused by claims of equal care by lesser trained individuals.

My own personal experience , as a patient, with advanced degreed nursing personnel and comments from my patients lead me to believe these individuals are not prepared to independently practice medicine.

If expansion of scope of practice takes place, it will be difficult, if not impossible, to walk back and reverse the move when negative results occur. Years ago, non-physicians provided medical care to an unsuspecting public. Through rigorous training and licensing we have evolved to a multidisciplinary manner of providing healthcare. Returning to the past is not in the best interests of the public. Please keep the practice of medicine in the hands of the most highly qualified group, physicians. Nurses provide an important part in healthcare but they, even with advanced degreed nursing, are not physicians. I invite you to listen to the nurses who became physicians and ask them if the two disciplines are comparable.

Thank you,

Charley J. Andrews, III, M. D., M. B. A.

Gil Birnbaum, Physician

Self

Austin, TX

Mid-level providers, while valuable members of the healthcare team, should not practice independently in Texas due to the critical differences in education, training, and scope compared to fully licensed physicians. The complexity of medical diagnosis and treatment necessitates the comprehensive and rigorous education physicians receive, including extensive clinical rotations and residency training focused on independent medical judgment. Allowing independent practice for mid-level providers could compromise patient safety by entrusting complex medical decisions to individuals who, while skilled, lack the depth and breadth of physician-level expertise. Physician supervision ensures a collaborative approach that prioritizes patient well-being and optimal outcomes in the face of intricate medical challenges.

Manohar Alloju, MD, Physician

Self, physician

Houston, TX

Patient safety is of paramount importance. Physicians must not be removed from the health care team.

Kevin May, MD
Texas Medical Association
TYLER, TX

Dear Commission- I have been a practicing physician licensed in the state of Texas since 1983. I have worked and supervised numerous 'mid-level' clinicians (NPs, PAs, etc) over my career. Most of them are well qualified and caring professionals. However, they do not have the education, experience or clinical acumen and judgment to warrant being allowed to practice as independent practitioners and without physician oversight and delegation. The questions which I am asked in a given week by these providers has only re-enforced by strong belief in this matter. Allowing this bill to pass would clearly place the health of the public in jeopardy and I strongly urge a no vote again this bill. Thank you for your continuing to protect the citizens of the great state of Texas and I am grateful for your service to all Texans. This is a most important vote for us all. Kevin G. May MD

Anil Tibrewal
Texas Medical Association
DUNCANVILLE,, TX

HB 3794 needs to be stopped. Texan deserve better. I have seen many instances where the care of the patient has been suboptimal and much more expensive in the hands of the Nurse practitioner or physician assistant without physician supervision. I believe that they have had barely 5-10% of the clinical training and they order too many tests and expensive scans as not being sure of the patient situation resulting in misdiagnosis or delay in proper treatment. Further the problem of rural healthcare is also not helping as most of them practice in the city and the urban areas.

Ryan Fowler, Dr.
Fowler medical group
Belton, TX

Texas is better with physicians leading the health care team. Don't let nurses become independent.

Mohamed Aly Ahmed, Dr
SCP
El Paso, TX

We are not the same, would you want your family member taking care of someone who graduated by just doing papers instead of clinical rotations, and years of residency?

Teri Jackson
Citizen
San angelo, TX

Please prohibit access by minors to sexually explicit material in public libraries and I. School libraries.

Deena Gandhi, Dr
Deenagandhi.com
Sugar Land, TX

I oppose this bill because I believe we should have set standards for those caring for patients independently. NP school and the AANP have failed to create standards befitting of independent practice for APRNs. With appropriate supervision, APRNs are an integral part of our healthcare system, but independent practice would remove all guardrails and risk patient safety for the future.

Argelia Woo-Telles, Dr
Self
El paso, TX

Np/app should NOT have the ability to practice without physician supervision. They are great assets that compliment medicine. They are trained nurses and physician assistants for a reason. They chose no to go to medical school, so don't treat them as independent physicians that can do the same. They are cheaper for insurances and hospitals, but they cannot care for the complex patient. If you want this bill, let's make sure YOUR family member is treated by a NP/PA in the ER, ICU, etc. let's see how cheap their health is worth

Barb Stauffer
Dallas Eagle Forum
Garland, TX

Oppose this bill unless the words "life threatening" are added back into the bill.

Edith Cargill, Ms
self
Buda, TX

HB3225. I am in favor because children should be protected.

Marie-Catherine Bearden
Self - Retired college professor
Austin, TX

Nurse practitioners (NP) undergo a few hundred hours of clinical training, with many programs now offering online classes and boasting 100% acceptance rates. Some NP programs even accept students without undergraduate nursing degrees. This contrasts sharply with the training of medical doctors (MD or DO), who complete thousands of hours of supervised, hands-on clinical training before they can practice independently. Despite this extensive training, medical students must still complete residency training to practice independently. This raises a very serious concern about the push for NPs to practice independently, a move supported by some legislators. Unbelievable...This needs total attention. Where are we going?!

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Lisa Durr
Self
Dallas, TX

I'm a Texas resident urging you not to support HB 44 as written.

This bill includes dangerous language that could revive a 1925 law and lead to the criminalization of pregnant people and those who help them.

Texas has long said it won't prosecute people for having abortions—this bill threatens that.

Fix HB 44 by removing any language that could be used to target abortion seekers, funds, or helpers. Texans deserve support, not punishment.

Ted Mercado
Self
Austin, TX

Please vote NO on this ridiculously proposed legislation. Do not attempt to expand medical care by diminishing medical standards and safety. Rather, propose legislation that expands public access to an improved health system through additional funding. Using the excuse of providing more rural healthcare, simply means minimizing quality healthcare with 95% inferior healthcare. This proposed legislation actually hurts the rural areas as well as the public in general.

Sincerely,
Ted Mercado

Michelle Fogle, Mrs.
Self
McKinney, TX

Please support HB 1375. We believe you will do what is best to protect our children in the great state of Texas.

Martha Webster
Self - retired
Sunset Valley, TX

We need to be able to buy Ivermectin without a prescription! Make that happen Texas.

Sara McWilliams, Dr.
Self, anesthesiologist
Boerne, TX

As a member of the Texas Society of Anesthesiologists and Physician practicing in San Antonio and Boerne, TX I am writing to express my strong opposition to House Bill 3794.

HB 3794 removes the requirement for physician involvement in anesthesia care by granting independent practice to nurse anesthetists (CRNAs) and other APRNs.

This bill does not increase access to care and instead lowers the standard of care.

Nurse anesthetists are important and respected members of the Anesthesia Care Team, but they are not substitutes for physicians. Independent practice without physician supervision puts patient safety at risk, especially during high-acuity or emergency situations. When an emergency happens in the operating room-seconds count.

I urge the committee to oppose HB 3794 and preserve physician-led anesthesia care for Texans.

Joanne Rowell
self
Heath, TX

SB 854 & HB 3172"I am against HB3172 & SB854 that allow the elimination of municipal requirements for religious organizations to build multi-family housing on their properties. Religious groups must be legally bound to follow the same standards required of other entities in building and housing. This bill has the potential of unsafe and unsightly builds. I also would like in Texas - Sheria Law would be completely outlawed.

Lisa Taylor
Self
Lewisville, TX

Please stop puppy mills and kitten mills. The conditions these helpless animals are forced to live in is beyond horrific. It's time to outlaw these types of breeding situations. Thank you.

Joel Michna
Texans for Ivermectin
Montalba, TX

Ivermectin should be over the counter. One of the safest meds in the world.

Rebecca Haggard
Self - Chaplain
Joaquin, TX

Make Ivermectin OTC

Michael Prats
self/abuse survivor advocate
Katy, TX

I am a patient not a criminal. Please help me and others w/PTSd.

Debra Brown
Self
Keller, TX

Not being able to get ivermectin for humans during covid

Katie Scott
Self
Houston, TX

I strongly request and support ivermectin to be made available over the counter! The safe and effective benefits of Ivermectin are vast and just as aspirin is OTC so should Ivermectin! Please make this available! Thank you for your time!

Charlotte Duncan
Adoption Information & Counseling Services Inc
Bellaire, TX

Regarding HB 4730 all of the changes that have been proposed are in the best interest of the biological parents, the child, and the adoptive parents with the exception of Sec 1 (a) (2). Seven days after the birth of the baby, before a relinquishment of Parental Rights can be signed, is too long for multiple reasons. This could increase the probability of the child ending up in foster care for an extended time for the following reasons; the birth parents could disappear, which is not uncommon; the birth parents could be exposed to additional pressure from family and friends who don't agree with their decision making the decision even more emotional and difficult for them; the adoptive parents may be more resistant to taking the baby home with them directly from the hospital for free the birthmother with decide to keep the baby during that first week. The birth parents express a desire to begin the healing process and often want to sign as soon as possible. This is the hardest decision of the birth parents' life and making them wait a week when they know they are unable to take care of the child seems unnec

Tom Dillon, FNP
Self
San Augustine, TX

As a rural healthcare provider I find family nurse practitioners give more reps ent care to patients than corresponding physicians in most circumstances. I urge you to cut out the middle man and allow full practice by trained, experienced professional nurse practitioners.
Thank you!

Gina Davis
Self
Spring, TX

Make ivermectin otc it can save lives! Calories Swanson I'm talking to you.

Kay Reid
self
San Angelo, TX

Texas Medical Association should be ashamed of themselves in not supporting the bill that would allow APRNs in Texas to practice independently. They are limiting care to patients in order to profit from their roles as supervising physicians. The bill would improve access to care for many of our elderly and areas of care that are limited in their provider numbers. The bill would be safe and effective with the outlining of specific criteria, and not just opening the door for anyone to practice independently. If passed stipulations should outline specifics of how you can practice independently: Example the number of years you have practiced, and a graduated process from working with a supervising MD to working independently, much like resident physician do. We cannot even fill the resident slots for primary providers, yet TMA cannot support anyone but their own pocketbooks. My husband was a surgeon and he would have supported this fully, if he were still alive, due to the fact that our specialty physicians cannot survive in practice unless patients from PCPs are referred. TMA has no leg to stand on with this, except greed and power. Shame on them. They should remember the oath they took when they became physicians.

Sherri Green
Self
Sugar Land, TX

My name is Sherri Green, and I live in Sugar Land. My 91-year-old dad has vascular dementia and lives in the memory care unit of an assisted living facility near my house.

Hurricane Beryl went right over us, and the power supply maintained by CenterPoint Energy was out of service for about 2 1/2 days. My dad's building had a generator, but it only powered the elevators and hallways. The residents had no lights or AC in their rooms.

I met a woman whose husband was a memory care resident. She lived in the independent living building next door. She said it had no power at all. This is a three-story building with a dining room on the first floor. I have done voter registration in that building, and I saw for myself that some of the residents use walkers and wheelchairs.

We received no communication from the corporation before, during, and for at least a few days after the hurricane. I requested a copy of the emergency preparedness plan more than once but did not receive it.

It should be pretty easy to define "independent living facilities" and distinguish them from plain old apartment buildings or Del Webb's Sun City.

1. If the building is on the same campus and is owned by the same company as an assisted living center or nursing home, it is an independent living facility.
2. If it serves senior citizens and/or disabled people and includes a dining room where residents can or are required to purchase a meal plan, it is an independent living facility.

I implore you to move HB 863 forward before the next hurricane or winter storm leaves your mom or granddad without heat, AC, lights, or a way to get downstairs to breakfast.

I could say a lot more about my Dad's experience and why backup power requirements for memory care units should be even more stringent, but HB 3595 passed today is a good step forward.

Thank you.

lesta frank
self, art teacher, artist
San Antonio, TX

Please make ivermectin over the counter drug.

Deborah Teich
Self
Fort Stockton, TX

I support OTC Ivermectin.

Larry Peeler
Self
Hurst, TX

This bill must pass. There is no reason to have a prescription for ivermectin a safe proven Multi-use drug.

Rodney Casey, Mr
Shackelford County Republicans
Albany, TX

Make ivermectin over-the-counter, please!

Jennifer Fair
Self realtor
Flint, TX

Ivermectin needs to be available over the counter.

Julie Avary
Self
Colleyville, TX

Allow ivermectin to be sold over the counter in Texas

Deborah Ortega
True Texas Project
Fort Worth, TX

Please pass this Bill. It is imperative that Texans be able to purchase Ivermectin over the counter

Linda Bartle
BSBCR
Spring Branch, TX

I support this bill, please vote yes

Brittney Stelzel
Baylor Scott & White Health
Lewisville, TX

I work in a level IV NICU where I use music to meet non-music goals pertaining to respiratory rates, developmental goals, parent-infant bonding, pain management, procedural support, and sensory tolerance among other areas. I have seen music therapy help parents connect to their infants when they can't be present 24/7, infants return to calm states after procedures, reduce the amount of pain medication needed, and leave NICU sooner than their counterparts who did not receive music therapy care. It is so important that we can continue this work and that patients receive the highest care possible. Support licensure to ensure patients receive services appropriate for them and to hold music therapist to the same level of responsibility at any facility.

Keren Rodriguez
self
Houston, TX

1) THIS IS IN CLEAR VIOLATION OF THE EQUAL PROTECTION LAW. 2) IF I WERE TO HAVE AN ECTOPIC PREGNANCY, I WOULD MOST LIKELY DIE.
YOU ALL NEED STOP THIS BILL!!!!

Donna Gruber
Self
Boerne, TX

Please make ivermectin OTC.

Hoi Heldt
self
San Leon, TX

Please make ivermectin available OTC

Aleena Memisevic
None
Fort Worth, TX

I would like this to pass.

Rhesha Landers
Self
Midlothian, TX

Texans should be allowed to easily obtain Ivermectin over the counter.

Bev Morrison
Self
Houston, TX

Worked in conservation my whole life. I don't want chemicals, commerce, further damage to ecosystem. It should be my right.

Deborah Martin

Self, community college scholarships

San Antonio, TX

Twelve (12) states have passed laws, 5 of those happening this past year (AZ, DE, MD, MN, and ME), to legalize natural organic reduction. I'm asking you to also pass legislation that allows the eco-friendly practice to be available in Texas and locally in San Antonio.

This innovative process transforms a body into nutrient-rich soil, returning it to nature without harmful chemicals or carbon emissions.

I am in favor of natural organic reduction/ human composting, please pass HB2200. Thank you for your consideration.

Clarisa Rios

Self

Mission, TX

I am submitting public comment to urge the committee to oppose SB 31/HB 44 unless it is fixed. HB 44 claims to clarify when doctors can provide abortion care in medical emergencies—but as written, it has other harmful consequences. The bill includes language that may revive a 1925 law, potentially criminalizing pregnant people, abortion funds, and anyone who helps Texans get care out of state.

This would reverse decades of bipartisan policy that protects people who have abortions from prosecution.

The bill does little to expand access, but it does a lot to increase risk. We can't let lawmakers accidentally criminalize survivors, families, and helpers under the guise of "clarity."

Julie Gurley

Self

Bee Cave, TX

Please pass this bill. We need to protect women from abortion bills that threaten their health.

Cynthia Sharp, Ms.

Self

Irving, TX

I'm a Texas resident and native daughter, urging you not to support HB 44 as written.

This bill includes dangerous language that could revive a 1925 law and lead to the criminalization of pregnant people and those who help them.

Texas has long said it won't prosecute people for having abortions—this bill threatens that.

Fix HB 44 by removing any language that could be used to target abortion seekers, funds, or helpers. Texans deserve support, not punishment.

mary Smith
Concerned Women for America
Arlington, TX

This bill is a positive means to help women until the words "life threatening" were taken out of the bill. Now the bill is not clear and doctors and staff are under inconsistencies again. This has weakened the bill as had been heard in the Senate and has become dangerous for women and medical staff.

Cynthia Williams
Self
Lubbock, TX

Need to be provided to all citizens and physicians not have licenses taken away.

Kara Chasteen
Self
Bertram, TX

Please pass this Bill. Texans know they were lied to and they have a right to use their own judgment about their health.

Brittney Ribeiro, RN
Self School nurse
longview, TX

Support

beverly Baker
Jolt
Houston, TX

i am a voter in Texas and i have a concern with how my tax dollars are being spent , can we stop using money to house immigrants that are rightfully citizens and use this money to help with Education and maybe help settle texas in a home to live as a human should . STOP MAKEING MONEY OFF OF PUTTING PEOPLE IN PRISON . FREE LABOR

Bianca Gogos
Self
Flower Mound, TX

As a parent of special needs kids, we had to make the decision for me to not work because the cost of someone taking our children to all of their therapies and appointments would have cost too much. So I do not earn an income to help with all the medical bills because I need to take care of them.

Melinda Needs
Self
Keller, TX

Being able to download the form for immunization exemption seems like a no brainer. This would make the process much easier for busy families.

Gay Leverett
Self
Crowley, TX

I've fought 5 years to get Ivermectin and as a Texan I should be able to buy it OTC!

Marina Ruiz
Self
Dallas, TX

We do not support the bill

Beth Benjamin
Self
The Woodlands, TX

Ivermectin has been shown to have benefits in fighting viruses and even cancer. Please allow freedom to purchase

Jodi Brannen, Dr
Self, physician
Seguin, TX

I am an OB/Gyn in Seguin. In my seven years practicing here, I have seen and cared for multiple women who have undergone inappropriate and dangerous medical care for pregnancy delivery. In one recent case, a patient has lost 1.5 liters of blood immediately after delivery with "trailing membranes". The latter lets an obstetric provider know that the placenta has not completely delivered and guarantees further bleeding until all of the placenta and membranes are expelled. The amount of blood loss and the trailing membranes information were told to me by the midwife herself when calling to transfer the patient to the hospital. However, she was not calling immediately after the incident, rather four hours later, when the patient had, predictably, started bleeding again. The patient was administered whole blood by EMS on her ambulance ride, and I believe she would have been in critical condition if not died, had they not done this. The lack of care and knowledge demonstrated for an immediate postpartum hemorrhage of this magnitude- 25% loss of blood volume - presents mortal danger for pregnant women in Texas. Make CPMs accountable just like hospital providers are accountable for birth outcomes. I strongly support this reporting to DSHS requirement and disclosure to patients.

Sincerely,
Jodi Brannen, MD

Michael Kenoyer
Self
Austin, TX

I am dead set against taxpayer money supporting the film industry. Let's support Texans first.

Azfar Malik
President Serenity Health
chesterfield, TX

To the Honorable Members of Congress
Re: Support for House Bill No. 4255 – A Compassionate, Fair Path to Medical Licensure
Dear Members of Congress,

I write to express strong support for House Bill No. 4255, which offers a just and rehabilitative approach to licensing physicians with past nonviolent property felonies. This bill reflects the principles of fairness, compassion, and common sense. Physicians dedicate over a decade to rigorous education and training, often under immense financial and emotional pressure. Along this path, a rare lapse in judgment—particularly one unrelated to their medical duties—should not overshadow a lifetime of service and integrity. House Bill 4255 acknowledges this by allowing those who have paid their debt to society and proven their moral character to reenter the healthcare workforce. The bill ensures public safety by limiting eligibility to nonviolent property offenses and granting the Texas Medical Board full discretion to assess each case. It reinforces ethical standards while expanding access to care amid a growing physician shortage, especially in underserved communities. By supporting this legislation, we affirm our belief in second chances and responsible reintegration. It’s a step toward a more inclusive, resilient, and compassionate healthcare system—and society. Thank you for your thoughtful consideration.
Sincerely , Azfar Malik MD

Linda Lehman
Eagle Foeum
Wimberley, TX

Please pass this bill

Emily Giuffre
Self
Bellvillet, TX

Texans need to be able to buy IVERMECTIN without a prescription

Julia Comiskey
Self
Houston, TX

Oppose. This is dangerous for Texas!

Aem band
Client representing freedom of choice
Kilgore, TX

I am a midwife client writing to strongly oppose House Bill 4553, scheduled for hearing on Monday, April 28. This bill, though presented as a neutral data reporting proposal, contains harmful and confusing language that would result in over regulation, redundant statistics collection, the medicalization of and the erosion of midwifery care in Texas. Texas midwives are already held to high standards of safety and accountability. This bill duplicates existing reporting, imposes burdensome new rules, threatens privacy, and undermines informed choice in birth. I respectfully urge you to oppose HB 4553 and support true solutions that protect safe birthing options across our state.

Aurora Rubio
Self- Homemaker
Angleton, TX

Being born safely at home by a midwife is how it should be.

Rayna Barefoot
Remington Vinyard
Shamrock, TX

This will be good for our family as our granddaughter is medically fragile and requires 24/7 care.

Thomas Cook
Self
Royse City, TX

Consumers deserve accurate statistics and reporting concerning out of hospital births and the field of midwifery as a whole. Other providers are already in compliance with similar requirements, this update only makes sense in creating a safe and factual birthing landscape for expecting mothers and families.
Please consider and pass Malik’s Law HB 4335

Jessica Wingerd
Self/ Nurse
Longview, TX

Please oppose this bill! It does not benefit midwives or mothers!

Rachel Labus
Vita Nova Supportive Housing
Fort Worth, TX

As a Texas taxpayer and advocate for fiscally responsible public policy, I support HB 4421. This bill strengthens accountability and maximizes the impact of state dollars by clearly defining Peer Recovery Organizations (PROs) and directing existing state agencies to report on available resources. It ensures that public funds are directed to locally governed, nonprofit organizations with a proven record of mobilizing community support and delivering cost-effective mental health and substance use services.
PROs reduce reliance on high-cost interventions such as emergency rooms, incarceration, and state-funded treatment by helping individuals sustain recovery through peer support. This is not a call for new spending but a call for smarter spending—targeting resources toward grassroots organizations that build recovery capital, promote self-sufficiency, and relieve pressure on our criminal justice and healthcare systems.
HB 4421 promotes personal responsibility, local leadership, and limited government by investing in recovery solutions that work.
I urge you to support HB 4421 and vote if favorably out of committee.

Susan Wegner
self
Houston, TX

I am writing to oppose HB 1586. I see no reason to make it easier for parents to opt their children out of having vaccinations. It is already easy for them to do so. Having more children opted out will promote larger outbreaks of diseases like the measles outbreak we are now experiencing in west Texas.

Heather Gray
Westwood Junior High
Dallas, TX

HB3219 – allow ivermectin etc. w/out prescription PLEASE SUPPORT

Lori Garrison
Self
Anna, TX

Please pass this bill to protect babies and moms. My daughter and grandson and our whole family is one of the victims.

Gail Wooster, Midwife
Midwives in Texas, representing myself
Mansfield, TX

I am a licensed midwife in the state of Texas. I strongly oppose House Bill 4553 because it contains harmful and confusing language that may result in over-regulation, inaccurate and redundant recording statistics and erosion of Midwifery care in our state. As a midwife, I am held to high standards of care and safety for my clients. This bill can hold midwives accountable for patient or newborn results after they have been transferred to a hospital and their outcome is not related to our care. I respectfully urge you to oppose HB 4553.

Kenneth Maloney
Anesthesiologist assistants
Cypress, TX

I am writing to express my support of HB 5274 for the licensure of Anesthesiologist assistants. It is an important step in assuring all hospital systems will credential us to work in the operating rooms caring for patients undergoing surgical procedures. There are three known schools training future CAAs, one being a state funded school. There are more than 350 CAAs in Texas seeking licensure to access those hospital systems requiring a license to practice in their ORs. We are well-educated and clinically trained with over 2000 hands-on patient care hours prior to graduation. We train at locations such as Texas Heart Institute, MD Anderson, Texas Children's Hospital and in local hospitals across the city of Houston, Austin, and Dallas. It is time for a licensing bill to be passed.

Sabrina Elliott, Midwife
Self
Fort Worth, TX

I strongly oppose HB 4553. This bill imposes unnecessary oversight and medicalization on midwifery care in Texas. It undermines family choice and duplicates reporting already required of Licensed Midwives. Please vote NO on HB 4553.

Salvador Cisneros
Self
Houston, TX

Writing to oppose HB 5110 which would criminalize some seeking reproductive health and removing their choice of seeking reproductive healthcare outside of Texas. Until the state of Texas passes laws ensuring the care of both the women and the child by creating these forced birth laws. There should be NO law preventing women from making choices for their own benefit. Until Texas is able to care for ALL children that are currently without a home, without access to quality education in both rural and urban areas, the legislature should forgo making laws that limit the sexual education of adults. For the party of small government the Republican legislature loved to dictate what's happens inside of Texans private lives.

Brenda Demaline
None
Austin, TX

NO on HB 5510

Janet Kinney Schmidt, Dr
Self pediatrician
Southlake, TX

I am a practicing pediatrician in Mansfield, Texas. I have practiced for over 45 years and vaccines have made the biggest difference in the health of children. I did not think I would live through another epidemic. First it was Covid and now it is the measles. This bill is totally irresponsible. Prevention of measles is by vaccination. This is how children and communities are protected. It is my experience that parents who choose not to vaccinate their children or misinformed about vaccines. They are safe and essential for the good health of our communities.

Sandra Abmayr, Dr
self retired psychologist
Spring, TX

I have become aware of HB1586 and have learned that it makes opting out of vaccination extremely easy. I believe this to be a harmful bill. Vaccines are an effective tool in preventing the spread of dangerous viral diseases. To turn our backs on years of scientific progress and deny the need for vaccinations is reckless and irresponsible. Yes, parent's have rights, and we already have a method for them to opt out for legitimate reasons. To allow more nonmedical exemptions infringes on the right of other parents who have the right to send their children to school that is a safe environment, which it would not be if we have large numbers of non-vaccinated children in the school. It is the responsibility of government to protect the community at large; passing this bill weakens that responsibility. Thus, I urge you to oppose this bill. PLEASE VOTE NO TO HB 1586

Nonne Ramos, Dr
Self
Houston, TX

I do not support this bill and do NOT think it should move forward. This bill will put the lives of women at risk. ONE IN FOUR (1/4) pregnancies end in miscarriage without reason. You are denying women's rights to equal healthcare and endangering the lives of women across the state. DO NOT VOTE ON THIS BILL.

Marissa Schwandner
Self - educator
Castroville, TX

I strongly oppose HB 5510 and SB 2880 as they are dangerous for Texans! Women deserve the freedom and autonomy to make choices that best suit their needs, families and personal lives. These bills will only cause more friction and fear as Texans decide what is best for them. Instead of punishing people who support women making the best decision for themselves, propose bills that would make it SAFER to have children and to provide the means to SUPPORT that child. This is dangerous for any child bearing person. Many Texans, myself included, have postponed starting families because we do NOT FEEL SAFE!

Socorro Ashby
Self
Houston, TX

I am writing to express my deep concern regarding any legislation that restricts women's access to abortion and reproductive healthcare. Limiting these essential healthcare services not only undermines a woman's right to make decisions about her own body but also threatens her health, autonomy, and future.

Restricting abortion access is not just a healthcare issue — it is a constitutional issue. The right to privacy and personal liberty are fundamental principles that must be upheld. Women deserve the freedom to make personal medical decisions without government interference.

Additionally, stripping away access without providing comprehensive resources, support systems, and education further endangers vulnerable populations. True advocacy for life and wellbeing must include expanding healthcare access, improving maternal support services, and ensuring women have the tools and options they need to thrive.

I urge you to protect women's rights, honor the Constitution, and prioritize comprehensive healthcare resources over restrictions. Our country is stronger when we trust women to make the best decisions for themselves and their families.

Thank you for your time and consideration.
