

Texas Board of Nursing E-Prescribing Waiver Application

House Bill (HB) 2174, enacted during the 86th Legislative Session (2019), *requires* prescriptions for **controlled substances** to be issued electronically after January 1, 2021. Certain exceptions to this requirement are set forth in the Texas Health & Safety Code §481.0755(a) & (c). If none of these exceptions apply to you, you must either issue prescriptions for **controlled substances** electronically, beginning January 1, 2021, or request a waiver from the Board, as authorized by the Texas Health & Safety Code [§481.0755](#) and [§481.0756](#).

The Texas Health and Safety Code §481.0756 authorizes a waiver from the e-prescribing requirement under the following circumstances:

- (1) economic hardship;
- (2) technological limitations not reasonably within the control of the prescriber; or
- (3) other exceptional circumstances demonstrated by the prescriber.

Factors related to economic hardship that will be considered by the Board include:

- any special situational factors affecting either the cost of compliance or ability to comply;
- the likely impact of compliance on profitability or viability; and
- the availability of measures that would mitigate the economic impact of compliance.

A sufficient amount of detail should be provided to allow Board Staff to adequately evaluate your waiver request. Any relevant accompanying documentation supporting your request should also be included.

If granted by the Board, the waiver is valid for one year after issuance. A prescriber may re-apply for a subsequent waiver not earlier than 30 days prior to the expiration of the waiver, so long as circumstances that necessitated the waiver continue. Please be advised that the Board will not send reminder notices regarding this waiver. It shall be the responsibility of the prescriber to reapply for the waiver as needed and permitted by the Texas Health and Safety Code, as noted above. It is the responsibility of each prescriber to retain a copy of the Board approval document and to produce that document as necessary to verify that a waiver has been granted.

You may submit the application for an e-prescribing waiver via:

E-mail: aprn@bon.texas.gov
Fax: (512) 305-8101 Attn: APRN Department
Postal Mail: Texas Board of Nursing,
Attn: APRN Department
333 Guadalupe, Suite 3-460
Austin, TX 78701

Please allow 15 business days from the date the request is received in the Board office for a response to your request for waiver.

Date rcvd: _____ Approved by: _____ Approval date: _____

Request for Waiver—E-prescribing for Controlled Substances

Name of prescriber as it appears on Texas APRN license: _____

Texas APRN license number: _____ DEA Number: _____

APRN Role & population focus area of licensure (Ex: FNP, PMHNP, etc...): _____

E-mail address of applicant: _____

Residential Address: _____

Practice/Facility Name: _____

Practice/Facility Address: _____

Please identify the basis of your request for waiver **and** describe any circumstances that support your request. Include a sufficient amount of detail to allow Board Staff to adequately evaluate your request. Any relevant accompanying documentation supporting your request should also be included. You may use additional sheets of paper as needed.

___ Economic hardship

___ Technological limitations not reasonably within the control of the prescriber

___ Other exceptional circumstances

Description of Circumstances (detailed description required):

Signature: _____ Date: _____