

**Consideration of Proposed New 22 Tex. Admin. Code Chapter 228, Pertaining to
*Pain Management***

Background: During the 83rd Legislative Session, several concerns were raised by legislators and industry regarding non-therapeutic prescribing practices in pain management settings. Several bills, including House Bill (HB) 1803, (effective January 1, 2014), Senate Bill (SB) 1643, (effective September 1, 2013), and SB 406 (effective November 1, 2013) were passed during the session in an effort to address some of the expressed concerns surrounding the issuance of controlled substances and the regulation of persons engaged in pain management.

Despite the fact that many APRNs practice in pain management settings, the Board has not adopted rules that specifically address this area of practice. The proposed new chapter is intended to prescribe minimum standards of nursing practice for APRNs providing pain management services.

The Board's Advanced Practice Nursing Advisory Committee (Committee) met on May 31, 2013; July 1, 2013; and September 16, 2013, to discuss rules related to pain management. After its discussions, the Committee voted to recommended the proposed new chapter that is attached hereto as "Attachment A" to the Board.

Board Action: Move to approve the proposal of new 22 Tex. Admin. Code Chapter 228, pertaining to *Pain Management*, with authority for the General Counsel to make editorial changes as necessary to clarify rule and Board intent and to comply with the formatting requirements of the *Texas Register*. If no negative comments and no request for a public hearing are received, move to adopt proposed new 22 Tex. Admin. Code Chapter 228, Pertaining to *Pain Management*, as proposed.

Attachment “A”

Chapter 228. Pain Management.

(a) Definitions. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

(1) Controlled substance (also referred to as scheduled drugs)--A substance, including a drug, adulterant, and dilutant, listed in Schedules I through V or Penalty Groups 1, 1-A, or 2 through 4 of Chapter 481, Health & Safety Code (Texas Controlled Substances Act). The term includes the aggregate weight of any mixture, solution, or other substance containing a controlled substance.

(2) Dangerous drug--A device or drug that is unsafe for self-medication and that is not included in Schedules I through V or Penalty Groups 1 through 4 of Chapter 481, Health & Safety Code. The term includes a device or drug that bears, or is required to bear, the legend: “Caution: federal law prohibits dispensing without prescription” or “Rx only” or another legend that complies with federal law.

(3) Device--An instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part or accessory, that is required under federal or state law to be ordered or prescribed by a practitioner. The term includes durable medical equipment.

(3) Medication--A dangerous drug, controlled substance, non-prescription drug, or device. For purposes of this chapter, the term also includes herbal and naturopathic remedies.

(4) Non-prescription drug---A non-narcotic drug or device that may be sold without a prescription and that is labeled and packaged in compliance with state or federal

law.

(5) Pain management clinic--As defined in Chapter 168, Occupations Code.

(b) Purpose: This rule sets forth the minimum standards of nursing practice for an advanced practice registered nurse (APRN) who provides pain management services.

(1) The goal of pain management is to therapeutically treat the patient's pain in relation to overall health, including physical function, psychological, social and work-related factors.

(2) Medications must be prescribed in a therapeutic manner that helps, rather than harms, the patient. Medications must be recognized to be pharmacologically appropriate and safe for the diagnosis for which the medication is being used.

(3) Proper treatment of pain must be based on careful and complete patient assessment and sound clinical judgment. Harm can result from failure to use sound clinical judgment, particularly in drug therapy. The APRN shall provide treatment of pain that is within the current standard of care and is supported by evidence based research.

(4) Documentation in patient records shall be legible, complete, and accurate. All consultations and referrals with the delegating physician and other health care providers shall be documented.

(5) Any treatment plan should be mutually agreed upon by the patient and the provider. Treatment of pain requires a reasonably detailed and documented plan of care to ensure that the patient's treatment is appropriately monitored. A documented explanation of the rationale for the particular treatment plan is required for cases in which treatment with scheduled drugs is difficult to relate to the patient's objective physical, radiographic, or laboratory findings. Ongoing consultation and referral to the delegating

physician and other health care providers shall be documented.

(b) Evaluation of the Patient Seeking Treatment for Pain.

(1) The APRN shall ensure that a current and complete health history is documented in the patient record. The APRN shall perform and document a physical assessment that includes a problem-focused exam specific to the chief presenting complaint of the patient. At a minimum, this assessment must be performed and documented when prescribing and/or ordering a new medication or a refill of a medication for the patient.

(2) Pain assessment and documentation in the patient record shall include, as appropriate:

(A) The nature and intensity of the pain;

(B) All current and past treatments for pain, including relevant patient records from prior treating providers as available;

(C) Underlying conditions and co-existing physical and psychiatric disorders;

(D) The effect of pain on physical and psychological function;

(E) History and potential for substance misuse, abuse, dependence, addiction or other substance use disorder, including relevant validated, objective testing and risk stratification tools; and

(F) One or more recognized clinical indications for the use of a medication, if prescribed.

(c) Treatment Plan and Outcomes for Patients with Pain. The APRN who treats

patients with pain shall ensure that there is a written treatment plan documented in the patient record. Information in the patient record shall include, as appropriate:

(1) A written explanation of how the medication(s) ordered/prescribed relate(s) to the chief presenting complaint and treatment of pain;

(2) The name, dosage, frequency, and quantity of any medication prescribed and number of refills authorized;

(3) Laboratory testing and diagnostic evaluations ordered;

(4) All other treatment options that are planned or considered;

(5) Plans for ongoing monitoring of the treatment plan and outcomes;

(6) Subjective and objective measures that will be used to determine treatment outcomes, such as pain relief and improved physical and psychosocial function;
and

(7) Any and all consultations and referrals, including the date the consultation and/or referral was made; to whom the consultation and/or referral was made; the time frame for completion of the consultation and/or referral; and the results of the consultation and/or referral; and

(8) Documentation of informed consent, as required by subsection (d) of this section.

(d) Informed consent includes a discussion with the patient, a person(s) designated by the patient, or with the patient's surrogate or guardian, if the patient is without medical decision-making capacity, of the risks and benefits of the use of medications for the treatment of pain. As appropriate, this discussion should be documented by either a written, signed document maintained in the patient record or a contemporaneous notation

included in the patient record. Discussion of risks and benefits should include an explanation of the following:

(1) Diagnosis;

(2) Treatment plan;

(3) Expected therapeutic outcomes, including the realistic expectations for sustained pain relief, and possibilities for lack of pain relief;

(4) Non-pharmacological therapies;

(5) Potential side effects of treatments and drug therapy and how to manage common side effects;

(6) Adverse effects of medication use, including the potential for dependence, addiction, tolerance, and withdrawal; and

(7) Potential for impaired judgment and motor skills.

(e) If the treatment plan includes drug therapy beyond 90 days, the use of a written pain management agreement should be included, as appropriate. The written pain management agreement should outline patient responsibilities that, at a minimum require the patient to:

(1) Submit to laboratory testing for drug confirmation upon request of the APRN, the delegating physician, and/or any other health care providers;

(2) Adhere to the number and frequency of prescription refills;

(3) Use only one provider to prescribe controlled substances related to pain management, and to make consultations and referrals;

(4) Use only one pharmacy for all prescriptions for controlled substances related to pain management;

(5) Acknowledge potential consequences of non-compliance with the agreement; and

(6) Acknowledge processes following successful completion of treatment goals, including weaning of medications.

(f) Ongoing monitoring of the treatment of pain.

(1) The APRN shall see the patient for periodic review of the treatment plan at reasonable intervals.

(2) The periodic review shall include an assessment of the patient's progress toward reaching treatment plan goals, taking into consideration the history of medication usage, as well as any new information about the pain, and the patient's compliance with the pain management agreement.

(3) Each periodic review of the treatment plan shall be documented in the patient record.

(4) Any adjustment in the treatment plan based on individual needs of the patient shall be documented.

(5) Continuation or modification of the use of medications for pain management shall be based on an evaluation of progress toward treatment plan goals, as well as evaluation and consideration of any new factors that may influence the treatment plan.

(A) Progress or lack of progress in relieving pain and meeting treatment objectives shall be documented in the patient record. Progress may be indicated by the patient's decreased pain, increased level of function, and/or improved quality of life.

(B) Objective evidence of improved or diminished function shall be

monitored. Information from the patient, family members, or other caregivers should be considered in determining the patient's response to treatment.

(C) If the patient's progress is unsatisfactory, the current treatment plan should be reevaluated, with consideration given to the use of other therapeutic modalities and/or services of other providers.

(6) Continuation of the use of scheduled drugs shall include consultation with the delegating physician and documentation of such consultation in the patient record, as required for delegation of prescriptive authority for controlled substances pursuant to §157.0511 and §168.201, Occupations Code.

(g) Consultation and Referral. In certain situations, further evaluation and treatment may be indicated.

(1) Patients who are at risk for substance use disorders or addiction require special attention. Consideration should be given to consultation with and/or referral to a provider who is an expert in the treatment of patients with substance use disorders.

(2) Patients with chronic pain and histories of substance use disorders or with co-existing psychological and/or psychiatric disorders may require consultation with and/or referral to an expert in the treatment of such patients. Consideration should be given to consultation with and/or referral to a provider who is an expert in the treatment of patients with these histories and/or disorders.

(3) Information regarding the consideration of consultation and/or referral under this subsection should be documented in the patient record.

(h) Pain management clinics in the state of Texas. Prior to providing pain management services in these settings, APRNs who practice in pain management clinics

shall verify that the clinic has been properly certified as a pain management clinic by the Texas Medical Board and that the certification is current.

(1) The APRN shall be available on site with the physician at least 33 percent of a pain management clinic's total operating hours.

(2) The APRN shall comply with the requirements of §168.201, Occupations Code for review of 33 percent of patient charts in pain management clinics.

(3) The APRN shall ensure that s/he is in compliance with all other requirements for delegation of prescriptive authority for medications as set forth in Board rule.

(4) An APRN who owns or operates a clinic in this state that meets the definition of a pain management clinic under this section is exempt from the certification requirements of the Texas Medical Board if:

(A) the APRN is treating patients in the APRN's area of specialty; and

(B) the APRN personally uses other forms of treatment with the issuance of a prescription to the majority of the APRN's patients. A treatment under this subparagraph must be within the current standard of care, supported by evidence based research, and consistent with the treatment plan.

(5) APRNs shall not own or operate a pain management clinic.

AN ACT

relating to the practice of advanced practice registered nurses and physician assistants and the delegation of prescriptive authority by physicians to and the supervision by physicians of certain advanced practice registered nurses and physician assistants.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. The heading to Subchapter B, Chapter 157, Occupations Code, is amended to read as follows:

SUBCHAPTER B. DELEGATION TO ADVANCED PRACTICE REGISTERED NURSES
AND PHYSICIAN ASSISTANTS

SECTION 2. Section 157.051, Occupations Code, is amended to read as follows:

Sec. 157.051. DEFINITIONS. In this subchapter:

(1) "Advanced practice registered nurse" has the meaning assigned to that term by Section 301.152. The term includes an advanced nurse practitioner and advanced practice nurse.

~~(2) ["Carrying out or signing a prescription drug order" means completing a prescription drug order presigned by the delegating physician, or the signing of a prescription by a registered nurse or physician assistant.]~~

~~[(2-a)]~~ "Controlled substance" has the meaning assigned to that term by Section 481.002, Health and Safety Code.

(3) ~~[(2-b)]~~ "Dangerous drug" has the meaning assigned to that term by Section 483.001, Health and Safety Code.

1 (4) "Device" has the meaning assigned by Section
2 551.003, and includes durable medical equipment.

3 (5) "Health professional shortage area" means:

4 (A) an urban or rural area of this state that:

5 (i) is not required to conform to the
6 geographic boundaries of a political subdivision but is a rational
7 area for the delivery of health services;

8 (ii) the secretary of health and human
9 services determines has a health professional shortage; and

10 (iii) is not reasonably accessible to an
11 adequately served area;

12 (B) a population group that the secretary of
13 health and human services determines has a health professional
14 shortage; or

15 (C) a public or nonprofit private medical
16 facility or other facility that the secretary of health and human
17 services determines has a health professional shortage, as
18 described by 42 U.S.C. Section 254e(a)(1).

19 (6) "Hospital" means a facility that:

20 (A) is:

21 (i) a general hospital or a special
22 hospital, as those terms are defined by Section 241.003, Health and
23 Safety Code, including a hospital maintained or operated by the
24 state; or

25 (ii) a mental hospital licensed under
26 Chapter 577, Health and Safety Code; and

27 (B) has an organized medical staff.

1 (7) "Medication order" has the meanings assigned by
2 Section 551.003 of this code and Section 481.002, Health and Safety
3 Code.

4 (8) "Nonprescription drug" has the meaning assigned by
5 Section 551.003.

6 (9) [~~3~~] "Physician assistant" means a person who
7 holds a license issued under Chapter 204.

8 (10) "Physician group practice" means an entity
9 through which two or more physicians deliver health care to the
10 public through the practice of medicine on a regular basis and that
11 is:

12 (A) owned and operated by two or more physicians;

13 or

14 (B) a freestanding clinic, center, or office of a
15 nonprofit health organization certified by the board under Section
16 162.001(b) that complies with the requirements of Chapter 162.

17 (11) "Practice serving a medically underserved
18 population" means:

19 (A) a practice in a health professional shortage
20 area;

21 (B) a clinic designated as a rural health clinic
22 under 42 U.S.C. Section 1395x(aa);

23 (C) a public health clinic or a family planning
24 clinic under contract with the Health and Human Services Commission
25 or the Department of State Health Services;

26 (D) a clinic designated as a federally qualified
27 health center under 42 U.S.C. Section 1396d(1)(2)(B);

1 (E) a county, state, or federal correctional
2 facility;

3 (F) a practice:

4 (i) that either:

5 (a) is located in an area in which the
6 Department of State Health Services determines there is an
7 insufficient number of physicians providing services to eligible
8 clients of federally, state, or locally funded health care
9 programs; or

10 (b) is a practice that the Department
11 of State Health Services determines serves a disproportionate
12 number of clients eligible to participate in federally, state, or
13 locally funded health care programs; and

14 (ii) for which the Department of State
15 Health Services publishes notice of the department's determination
16 in the Texas Register and provides an opportunity for public
17 comment in the manner provided for a proposed rule under Chapter
18 2001, Government Code; or

19 (G) a practice at which a physician was
20 delegating prescriptive authority to an advanced practice
21 registered nurse or physician assistant on or before March 1, 2013,
22 based on the practice qualifying as a site serving a medically
23 underserved population.

24 (12) "Prescribe or order a drug or device" means
25 prescribing or ordering a drug or device, including the issuing of a
26 prescription drug order or a medication order.

27 (13) "Prescription drug" has the meaning assigned by

1 Section 551.003.

2 (14) "Prescriptive authority agreement" means an
3 agreement entered into by a physician and an advanced practice
4 registered nurse or physician assistant through which the physician
5 delegates to the advanced practice registered nurse or physician
6 assistant the act of prescribing or ordering a drug or device.

7 SECTION 3. Section 157.0511, Occupations Code, is amended
8 to read as follows:

9 Sec. 157.0511. DELEGATION OF PRESCRIBING AND ORDERING DRUGS
10 AND DEVICES [~~PRESCRIPTION DRUG ORDERS~~]. (a) A physician's
11 authority to delegate the prescribing or ordering of a drug or
12 device [~~carrying out or signing of a prescription drug order~~] under
13 this subchapter is limited to:

- 14 (1) nonprescription drugs;
15 (2) dangerous drugs; and
16 (3) [~~(2)~~] controlled substances to the extent
17 provided by Subsections [~~Subsection~~] (b) and (b-1).

18 (b) Except as provided by Subsection (b-1), a [A] physician
19 may delegate the prescribing or ordering of [~~carrying out or~~
20 ~~signing of a prescription drug order for~~] a controlled substance
21 only if:

22 (1) the prescription is for a controlled substance
23 listed in Schedule III, IV, or V as established by the commissioner
24 of the Department of State Health Services [~~public health~~] under
25 Chapter 481, Health and Safety Code;

26 (2) the prescription, including a refill of the
27 prescription, is for a period not to exceed 90 days;

1 (3) with regard to the refill of a prescription, the
2 refill is authorized after consultation with the delegating
3 physician and the consultation is noted in the patient's chart; and

4 (4) with regard to a prescription for a child less than
5 two years of age, the prescription is made after consultation with
6 the delegating physician and the consultation is noted in the
7 patient's chart.

8 (b-1) A physician may delegate the prescribing or ordering
9 of a controlled substance listed in Schedule II as established by
10 the commissioner of the Department of State Health Services under
11 Chapter 481, Health and Safety Code, only:

12 (1) in a hospital facility-based practice under
13 Section 157.054, in accordance with policies approved by the
14 hospital's medical staff or a committee of the hospital's medical
15 staff as provided by the hospital bylaws to ensure patient safety,
16 and as part of the care provided to a patient who:

17 (A) has been admitted to the hospital for an
18 intended length of stay of 24 hours or greater; or

19 (B) is receiving services in the emergency
20 department of the hospital; or

21 (2) as part of the plan of care for the treatment of a
22 person who has executed a written certification of a terminal
23 illness, has elected to receive hospice care, and is receiving
24 hospice treatment from a qualified hospice provider.

25 (b-2) The board shall adopt rules that require a physician
26 who delegates the prescribing or ordering of a drug or device
27 [~~carrying out or signing of a prescription drug order under this~~

1 ~~subchapter]~~ to register with the board the name and license number
2 of the physician assistant or advanced practice registered nurse to
3 whom a delegation is made. The board may develop and use an
4 electronic online delegation registration process for registration
5 under this subsection.

6 (c) This subchapter does not modify the authority granted by
7 law for a licensed registered nurse or physician assistant to
8 administer or provide a medication, including a controlled
9 substance listed in Schedule II as established by the commissioner
10 of the Department of State Health Services [~~public health~~] under
11 Chapter 481, Health and Safety Code, that is authorized by a
12 physician under a physician's order, standing medical order,
13 standing delegation order, or protocol.

14 SECTION 4. Subchapter B, Chapter 157, Occupations Code, is
15 amended by adding Sections 157.0512, 157.0513, and 157.0514 to read
16 as follows:

17 Sec. 157.0512. PRESCRIPTIVE AUTHORITY AGREEMENT. (a) A
18 physician may delegate to an advanced practice registered nurse or
19 physician assistant, acting under adequate physician supervision,
20 the act of prescribing or ordering a drug or device as authorized
21 through a prescriptive authority agreement between the physician
22 and the advanced practice registered nurse or physician assistant,
23 as applicable.

24 (b) A physician and an advanced practice registered nurse or
25 physician assistant are eligible to enter into or be parties to a
26 prescriptive authority agreement only if:

27 (1) if applicable, the Texas Board of Nursing has

1 approved the advanced practice registered nurse's authority to
2 prescribe or order a drug or device as authorized under this
3 subchapter;

4 (2) the advanced practice registered nurse or
5 physician assistant:

6 (A) holds an active license to practice in this
7 state as an advanced practice registered nurse or physician
8 assistant, as applicable, and is in good standing in this state; and

9 (B) is not currently prohibited by the Texas
10 Board of Nursing or the Texas Physician Assistant Board, as
11 applicable, from executing a prescriptive authority agreement; and

12 (3) before executing the prescriptive authority
13 agreement, the physician and the advanced practice registered nurse
14 or physician assistant disclose to the other prospective party to
15 the agreement any prior disciplinary action by the board, the Texas
16 Board of Nursing, or the Texas Physician Assistant Board, as
17 applicable.

18 (c) Except as provided by Subsection (d), the combined
19 number of advanced practice registered nurses and physician
20 assistants with whom a physician may enter into a prescriptive
21 authority agreement may not exceed seven advanced practice
22 registered nurses and physician assistants or the full-time
23 equivalent of seven advanced practice registered nurses and
24 physician assistants.

25 (d) Subsection (c) does not apply to a prescriptive
26 authority agreement if the prescriptive authority is being
27 exercised in:

1 (1) a practice serving a medically underserved
2 population; or

3 (2) a facility-based practice in a hospital under
4 Section 157.054.

5 (e) A prescriptive authority agreement must, at a minimum:

6 (1) be in writing and signed and dated by the parties
7 to the agreement;

8 (2) state the name, address, and all professional
9 license numbers of the parties to the agreement;

10 (3) state the nature of the practice, practice
11 locations, or practice settings;

12 (4) identify the types or categories of drugs or
13 devices that may be prescribed or the types or categories of drugs
14 or devices that may not be prescribed;

15 (5) provide a general plan for addressing consultation
16 and referral;

17 (6) provide a plan for addressing patient emergencies;

18 (7) state the general process for communication and
19 the sharing of information between the physician and the advanced
20 practice registered nurse or physician assistant to whom the
21 physician has delegated prescriptive authority related to the care
22 and treatment of patients;

23 (8) if alternate physician supervision is to be
24 utilized, designate one or more alternate physicians who may:

25 (A) provide appropriate supervision on a
26 temporary basis in accordance with the requirements established by
27 the prescriptive authority agreement and the requirements of this

1 subchapter; and

2 (B) participate in the prescriptive authority
3 quality assurance and improvement plan meetings required under this
4 section; and

5 (9) describe a prescriptive authority quality
6 assurance and improvement plan and specify methods for documenting
7 the implementation of the plan that includes the following:

8 (A) chart review, with the number of charts to be
9 reviewed determined by the physician and advanced practice
10 registered nurse or physician assistant; and

11 (B) periodic face-to-face meetings between the
12 advanced practice registered nurse or physician assistant and the
13 physician at a location determined by the physician and the
14 advanced practice registered nurse or physician assistant.

15 (f) The periodic face-to-face meetings described by
16 Subsection (e)(9)(B) must:

17 (1) include:

18 (A) the sharing of information relating to
19 patient treatment and care, needed changes in patient care plans,
20 and issues relating to referrals; and

21 (B) discussion of patient care improvement; and

22 (2) be documented and occur:

23 (A) except as provided by Paragraph (B):

24 (i) at least monthly until the third
25 anniversary of the date the agreement is executed; and

26 (ii) at least quarterly after the third
27 anniversary of the date the agreement is executed, with monthly

1 meetings held between the quarterly meetings by means of a remote
2 electronic communications system, including videoconferencing
3 technology or the Internet; or

4 (B) if during the seven years preceding the date
5 the agreement is executed the advanced practice registered nurse or
6 physician assistant for at least five years was in a practice that
7 included the exercise of prescriptive authority with required
8 physician supervision:

9 (i) at least monthly until the first
10 anniversary of the date the agreement is executed; and

11 (ii) at least quarterly after the first
12 anniversary of the date the agreement is executed, with monthly
13 meetings held between the quarterly meetings by means of a remote
14 electronic communications system, including videoconferencing
15 technology or the Internet.

16 (g) The prescriptive authority agreement may include other
17 provisions agreed to by the physician and advanced practice
18 registered nurse or physician assistant.

19 (h) If the parties to the prescriptive authority agreement
20 practice in a physician group practice, the physician may appoint
21 one or more alternate supervising physicians designated under
22 Subsection (e)(8), if any, to conduct and document the quality
23 assurance meetings in accordance with the requirements of this
24 subchapter.

25 (i) The prescriptive authority agreement need not describe
26 the exact steps that an advanced practice registered nurse or
27 physician assistant must take with respect to each specific

1 condition, disease, or symptom.

2 (j) A physician, advanced practice registered nurse, or
3 physician assistant who is a party to a prescriptive authority
4 agreement must retain a copy of the agreement until the second
5 anniversary of the date the agreement is terminated.

6 (k) A party to a prescriptive authority agreement may not by
7 contract waive, void, or nullify any provision of this section or
8 Section 157.0513.

9 (l) In the event that a party to a prescriptive authority
10 agreement is notified that the individual has become the subject of
11 an investigation by the board, the Texas Board of Nursing, or the
12 Texas Physician Assistant Board, the individual shall immediately
13 notify the other party to the prescriptive authority agreement.

14 (m) The prescriptive authority agreement and any amendments
15 must be reviewed at least annually, dated, and signed by the parties
16 to the agreement. The prescriptive authority agreement and any
17 amendments must be made available to the board, the Texas Board of
18 Nursing, or the Texas Physician Assistant Board not later than the
19 third business day after the date of receipt of request, if any.

20 (n) The prescriptive authority agreement should promote the
21 exercise of professional judgment by the advanced practice
22 registered nurse or physician assistant commensurate with the
23 advanced practice registered nurse's or physician assistant's
24 education and experience and the relationship between the advanced
25 practice registered nurse or physician assistant and the physician.

26 (o) This section shall be liberally construed to allow the
27 use of prescriptive authority agreements to safely and effectively

1 utilize the skills and services of advanced practice registered
2 nurses and physician assistants.

3 (p) The board may not adopt rules pertaining to the elements
4 of a prescriptive authority agreement that would impose
5 requirements in addition to the requirements under this section.
6 The board may adopt other rules relating to physician delegation
7 under this chapter.

8 (q) The board, the Texas Board of Nursing, and the Texas
9 Physician Assistant Board shall jointly develop responses to
10 frequently asked questions relating to prescriptive authority
11 agreements not later than January 1, 2014. This subsection expires
12 January 1, 2015.

13 Sec. 157.0513. PRESCRIPTIVE AUTHORITY AGREEMENT:
14 INFORMATION. (a) The board, the Texas Board of Nursing, and the
15 Texas Physician Assistant Board shall jointly develop a process:

16 (1) to exchange information regarding the names,
17 locations, and license numbers of each physician, advanced practice
18 registered nurse, and physician assistant who has entered into a
19 prescriptive authority agreement;

20 (2) by which each board shall immediately notify the
21 other boards when a license holder of the board becomes the subject
22 of an investigation involving the delegation and supervision of
23 prescriptive authority, as well as the final disposition of any
24 such investigation; and

25 (3) by which each board shall maintain and share a list
26 of the board's license holders who have been subject to a final
27 adverse disciplinary action for an act involving the delegation and

1 supervision of prescriptive authority.

2 (b) If the board, the Texas Board of Nursing, or the Texas
3 Physician Assistant Board receives a notice under Subsection
4 (a)(2), the board that received notice may open an investigation
5 against a license holder of the board who is a party to a
6 prescriptive authority agreement with the license holder who is
7 under investigation by the board that provided notice under
8 Subsection (a)(2).

9 (c) The board shall maintain and make available to the
10 public a searchable online list of physicians, advanced practice
11 registered nurses, and physician assistants who have entered into a
12 prescriptive authority agreement authorized under Section 157.0512
13 and identify the physician, advanced practice registered nurse, or
14 physician assistant with whom each physician, advanced practice
15 registered nurse, and physician assistant has entered into a
16 prescriptive authority agreement.

17 (d) The board shall collaborate with the Texas Board of
18 Nursing and the Texas Physician Assistant Board to maintain and
19 make available to the public a list of physicians, advanced
20 practice registered nurses, and physician assistants who are
21 prohibited from entering into or practicing under a prescriptive
22 authority agreement.

23 Sec. 157.0514. PRESCRIPTIVE AUTHORITY AGREEMENT:
24 INSPECTIONS. If the board receives a notice under Section
25 157.0513(a)(2), the board or an authorized board representative may
26 enter, with reasonable notice and at a reasonable time, unless the
27 notice would jeopardize an investigation, a site where a party to a

1 prescriptive authority agreement practices to inspect and audit any
2 records or activities relating to the implementation and operation
3 of the agreement. To the extent reasonably possible, the board and
4 the board's authorized representative shall conduct any inspection
5 or audit under this section in a manner that minimizes disruption to
6 the delivery of patient care.

7 SECTION 5. Section 157.054, Occupations Code, is amended by
8 amending Subsections (a), (b), and (c) and adding Subsections (a-1)
9 and (b-1) to read as follows:

10 (a) One or more physicians [~~A physician~~] licensed by the
11 board may delegate, to one or more physician assistants or advanced
12 practice registered nurses acting under adequate physician
13 supervision whose practice is facility-based at a [~~licensed~~]
14 hospital or licensed long-term care facility, the administration or
15 provision of a drug and the prescribing or ordering of a drug or
16 device [~~carrying out or signing of a prescription drug order~~] if
17 each of the delegating physicians [~~physician~~] is:

18 (1) the medical director or chief of medical staff of
19 the facility in which the physician assistant or advanced practice
20 registered nurse practices;

21 (2) the chair of the facility's credentialing
22 committee;

23 (3) a department chair of a facility department in
24 which the physician assistant or advanced practice registered nurse
25 practices; or

26 (4) a physician who consents to the request of the
27 medical director or chief of medical staff to delegate the

1 prescribing or ordering of a drug or device [~~carrying out or signing~~
2 ~~of a prescription drug order~~] at the facility in which the physician
3 assistant or advanced practice registered nurse practices.

4 (a-1) The limits on the number of advanced practice
5 registered nurses or physician assistants to whom a physician may
6 delegate under Section 157.0512 do not apply to a physician under
7 Subsection (a) whose practice is facility-based under this section,
8 provided that the physician is not delegating in a freestanding
9 clinic, center, or practice of the facility.

10 (b) A physician's authority to delegate under Subsection
11 (a) is limited as follows:

12 (1) the delegation must be made under a physician's
13 order, standing medical order, standing delegation order, or
14 another order or protocol developed in accordance with policies
15 approved by the facility's medical staff or a committee of the
16 facility's medical staff as provided by the facility bylaws;

17 (2) the delegation must occur in the facility in which
18 the physician is the medical director, the chief of medical staff,
19 the chair of the credentialing committee, [~~or~~] a department chair,
20 or a physician who consents to delegate under Subsection (a)(4);

21 (3) the delegation may not permit the prescribing or
22 ordering of a drug or device [~~carrying out or signing of~~
23 ~~prescription drug orders~~] for the care or treatment of the patients
24 of any other physician without the prior consent of that physician;
25 and

26 (4) delegation in a long-term care facility must be by
27 the medical director and is limited to the prescribing or ordering

1 of a drug or device [~~carrying out and signing of prescription drug~~
2 ~~orders~~] to not more than seven [~~four~~] advanced practice registered
3 nurses or physician assistants or their full-time equivalents. [~~+~~
4 ~~and~~]

5 (b-1) A facility-based [~~(5) a~~] physician may not delegate at
6 more than one [~~licensed~~] hospital or more than two long-term care
7 facilities under this section unless approved by the board. The
8 facility-based physician may not be prohibited from delegating the
9 prescribing or ordering of drugs or devices under Section 157.0512
10 at other practice locations, including hospitals or long-term care
11 facilities, provided that the delegation at those locations
12 complies with all the requirements of Section 157.0512.

13 (c) Physician supervision of the prescribing or ordering of
14 a drug or device [~~carrying out and signing of prescription drug~~
15 ~~orders~~] must conform to what a reasonable, prudent physician would
16 find consistent with sound medical judgment but may vary with the
17 education and experience of the particular advanced practice
18 registered nurse or physician assistant. A physician shall provide
19 continuous supervision, but the constant physical presence of the
20 physician is not required.

21 SECTION 6. Section 157.055, Occupations Code, is amended to
22 read as follows:

23 Sec. 157.055. ORDERS AND PROTOCOLS. A protocol or other
24 order shall be defined in a manner that promotes the exercise of
25 professional judgment by the advanced practice registered nurse and
26 physician assistant commensurate with the education and experience
27 of that person. Under this section, an order or protocol used by a

1 reasonable and prudent physician exercising sound medical
2 judgment:

3 (1) is not required to describe the exact steps that an
4 advanced practice registered nurse or a physician assistant must
5 take with respect to each specific condition, disease, or symptom;
6 and

7 (2) may state the types or categories of medications
8 that may be prescribed or the types or categories of medications
9 that may not be prescribed.

10 SECTION 7. Section 157.057, Occupations Code, is amended to
11 read as follows:

12 Sec. 157.057. ADDITIONAL IMPLEMENTATION METHODS. The board
13 may adopt additional methods to implement:

14 (1) a physician's prescription; or

15 (2) the delegation of prescriptive authority [~~the~~
16 ~~signing of a prescription under a physician's order, standing~~
17 ~~medical order, standing delegation order, or other order or~~
18 ~~protocol~~].

19 SECTION 8. Subsections (b), (d), (e), (f), and (j), Section
20 157.059, Occupations Code, are amended to read as follows:

21 (b) A physician may delegate to a physician assistant
22 offering obstetrical services and certified by the board as
23 specializing in obstetrics or an advanced practice registered nurse
24 recognized by the Texas Board of Nursing as a nurse midwife the act
25 of administering or providing controlled substances to the
26 physician assistant's or nurse midwife's clients during intrapartum
27 and immediate postpartum care.

1 (d) The delegation of authority to administer or provide
2 controlled substances under Subsection (b) must be under a
3 physician's order, medical order, standing delegation order,
4 prescriptive authority agreement, or protocol that requires
5 adequate and documented availability for access to medical care.

6 (e) The physician's orders, medical orders, standing
7 delegation orders, prescriptive authority agreements, or protocols
8 must require the reporting of or monitoring of each client's
9 progress, including complications of pregnancy and delivery and the
10 administration and provision of controlled substances by the nurse
11 midwife or physician assistant to the clients of the nurse midwife
12 or physician assistant.

13 (f) The authority of a physician to delegate under this
14 section is limited to:

15 (1) seven [~~four~~] nurse midwives or physician
16 assistants or their full-time equivalents; and

17 (2) the designated facility at which the nurse midwife
18 or physician assistant provides care.

19 (j) This section does not limit the authority of a physician
20 to delegate the prescribing or ordering of [~~carrying out or signing~~
21 ~~of a prescription drug order involving~~] a controlled substance
22 under this subchapter.

23 SECTION 9. Section 157.060, Occupations Code, is amended to
24 read as follows:

25 Sec. 157.060. PHYSICIAN LIABILITY FOR DELEGATED ACT.
26 Unless the physician has reason to believe the physician assistant
27 or advanced practice registered nurse lacked the competency to

1 perform the act, a physician is not liable for an act of a physician
2 assistant or advanced practice registered nurse solely because the
3 physician signed a standing medical order, a standing delegation
4 order, or another order or protocol, or entered into a prescriptive
5 authority agreement, authorizing the physician assistant or
6 advanced practice registered nurse to administer, provide,
7 prescribe, or order a drug or device [~~carry out, or sign a~~
8 ~~prescription drug order~~].

9 SECTION 10. Section 156.056, Occupations Code, is amended
10 to read as follows:

11 Sec. 156.056. CERTAIN VOLUNTEER SERVICES. (a) In this
12 section, "practice [~~site~~] serving a medically underserved
13 population" has the meaning assigned by Section 157.051 [~~157.052~~].

14 (b) The board by rule shall permit a license holder to
15 complete half of any informal continuing medical education hours
16 required under this subchapter by providing volunteer medical
17 services at a practice [~~site~~] serving a medically underserved
18 population other than a site that is a primary practice site of the
19 license holder.

20 SECTION 11. Subchapter C, Chapter 204, Occupations Code, is
21 amended by adding Section 204.1025 to read as follows:

22 Sec. 204.1025. DUTIES REGARDING PRESCRIPTIVE AUTHORITY
23 AGREEMENTS. The physician assistant board shall in conjunction
24 with the Texas Medical Board and the Texas Board of Nursing perform
25 the functions and duties relating to prescriptive authority
26 agreements assigned to the physician assistant board in Sections
27 157.0512 and 157.0513.

1 SECTION 12. Section 204.1565, Occupations Code, is amended
2 to read as follows:

3 Sec. 204.1565. INFORMAL CONTINUING MEDICAL EDUCATION.

4 (a) In this section, "practice [~~site~~] serving a medically
5 underserved population" has the meaning assigned by Section 157.051
6 [~~157.052~~].

7 (b) The physician assistant board by rule shall permit a
8 license holder to complete half of any informal continuing medical
9 education hours required to renew a license under this chapter by
10 providing volunteer medical services at a practice [~~site~~] serving a
11 medically underserved population, other than a site that is a
12 primary practice site of the license holder.

13 SECTION 13. Subsection (b), Section 204.202, Occupations
14 Code, is amended to read as follows:

15 (b) Medical services provided by a physician assistant may
16 include:

17 (1) obtaining patient histories and performing
18 physical examinations;

19 (2) ordering or performing diagnostic and therapeutic
20 procedures;

21 (3) formulating a working diagnosis;

22 (4) developing and implementing a treatment plan;

23 (5) monitoring the effectiveness of therapeutic
24 interventions;

25 (6) assisting at surgery;

26 (7) offering counseling and education to meet patient
27 needs;

1 (8) requesting, receiving, and signing for the receipt
2 of pharmaceutical sample prescription medications and distributing
3 the samples to patients in a specific practice setting in which the
4 physician assistant is authorized to prescribe pharmaceutical
5 medications and sign prescription drug orders as provided by
6 Section 157.0512 or [~~157.052, 157.053,~~] 157.054[~~, 157.0541, or~~
7 ~~157.0542~~ or as otherwise authorized by physician assistant board
8 ~~rule~~];

9 (9) prescribing or ordering a drug or device [~~signing~~
10 ~~or completing a prescription~~] as provided by Subchapter B, Chapter
11 157; and

12 (10) making appropriate referrals.

13 SECTION 14. Section 204.204, Occupations Code, is amended
14 by adding Subsection (c) to read as follows:

15 (c) The number of physician assistants a physician may
16 supervise in a practice setting may not be less than the number of
17 physician assistants to whom a physician may delegate the authority
18 to prescribe or order a drug or device in that practice setting
19 under Subchapter B, Chapter 157.

20 SECTION 15. Subdivision (2), Section 301.002, Occupations
21 Code, is amended to read as follows:

22 (2) "Professional nursing" means the performance of an
23 act that requires substantial specialized judgment and skill, the
24 proper performance of which is based on knowledge and application
25 of the principles of biological, physical, and social science as
26 acquired by a completed course in an approved school of
27 professional nursing. The term does not include acts of medical

1 diagnosis or the prescription of therapeutic or corrective
2 measures. Professional nursing involves:

3 (A) the observation, assessment, intervention,
4 evaluation, rehabilitation, care and counsel, or health teachings
5 of a person who is ill, injured, infirm, or experiencing a change in
6 normal health processes;

7 (B) the maintenance of health or prevention of
8 illness;

9 (C) the administration of a medication or
10 treatment as ordered by a physician, podiatrist, or dentist;

11 (D) the supervision or teaching of nursing;

12 (E) the administration, supervision, and
13 evaluation of nursing practices, policies, and procedures;

14 (F) the requesting, receiving, signing for, and
15 distribution of prescription drug samples to patients at practices
16 at [sites in] which an advanced practice [a] registered nurse is
17 authorized to sign prescription drug orders as provided by
18 Subchapter B, Chapter 157;

19 (G) the performance of an act delegated by a
20 physician under Section 157.0512 [~~157.052, 157.053~~], 157.054,
21 [~~157.0541, 157.0542,~~] 157.058, or 157.059; and

22 (H) the development of the nursing care plan.

23 SECTION 16. Section 301.005, Occupations Code, is amended
24 to read as follows:

25 Sec. 301.005. REFERENCE IN OTHER LAW. (a) A reference in
26 any other law to the former Board of Nurse Examiners means the Texas
27 Board of Nursing.

1 (b) A reference in any other law to an "advanced nurse
2 practitioner" or "advanced practice nurse" means an advanced
3 practice registered nurse.

4 SECTION 17. Section 301.152, Occupations Code, is amended
5 to read as follows:

6 Sec. 301.152. RULES REGARDING SPECIALIZED TRAINING.

7 (a) In this section, "advanced practice registered nurse" means a
8 registered nurse licensed [~~approved~~] by the board to practice as an
9 advanced practice registered nurse on the basis of completion of an
10 advanced educational program. The term includes a nurse
11 practitioner, nurse midwife, nurse anesthetist, and clinical nurse
12 specialist. The term is synonymous with "advanced nurse
13 practitioner" and "advanced practice nurse."

14 (b) The board shall adopt rules to:

15 (1) license a registered nurse as an advanced practice
16 registered nurse;

17 (2) establish:

18 (A) any specialized education or training,
19 including pharmacology, that an advanced practice [~~a~~] registered
20 nurse must have to prescribe or order a drug or device as delegated
21 by a physician [~~carry out a prescription drug order~~] under Section
22 157.0512 or 157.054 [~~157.052~~]; [~~and~~]

23 (B) a system for approving an advanced practice
24 registered nurse to prescribe or order a drug or device as delegated
25 by a physician under Section 157.0512 or 157.054 on the receipt of
26 [~~assigning an identification number to a registered nurse who~~
27 ~~provides the board with~~] evidence of completing the specialized

1 education and training requirement under Paragraph (A)
2 [~~Subdivision (1)(A)~~]; and
3 (C) a system for issuing a prescription
4 authorization number to an advanced practice registered nurse
5 approved under Paragraph (B) [~~(2) approve a registered nurse as an~~
6 ~~advanced practice nurse~~]; and
7 (3) concurrently [~~initially approve and biennially~~]
8 renew any license or approval granted to an advanced practice
9 registered nurse under this subsection and a license renewed by the
10 advanced practice registered nurse under Section 301.301 [~~an~~
11 ~~advanced practice nurse's authority to carry out or sign a~~
12 ~~prescription drug order under Chapter 157].~~

13 (c) At a minimum, the rules adopted under Subsection (b)(2)
14 [~~(b)(3)~~] must:

15 (1) require completion of pharmacology and related
16 pathophysiology [~~pathology~~] education for initial approval; and

17 (2) require continuing education in clinical
18 pharmacology and related pathophysiology [~~pathology~~] in addition
19 to any continuing education otherwise required under Section
20 301.303[~~, and~~

21 [~~(3) provide for the issuance of a prescription~~
22 ~~authorization number to an advanced practice nurse approved under~~
23 ~~this section].~~

24 (d) The signature of an advanced practice registered nurse
25 attesting to the provision of a legally authorized service by the
26 advanced practice registered nurse satisfies any documentation
27 requirement for that service established by a state agency.

1 SECTION 18. Subchapter D, Chapter 301, Occupations Code, is
2 amended by adding Section 301.168 to read as follows:

3 Sec. 301.168. DUTIES REGARDING PRESCRIPTIVE AUTHORITY
4 AGREEMENTS. The board shall in conjunction with the Texas Medical
5 Board and the Texas Physician Assistant Board perform the functions
6 and duties relating to prescriptive authority agreements assigned
7 to the board in Sections 157.0512 and 157.0513.

8 SECTION 19. Subdivisions (34) and (45), Section 551.003,
9 Occupations Code, are amended to read as follows:

10 (34) "Practitioner" means:

11 (A) a person licensed or registered to prescribe,
12 distribute, administer, or dispense a prescription drug or device
13 in the course of professional practice in this state, including a
14 physician, dentist, podiatrist, or veterinarian but excluding a
15 person licensed under this subtitle;

16 (B) a person licensed by another state, Canada,
17 or the United Mexican States in a health field in which, under the
18 law of this state, a license holder in this state may legally
19 prescribe a dangerous drug;

20 (C) a person practicing in another state and
21 licensed by another state as a physician, dentist, veterinarian, or
22 podiatrist, who has a current federal Drug Enforcement
23 Administration registration number and who may legally prescribe a
24 Schedule II, III, IV, or V controlled substance, as specified under
25 Chapter 481, Health and Safety Code, in that other state; or

26 (D) an advanced practice registered nurse or
27 physician assistant to whom a physician has delegated the authority

1 to prescribe or order a drug or device [~~carry out or sign~~
2 ~~prescription drug orders~~] under Section 157.0511, 157.0512
3 [~~157.052, 157.053~~], or 157.054[~~, 157.0541, or 157.0542~~].

4 (45) "Written protocol" means a physician's order,
5 standing medical order, standing delegation order, or other order
6 or protocol as defined by rule of the Texas Medical [~~State~~] Board
7 [~~of Medical Examiners~~] under Subtitle B.

8 SECTION 20. Subsection (a), Section 533.005, Government
9 Code, is amended to read as follows:

10 (a) A contract between a managed care organization and the
11 commission for the organization to provide health care services to
12 recipients must contain:

13 (1) procedures to ensure accountability to the state
14 for the provision of health care services, including procedures for
15 financial reporting, quality assurance, utilization review, and
16 assurance of contract and subcontract compliance;

17 (2) capitation rates that ensure the cost-effective
18 provision of quality health care;

19 (3) a requirement that the managed care organization
20 provide ready access to a person who assists recipients in
21 resolving issues relating to enrollment, plan administration,
22 education and training, access to services, and grievance
23 procedures;

24 (4) a requirement that the managed care organization
25 provide ready access to a person who assists providers in resolving
26 issues relating to payment, plan administration, education and
27 training, and grievance procedures;

1 (5) a requirement that the managed care organization
2 provide information and referral about the availability of
3 educational, social, and other community services that could
4 benefit a recipient;

5 (6) procedures for recipient outreach and education;

6 (7) a requirement that the managed care organization
7 make payment to a physician or provider for health care services
8 rendered to a recipient under a managed care plan not later than the
9 45th day after the date a claim for payment is received with
10 documentation reasonably necessary for the managed care
11 organization to process the claim, or within a period, not to exceed
12 60 days, specified by a written agreement between the physician or
13 provider and the managed care organization;

14 (8) a requirement that the commission, on the date of a
15 recipient's enrollment in a managed care plan issued by the managed
16 care organization, inform the organization of the recipient's
17 Medicaid certification date;

18 (9) a requirement that the managed care organization
19 comply with Section 533.006 as a condition of contract retention
20 and renewal;

21 (10) a requirement that the managed care organization
22 provide the information required by Section 533.012 and otherwise
23 comply and cooperate with the commission's office of inspector
24 general and the office of the attorney general;

25 (11) a requirement that the managed care
26 organization's usages of out-of-network providers or groups of
27 out-of-network providers may not exceed limits for those usages

1 relating to total inpatient admissions, total outpatient services,
2 and emergency room admissions determined by the commission;

3 (12) if the commission finds that a managed care
4 organization has violated Subdivision (11), a requirement that the
5 managed care organization reimburse an out-of-network provider for
6 health care services at a rate that is equal to the allowable rate
7 for those services, as determined under Sections 32.028 and
8 32.0281, Human Resources Code;

9 (13) a requirement that, notwithstanding any other
10 law, including Sections 843.312 and 1301.052, Insurance Code, the
11 organization:

12 (A) use advanced practice registered nurses and
13 physician assistants in addition to physicians as primary care
14 providers to increase the availability of primary care providers in
15 the organization's provider network; and

16 (B) treat advanced practice registered nurses
17 and physician assistants in the same manner as primary care
18 physicians with regard to:

19 (i) selection and assignment as primary
20 care providers;

21 (ii) inclusion as primary care providers in
22 the organization's provider network; and

23 (iii) inclusion as primary care providers
24 in any provider network directory maintained by the organization;

25 (14) a requirement that the managed care organization
26 reimburse a federally qualified health center or rural health
27 clinic for health care services provided to a recipient outside of

1 regular business hours, including on a weekend day or holiday, at a
2 rate that is equal to the allowable rate for those services as
3 determined under Section 32.028, Human Resources Code, if the
4 recipient does not have a referral from the recipient's primary
5 care physician;

6 (15) a requirement that the managed care organization
7 develop, implement, and maintain a system for tracking and
8 resolving all provider appeals related to claims payment, including
9 a process that will require:

10 (A) a tracking mechanism to document the status
11 and final disposition of each provider's claims payment appeal;

12 (B) the contracting with physicians who are not
13 network providers and who are of the same or related specialty as
14 the appealing physician to resolve claims disputes related to
15 denial on the basis of medical necessity that remain unresolved
16 subsequent to a provider appeal; and

17 (C) the determination of the physician resolving
18 the dispute to be binding on the managed care organization and
19 provider;

20 (16) a requirement that a medical director who is
21 authorized to make medical necessity determinations is available to
22 the region where the managed care organization provides health care
23 services;

24 (17) a requirement that the managed care organization
25 ensure that a medical director and patient care coordinators and
26 provider and recipient support services personnel are located in
27 the South Texas service region, if the managed care organization

1 provides a managed care plan in that region;

2 (18) a requirement that the managed care organization
3 provide special programs and materials for recipients with limited
4 English proficiency or low literacy skills;

5 (19) a requirement that the managed care organization
6 develop and establish a process for responding to provider appeals
7 in the region where the organization provides health care services;

8 (20) a requirement that the managed care organization
9 develop and submit to the commission, before the organization
10 begins to provide health care services to recipients, a
11 comprehensive plan that describes how the organization's provider
12 network will provide recipients sufficient access to:

- 13 (A) preventive care;
- 14 (B) primary care;
- 15 (C) specialty care;
- 16 (D) after-hours urgent care; and
- 17 (E) chronic care;

18 (21) a requirement that the managed care organization
19 demonstrate to the commission, before the organization begins to
20 provide health care services to recipients, that:

21 (A) the organization's provider network has the
22 capacity to serve the number of recipients expected to enroll in a
23 managed care plan offered by the organization;

24 (B) the organization's provider network
25 includes:

26 (i) a sufficient number of primary care
27 providers;

1 (ii) a sufficient variety of provider
2 types; and

3 (iii) providers located throughout the
4 region where the organization will provide health care services;
5 and

6 (C) health care services will be accessible to
7 recipients through the organization's provider network to a
8 comparable extent that health care services would be available to
9 recipients under a fee-for-service or primary care case management
10 model of Medicaid managed care;

11 (22) a requirement that the managed care organization
12 develop a monitoring program for measuring the quality of the
13 health care services provided by the organization's provider
14 network that:

15 (A) incorporates the National Committee for
16 Quality Assurance's Healthcare Effectiveness Data and Information
17 Set (HEDIS) measures;

18 (B) focuses on measuring outcomes; and

19 (C) includes the collection and analysis of
20 clinical data relating to prenatal care, preventive care, mental
21 health care, and the treatment of acute and chronic health
22 conditions and substance abuse;

23 (23) subject to Subsection (a-1), a requirement that
24 the managed care organization develop, implement, and maintain an
25 outpatient pharmacy benefit plan for its enrolled recipients:

26 (A) that exclusively employs the vendor drug
27 program formulary and preserves the state's ability to reduce

1 waste, fraud, and abuse under the Medicaid program;

2 (B) that adheres to the applicable preferred drug
3 list adopted by the commission under Section 531.072;

4 (C) that includes the prior authorization
5 procedures and requirements prescribed by or implemented under
6 Sections 531.073(b), (c), and (g) for the vendor drug program;

7 (D) for purposes of which the managed care
8 organization:

9 (i) may not negotiate or collect rebates
10 associated with pharmacy products on the vendor drug program
11 formulary; and

12 (ii) may not receive drug rebate or pricing
13 information that is confidential under Section 531.071;

14 (E) that complies with the prohibition under
15 Section 531.089;

16 (F) under which the managed care organization may
17 not prohibit, limit, or interfere with a recipient's selection of a
18 pharmacy or pharmacist of the recipient's choice for the provision
19 of pharmaceutical services under the plan through the imposition of
20 different copayments;

21 (G) that allows the managed care organization or
22 any subcontracted pharmacy benefit manager to contract with a
23 pharmacist or pharmacy providers separately for specialty pharmacy
24 services, except that:

25 (i) the managed care organization and
26 pharmacy benefit manager are prohibited from allowing exclusive
27 contracts with a specialty pharmacy owned wholly or partly by the

1 pharmacy benefit manager responsible for the administration of the
2 pharmacy benefit program; and

3 (ii) the managed care organization and
4 pharmacy benefit manager must adopt policies and procedures for
5 reclassifying prescription drugs from retail to specialty drugs,
6 and those policies and procedures must be consistent with rules
7 adopted by the executive commissioner and include notice to network
8 pharmacy providers from the managed care organization;

9 (H) under which the managed care organization may
10 not prevent a pharmacy or pharmacist from participating as a
11 provider if the pharmacy or pharmacist agrees to comply with the
12 financial terms and conditions of the contract as well as other
13 reasonable administrative and professional terms and conditions of
14 the contract;

15 (I) under which the managed care organization may
16 include mail-order pharmacies in its networks, but may not require
17 enrolled recipients to use those pharmacies, and may not charge an
18 enrolled recipient who opts to use this service a fee, including
19 postage and handling fees; and

20 (J) under which the managed care organization or
21 pharmacy benefit manager, as applicable, must pay claims in
22 accordance with Section 843.339, Insurance Code; and

23 (24) a requirement that the managed care organization
24 and any entity with which the managed care organization contracts
25 for the performance of services under a managed care plan disclose,
26 at no cost, to the commission and, on request, the office of the
27 attorney general all discounts, incentives, rebates, fees, free

1 goods, bundling arrangements, and other agreements affecting the
2 net cost of goods or services provided under the plan.

3 SECTION 21. Subsection (b), Section 671.001, Government
4 Code, is amended to read as follows:

5 (b) The pilot program must provide for the following:

6 (1) a licensed advanced practice registered nurse as
7 defined by Section 301.152, Occupations Code, or a licensed
8 physician assistant as described by Chapter 204, Occupations Code,
9 who is employed by the state or whose services are acquired by
10 contract, who will be located at a state office complex;

11 (2) a licensed physician, who is employed by a state
12 governmental entity for purposes other than the pilot program or
13 whose services are acquired by contract, who will delegate to and
14 supervise the advanced practice registered nurse or physician
15 assistant under a prescriptive authority agreement under Chapter
16 157 [~~perform all supervisory functions described by Section~~
17 ~~157.052(e)~~], Occupations Code;

18 (3) appropriate office space and equipment for the
19 advanced practice registered nurse or physician assistant to
20 provide basic medical care to employees at the state office complex
21 where the nurse or physician assistant is located; and

22 (4) professional liability insurance covering
23 services provided by the advanced practice registered nurse or the
24 physician assistant.

25 SECTION 22. Subchapter D, Chapter 62, Health and Safety
26 Code, is amended by adding Section 62.1551 to read as follows:

27 Sec. 62.1551. INCLUSION OF CERTAIN HEALTH CARE PROVIDERS IN

1 PROVIDER NETWORKS. Notwithstanding any other law, including
2 Sections 843.312 and 1301.052, Insurance Code, the executive
3 commissioner of the commission shall adopt rules to require a
4 managed care organization or other entity to ensure that advanced
5 practice registered nurses and physician assistants are available
6 as primary care providers in the organization's or entity's
7 provider network. The rules must require advanced practice
8 registered nurses and physician assistants to be treated in the
9 same manner as primary care physicians with regard to:

10 (1) selection and assignment as primary care
11 providers;

12 (2) inclusion as primary care providers in the
13 provider network; and

14 (3) inclusion as primary care providers in any
15 provider network directory maintained by the organization or
16 entity.

17 SECTION 23. Subdivision (39), Section 481.002, Health and
18 Safety Code, is amended to read as follows:

19 (39) "Practitioner" means:

20 (A) a physician, dentist, veterinarian,
21 podiatrist, scientific investigator, or other person licensed,
22 registered, or otherwise permitted to distribute, dispense,
23 analyze, conduct research with respect to, or administer a
24 controlled substance in the course of professional practice or
25 research in this state;

26 (B) a pharmacy, hospital, or other institution
27 licensed, registered, or otherwise permitted to distribute,

1 dispense, conduct research with respect to, or administer a
2 controlled substance in the course of professional practice or
3 research in this state;

4 (C) a person practicing in and licensed by
5 another state as a physician, dentist, veterinarian, or podiatrist,
6 having a current Federal Drug Enforcement Administration
7 registration number, who may legally prescribe Schedule II, III,
8 IV, or V controlled substances in that state; or

9 (D) an advanced practice registered nurse or
10 physician assistant to whom a physician has delegated the authority
11 to prescribe or order a drug or device [~~carry out or sign~~
12 ~~prescription drug orders~~] under Section 157.0511, 157.0512
13 [~~157.052, 157.053~~], or 157.054, [~~157.0541, or 157.0542,~~]
14 Occupations Code.

15 SECTION 24. Subdivision (12), Section 483.001, Health and
16 Safety Code, is amended to read as follows:

17 (12) "Practitioner" means [~~a person licensed~~]:

18 (A) a person licensed by the Texas [~~State Board~~
19 ~~of~~] Medical Board [~~Examiners~~], State Board of Dental Examiners,
20 Texas State Board of Podiatric Medical Examiners, Texas Optometry
21 Board, or State Board of Veterinary Medical Examiners to prescribe
22 and administer dangerous drugs;

23 (B) a person licensed by another state in a
24 health field in which, under the laws of this state, a licensee may
25 legally prescribe dangerous drugs;

26 (C) a person licensed in Canada or Mexico in a
27 health field in which, under the laws of this state, a licensee may

1 legally prescribe dangerous drugs; or

2 (D) an advanced practice registered nurse or
3 physician assistant to whom a physician has delegated the authority
4 to prescribe or order a drug or device [~~carry out or sign~~
5 ~~prescription drug orders~~] under Section 157.0511, 157.0512
6 [~~157.052, 157.053~~], or 157.054, [~~157.0541, or 157.0542,~~]
7 Occupations Code.

8 SECTION 25. Section 32.024, Human Resources Code, is
9 amended by adding Subsection (gg) to read as follows:

10 (gg) Notwithstanding any other law, including Sections
11 843.312 and 1301.052, Insurance Code, the department shall ensure
12 that advanced practice registered nurses and physician assistants
13 may be selected by and assigned to recipients of medical assistance
14 as the primary care providers of those recipients. The department
15 must require that advanced practice registered nurses and physician
16 assistants be treated in the same manner as primary care physicians
17 with regard to:

18 (1) selection and assignment as primary care
19 providers; and

20 (2) inclusion as primary care providers in any
21 directory of providers of medical assistance maintained by the
22 department.

23 SECTION 26. Subchapter B, Chapter 32, Human Resources Code,
24 is amended by adding Section 32.03141 to read as follows:

25 Sec. 32.03141. AUTHORITY OF ADVANCED PRACTICE REGISTERED
26 NURSES AND PHYSICIAN ASSISTANTS REGARDING DURABLE MEDICAL
27 EQUIPMENT AND SUPPLIES. To the extent allowed by federal law, an

1 advanced practice registered nurse or physician assistant acting
2 under adequate physician supervision and to whom a physician has
3 delegated the authority to prescribe and order drugs and devices
4 under Chapter 157, Occupations Code, may order and prescribe
5 durable medical equipment and supplies under the medical assistance
6 program.

7 SECTION 27. Sections 157.052, 157.053, 157.0541, and
8 157.0542, Occupations Code, are repealed.

9 SECTION 28. The calculation under Chapter 157, Occupations
10 Code, as amended by this Act, of the amount of time an advanced
11 practice registered nurse or physician assistant has practiced
12 under the delegated prescriptive authority of a physician under a
13 prescriptive authority agreement shall include the amount of time
14 the advanced practice registered nurse or physician assistant
15 practiced under the delegated prescriptive authority of that
16 physician before the effective date of this Act.

17 SECTION 29. Not later than November 1, 2013, the Texas
18 Medical Board, the Texas Board of Nursing, and the Texas Physician
19 Assistant Board shall adopt the rules necessary to implement the
20 changes in law made by this Act.

21 SECTION 30. This Act takes effect November 1, 2013.

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 406 passed the Senate on March 13, 2013, by the following vote: Yeas 31, Nays 0; and that the Senate concurred in House amendment on May 17, 2013, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

I hereby certify that S.B. No. 406 passed the House, with amendment, on May 15, 2013, by the following vote: Yeas 146, Nays 0, two present not voting.

Chief Clerk of the House

Approved:

Date

Governor

AN ACT

relating to the monitoring of prescriptions for certain controlled substances; providing penalties.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 481.002, Health and Safety Code, is amended by amending Subdivisions (20) and (32) and adding Subdivision (54) to read as follows:

(20) "Hospital" means:

(A) a general or special hospital as defined by Section 241.003 [~~(Texas Hospital Licensing Law)~~]; [~~or~~]

(B) an ambulatory surgical center licensed under Chapter 243 [~~by the Texas Department of Health~~] and approved by the federal government to perform surgery paid by Medicaid on patients admitted for a period of not more than 24 hours; or

(C) a freestanding emergency medical care facility licensed under Chapter 254.

(32) "Patient" means a human for whom or an animal for which a drug:

(A) is administered, dispensed, delivered, or prescribed by a practitioner; or

(B) is intended to be administered, dispensed, delivered, or prescribed by a practitioner.

(54) "Health information exchange" means an organization that:

1 (A) assists in the transmission or receipt of
2 health-related information among organizations transmitting or
3 receiving the information according to nationally recognized
4 standards and under an express written agreement;

5 (B) as a primary business function, compiles or
6 organizes health-related information that is designed to be
7 securely transmitted by the organization among physicians, health
8 care providers, or entities within a region, state, community, or
9 hospital system; or

10 (C) assists in the transmission or receipt of
11 electronic health-related information among physicians, health
12 care providers, or entities within:

13 (i) a hospital system;

14 (ii) a physician organization;

15 (iii) a health care collaborative, as
16 defined by Section 848.001, Insurance Code;

17 (iv) an accountable care organization
18 participating in the Pioneer Model under the initiative by the
19 Innovation Center of the Centers for Medicare and Medicaid
20 Services; or

21 (v) an accountable care organization
22 participating in the Medicare shared savings program under 42
23 U.S.C. Section 1395jjj.

24 SECTION 2. Section 481.076, Health and Safety Code, is
25 amended by amending Subsections (a) and (e) and adding Subsections
26 (a-1) and (a-2) to read as follows:

27 (a) The director may not permit any person to have access to

1 information submitted to the director under Section 481.074(q) or
2 481.075 except:

3 (1) an investigator for the Texas Medical Board, the
4 Texas State Board of Podiatric Medical Examiners, the State Board
5 of Dental Examiners, the State Board of Veterinary Medical
6 Examiners, the Texas Board of Nursing, or the Texas State Board of
7 Pharmacy;

8 (2) an authorized officer or member of the department
9 engaged in the administration, investigation, or enforcement of
10 this chapter or another law governing illicit drugs in this state or
11 another state; or

12 (3) if the director finds that proper need has been
13 shown to the director:

14 (A) a law enforcement or prosecutorial official
15 engaged in the administration, investigation, or enforcement of
16 this chapter or another law governing illicit drugs in this state or
17 another state;

18 (B) a pharmacist or a pharmacy technician, as
19 defined by Section 551.003, Occupations Code, acting at the
20 direction of a pharmacist or a practitioner who is a physician,
21 dentist, veterinarian, podiatrist, or advanced practice nurse or is
22 a physician assistant described by Section 481.002(39)(D) or a
23 nurse licensed under Chapter 301, Occupations Code, acting at the
24 direction of a practitioner and is inquiring about a recent
25 Schedule II, III, IV, or V prescription history of a particular
26 patient of the practitioner; or

27 (C) a pharmacist or practitioner who is inquiring

1 about the person's own dispensing or prescribing activity.

2 (a-1) A person authorized to receive information under
3 Subsection (a)(3)(B) or (C) may access that information through a
4 health information exchange, subject to proper security measures to
5 ensure against disclosure to unauthorized persons.

6 (a-2) A person authorized to receive information under
7 Subsection (a)(3)(B) may include that information in any form in
8 the medical or pharmacy record of the patient who is the subject of
9 the information. Any information included in a patient's medical
10 or pharmacy record under this subsection is subject to any
11 applicable state or federal confidentiality or privacy laws.

12 (e) The director shall remove from the information
13 retrieval system, destroy, and make irretrievable the record of the
14 identity of a patient submitted under this section to the director
15 not later than the end of the 36th [~~12th~~] calendar month after the
16 month in which the identity is entered into the system. However,
17 the director may retain a patient identity that is necessary for use
18 in a specific ongoing investigation conducted in accordance with
19 this section until the 30th day after the end of the month in which
20 the necessity for retention of the identity ends.

21 SECTION 3. Subsection (a), Section 481.127, Health and
22 Safety Code, is amended to read as follows:

23 (a) A person commits an offense if the person knowingly
24 gives, permits, or obtains unauthorized access to information
25 submitted to the director under Section 481.074(q) or 481.075.

26 SECTION 4. Chapter 481, Health and Safety Code, is amended
27 by adding Subchapter I to read as follows:

1 SUBCHAPTER I. INTERAGENCY PRESCRIPTION MONITORING WORK GROUP

2 Sec. 481.351. INTERAGENCY PRESCRIPTION MONITORING WORK
3 GROUP. The interagency prescription monitoring work group is
4 created to evaluate the effectiveness of prescription monitoring
5 under this chapter and offer recommendations to improve the
6 effectiveness and efficiency of recordkeeping and other functions
7 related to the regulation of dispensing controlled substances by
8 prescription.

9 Sec. 481.352. MEMBERS. The work group is composed of:

- 10 (1) the director or the director's designee;
11 (2) the commissioner of state health services or the
12 commissioner's designee;
13 (3) the executive director of the Texas State Board of
14 Pharmacy or the executive director's designee;
15 (4) the executive director of the Texas Medical Board
16 or the executive director's designee;
17 (5) the executive director of the Texas Board of
18 Nursing or the executive director's designee; and
19 (6) the executive director of the Texas Physician
20 Assistant Board or the executive director's designee.

21 Sec. 481.353. MEETINGS. (a) The work group shall meet at
22 least quarterly.

23 (b) The work group is subject to Chapter 551, Government
24 Code.

25 (c) The work group shall proactively engage stakeholders
26 and solicit and take into account input from the public.

27 Sec. 481.354. REPORT. Not later than December 1 of each

1 even-numbered year, the work group shall submit to the legislature
2 its recommendations relating to prescription monitoring.

3 SECTION 5. Section 168.102, Occupations Code, is amended by
4 adding Subsection (d) to read as follows:

5 (d) If an applicant for a certificate under this chapter is
6 under investigation by the board for a violation of this subtitle,
7 board rules, or other law relating to the prescription,
8 dispensation, administration, supply, or sale of a controlled
9 substance, the board may not make a decision on the application
10 until the board has reached a final decision on the matter under
11 investigation.

12 SECTION 6. Subsection (a), Section 168.202, Occupations
13 Code, is amended to read as follows:

14 (a) A violation of this chapter or a rule adopted under this
15 chapter is grounds for disciplinary action, including a temporary
16 suspension or restriction under Section 164.059, against a pain
17 management clinic certified under this chapter or an owner or
18 operator of a clinic certified under this chapter.

19 SECTION 7. This Act takes effect September 1, 2013.

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 1643 passed the Senate on April 25, 2013, by the following vote: Yeas 28, Nays 0; and that the Senate concurred in House amendments on May 25, 2013, by the following vote: Yeas 30, Nays 0.

Secretary of the Senate

I hereby certify that S.B. No. 1643 passed the House, with amendments, on May 22, 2013, by the following vote: Yeas 144, Nays 2, one present not voting.

Chief Clerk of the House

Approved:

Date

Governor

AN ACT

1
2 relating to controlled substance registration by physicians and the
3 regulation of persons engaged in pain management; changing the
4 payment schedule for a fee.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

6 SECTION 1. Section 481.061(c), Health and Safety Code, is
7 amended to read as follows:

8 (c) A separate registration is required at each principal
9 place of business or professional practice where the applicant
10 manufactures, distributes, analyzes, dispenses, or possesses a
11 controlled substance[~~—However~~], except that the director may not
12 require separate registration for:

13 (1) a physician licensed under Subtitle B, Title 3,
14 Occupations Code; or

15 (2) a practitioner engaged in research with a
16 nonnarcotic controlled substance listed in Schedules II through V
17 if the registrant is already registered under this subchapter in
18 another capacity.

19 SECTION 2. Section 481.063(g), Health and Safety Code, is
20 amended to read as follows:

21 (g) Except as otherwise provided by Section 481.0645 for a
22 physician licensed under Subtitle B, Title 3, Occupations Code,
23 a [A] registration is valid until the first anniversary of the date
24 of issuance and may be renewed annually under rules adopted by the

1 director, unless a rule provides for a longer period of validity or
2 renewal.

3 SECTION 3. Section 481.064, Health and Safety Code, is
4 amended by amending Subsection (a) and adding Subsection (a-1) to
5 read as follows:

6 (a) Except as otherwise provided by Section 481.0645 for a
7 physician licensed under Subtitle B, Title 3, Occupations Code, the
8 ~~The~~ director may charge a nonrefundable fee of not more than \$25
9 before processing an application for annual registration and may
10 charge a late fee of not more than \$50 for each application for
11 renewal the department receives after the date the registration
12 expires. The director by rule shall set the amounts of the fees at
13 the amounts that are necessary to cover the cost of administering
14 and enforcing this subchapter. Except as provided by Subsection
15 (b) or Section 156.004, Occupations Code, registrants shall pay the
16 fees to the director. Not later than 60 days before the date the
17 registration expires, the director shall send a renewal notice to
18 the registrant at the last known address of the registrant
19 according to department records, unless the registrant is a
20 physician to whom notice of expiration is provided under Section
21 156.004, Occupations Code.

22 (a-1) Notwithstanding Subsection (a), the director shall
23 continue to send renewal notices to registrants who are physicians.
24 This subsection expires January 1, 2016.

25 SECTION 4. Subchapter C, Chapter 481, Health and Safety
26 Code, is amended by adding Section 481.0645 to read as follows:

27 Sec. 481.0645. REGISTRATION, RENEWAL, AND FEES FOR

1 PHYSICIANS. (a) The registration under this chapter of a physician
2 licensed under Subtitle B, Title 3, Occupations Code, is valid for a
3 period of not less than two years and expires on the same date the
4 physician's registration permit issued by the Texas Medical Board
5 under Chapter 156, Occupations Code, expires.

6 (a-1) Notwithstanding Subsection (a), a registration of a
7 physician licensed under Subtitle B, Title 3, Occupations Code,
8 that is in effect on January 1, 2014, expires on the date on which
9 the physician's registration permit issued by the Texas Medical
10 Board under Chapter 156, Occupations Code, expires. This
11 subsection expires January 1, 2017.

12 (b) The director may charge a physician registered under
13 this section a nonrefundable registration fee of not more than \$50
14 and a late fee for each application submitted after the expiration
15 of the grace period described by Section 156.004(b), Occupations
16 Code.

17 (c) A physician may request the renewal of the physician's
18 registration under this chapter by remitting the information
19 required under Section 481.063 and the fee required under
20 Subsection (b) to the Texas Medical Board. The Texas Medical Board
21 must allow a physician to submit the information and pay the fee
22 electronically.

23 (d) A physician requesting renewal under this section must
24 meet all eligibility requirements under Section 481.063(e).

25 (e) The director shall adopt any rules necessary to
26 administer this section. The director shall coordinate with the
27 Texas Medical Board in the adoption of rules necessary under this

1 section to prevent any conflicts between rules adopted by the
2 agencies and to ensure that administrative burden to physicians is
3 minimized.

4 SECTION 5. Subchapter A, Chapter 156, Occupations Code, is
5 amended by adding Section 156.0035 to read as follows:

6 Sec. 156.0035. RENEWAL OF CONTROLLED SUBSTANCE
7 REGISTRATION. (a) The board shall accept the renewal application
8 and fee submitted by a physician under Section 481.0645, Health and
9 Safety Code, for a registration under Subchapter C, Chapter 481,
10 Health and Safety Code.

11 (b) The board by rule shall adopt a procedure for submitting
12 a registration renewal application and remitting the registration
13 fee to the Department of Public Safety.

14 (c) The board shall coordinate a physician's controlled
15 substance registration renewal with the registration required
16 under this chapter so that the times of registration, payment, and
17 notice are the same and provide a minimum of administrative burden
18 to the board and to physicians.

19 SECTION 6. Section 156.004, Occupations Code, is amended to
20 read as follows:

21 Sec. 156.004. NOTICE OF EXPIRATION. (a) At least 60 days
22 before the date on which a physician's registration permit expires,
23 the [The] board shall send [a registration permit renewal
24 application notice] to each physician at the physician's last known
25 address according to the board's records:

26 (1) a [at least 30 days before the expiration date of
27 the] registration permit renewal application notice; and

1 (2) a renewal notice for the physician's registration
2 with the Department of Public Safety under Subchapter C, Chapter
3 481, Health and Safety Code.

4 (b) The board shall provide for a 30-day grace period for
5 renewing the registration permit from the date of the expiration of
6 the permit.

7 SECTION 7. Section 168.002, Occupations Code, is amended to
8 read as follows:

9 Sec. 168.002. EXEMPTIONS. This chapter does not apply to:

10 (1) a medical or dental school or an outpatient clinic
11 associated with a medical or dental school;

12 (2) a hospital, including any outpatient facility or
13 clinic of a hospital;

14 (3) a hospice established under 40 T.A.C. Section
15 97.403 or defined by 42 C.F.R. Section 418.3;

16 (4) a facility maintained or operated by this state;

17 (5) a clinic maintained or operated by the United
18 States;

19 (6) a health organization certified by the board under
20 Section 162.001;

21 (7) a clinic owned or operated by a physician who
22 treats patients within the physician's area of specialty and who
23 personally uses other forms of treatment, including surgery, with
24 the issuance of a prescription for a majority of the patients; or

25 (8) a clinic owned or operated by an advanced practice
26 nurse licensed in this state who treats patients in the nurse's area
27 of specialty and who personally uses other forms of treatment with

1 the issuance of a prescription for a majority of the patients.

2 SECTION 8. Section 168.201, Occupations Code, is amended by
3 adding Subsection (d) to read as follows:

4 (d) A person who owns or operates a pain management clinic
5 is engaged in the practice of medicine.

6 SECTION 9. (a) The changes in law made to Subchapter C,
7 Chapter 481, Health and Safety Code, by this Act apply only to a
8 registration under that subchapter that expires on or after the
9 effective date of this Act.

10 (b) The changes in law made to Chapter 156, Occupations
11 Code, by this Act apply only to a registration permit under that
12 chapter that expires on or after the effective date of this Act.

13 (c) An unexpired registration under Subchapter C, Chapter
14 481, Health and Safety Code, held by a physician on the effective
15 date of this Act expires on the date on which the registration
16 permit issued to the physician under Chapter 156, Occupations Code,
17 expires.

18 SECTION 10. This Act takes effect January 1, 2014.

President of the Senate

Speaker of the House

I certify that H.B. No. 1803 was passed by the House on May 2, 2013, by the following vote: Yeas 145, Nays 0, 2 present, not voting; and that the House concurred in Senate amendments to H.B. No. 1803 on May 24, 2013, by the following vote: Yeas 144, Nays 0, 2 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 1803 was passed by the Senate, with amendments, on May 22, 2013, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

APPROVED: _____

Date

Governor