Consideration of Proposed Amendments to 22 Tex. Admin. Code §222.5, Pertaining to Prescriptive Authority Agreement

Background: House Bill (HB) 278 was enacted during the 86th Legislative Session and will become effective September 1, 2019. SB 278 simplifies the existing statutory requirements related to periodic meetings between an APRN and his/her delegating physician by eliminating the necessity of a face-to-face meeting and requiring monthly meetings for all parties. The proposed amendments are necessary to conform to these statutory changes.

Board Action: Move to approve the proposed amendments to 22 Texas Administrative Code §222.5, pertaining to Prescriptive Authority Agreement, as set out in Attachment “A”, 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 the proposed amendments to 22 Texas Administrative Code §222.5, pertaining to Prescriptive Authority Agreement, as proposed.
§222.5. Prescriptive Authority Agreement.

(a) – (b) (No change.)

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

(1) – (8) (No change.)

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

(A) (No change.)

(B) periodic [face to face] meetings between the APRN and the physician [at a location agreed upon by both providers].

(d) The periodic [face to face] meetings described by subsection (c)(9)(B) of this section must:

(1) include:

(A) (No change.)

(B) discussion of patient care improvement; [and]

(2) be documented; and [and [and [and]]]

(3) take place at least once a month in a manner determined by the physician and the APRN.

[(A) except as provided by subparagraph (B) of this paragraph:

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

——(ii) at least quarterly after the third anniversary of the date the agreement
is executed, with monthly meetings held between the quarterly meetings by means of a remote electronic communications system, including video conferencing technology or the internet; or-

(B) if during the seven years preceding the date the agreement is executed, the APRN for at least five years was in a practice that included the exercise of prescriptive authority with required physician supervision:

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

(ii) at least quarterly after the first anniversary of the date the agreement is executed, with monthly meetings held between the quarterly meetings by means of a remote electronic communications system, including video conferencing technology or the internet.

(e) – (l) (No change.)

[(m) The calculation under Chapter 157, Occupations Code, of the amount of time an APRN has practiced under the delegated prescriptive authority of a physician under a prescriptive authority agreement shall include the amount of time the APRN practiced under the delegated prescriptive authority of that physician before November 1, 2013.]
AN ACT

relating to the frequency and location of certain meetings required
by a prescriptive authority agreement.

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

SECTION 1. Sections 157.0512(e) and (f), Occupations Code,
are amended to read as follows:

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

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

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

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

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

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

(6) provide a plan for addressing patient emergencies;

(7) state the general process for communication and
the sharing of information between the physician and the advanced
practice registered nurse or physician assistant to whom the
physician has delegated prescriptive authority related to the care
and treatment of patients;
(8) if alternate physician supervision is to be utilized, designate one or more alternate physicians who may:

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

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

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

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

(B) [if the agreement is between a physician and an advanced practice registered nurse,] periodic [face-to-face] meetings between the advanced practice registered nurse or physician assistant and the physician [at a location determined by the physician and the advanced practice registered nurse; and

(C) if the agreement is between a physician and a physician assistant, periodic meetings between the physician assistant and the physician].

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

(1) include:

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

(B) discussion of patient care improvement; and

(2) be documented; and

(3) take place at least once a month in a manner determined by the physician and the advanced practice registered nurse or physician assistant [occur: ]

[(A) except as provided by Paragraph (B):]

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

[(ii) at least quarterly after the third anniversary of the date the agreement is executed, with monthly meetings held between the quarterly meetings by means of a remote electronic communications system, including videoconferencing technology or the Internet; or

[(B) if during the seven years preceding the date the agreement is executed the advanced practice registered nurse for at least five years was in a practice that included the exercise of prescriptive authority with required physician supervision:]

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

[(ii) at least quarterly after the first anniversary of the date the agreement is executed, with monthly meetings held between the quarterly meetings by means of a remote electronic communications system, including videoconferencing technology or the Internet].
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SECTION 2. Section 157.0512(f-1), Occupations Code, is repealed.

SECTION 3. Section 157.0512, Occupations Code, as amended by this Act, applies only to a prescriptive authority agreement entered into on or after the effective date of this Act. An agreement entered into before the effective date of this Act is governed by the law in effect on the date the agreement was entered into, and the former law is continued in effect for that purpose.

SECTION 4. This Act takes effect September 1, 2019.
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President of the Senate

I certify that H.B. No. 278 was passed by the House on April 12, 2019, by the following vote: Yeas 143, Nays 0, 2 present, not voting.

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Chief Clerk of the House

I certify that H.B. No. 278 was passed by the Senate on May 3, 2019, by the following vote: Yeas 31, Nays 0.

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Secretary of the Senate

APPROVED: _______________________

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Date

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Governor