Consideration of Proposed Amendments to 22 Tex. Admin. Code §216.3, Pertaining to Continuing Competency Requirements

Background: Several bills were enacted during the 86th Legislative Session that impact continuing competency requirements for nurses.

House Bill (HB) 2454, effective September 1, 2019, requires APRNs who have entered into a prescriptive authority agreement authorizing the prescribing of opioids to complete not less than two (2) hours of continuing education annually regarding safe and effective pain management related to the prescription of opioids and other controlled substances. This requirement applies to renewal of licensure on or after January 1, 2021.

HB 2059, effective September 1, 2019, requires all nurses who provide direct patient care to complete a human trafficking prevention course approved by the Health and Human Services Commission. This requirement applies to renewal of licensure on or after September 1, 2020.

HB 3285, effective September 1, 2019, requires prescribers whose practice includes the prescription of opioids to attend at least one (1) hour of continuing education annually covering best practices, alternative treatment options, and multi-modal approaches to pain management. The Texas Pharmacy Board is tasked with adopting rules to establish the required content of the continuing education. This requirement takes effect September 1, 2019, and expires on August 31, 2023.

HB 2174, effective September 1, 2019, requires APRNs licensed prior to September 1, 2020, and authorized to receive information from the prescription monitoring program to complete two (2) hours of continuing education related to approved procedures of prescribing and monitoring controlled substances no later than September 1, 2021. APRNs licensed after September 1, 2020, and authorized to receive information from the prescription monitoring program are required to complete the continuing education no later than one year after their initial licensure. This is a one-time education requirement.

The proposed amendments are necessary to conform to these statutory changes.

Board Action: Move to approve the proposed amendments to 22 Texas Administrative Code §216.3, pertaining to Continuing Competency Requirements, 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 §216.3, pertaining to Continuing Competency Requirements, as proposed.
§216.3. Continuing Competency Requirements.

(a) – (b) (No change.)

(c) Requirements for the APRN. A nurse licensed by the Board as an APRN is required to complete 20 contact hours of continuing education or achieve, maintain, or renew the national nursing certification recognized by the Board as meeting the certification requirement for the APRN’s role and population focus area of licensure within the licensing period, as defined in this chapter.

(1) – (2) (No change.)

(3) The APRN who holds prescriptive authority must complete, in addition to the requirements of this subsection, at least five additional contact hours of continuing education in pharmacotherapeutics within the licensing period. [The APRN who holds prescriptive authority and prescribes controlled substances must complete, in addition to the requirements of this subsection, at least three more additional contact hours of continuing education related to prescribing controlled substances.]

(4) The APRN who has entered into a prescriptive authority agreement authorizing the prescribing of opioids must complete not less than two (2) hours of continuing education annually regarding safe and effective pain management related to the prescription of opioids and other controlled substances, including education regarding reasonable standards of care; the identification of drug-seeking behavior in patients; and effectively communicating with patients regarding the prescription of an opioid or other controlled substance. This requirement applies to renewal of licensure on or after January 1, 2021. This requirement is in addition to any other requirements of this subsection.
(5) The APRN whose practice includes the prescription of opioids must attend at least one (1) hour of continuing education annually covering best practices, alternative treatment options, and multi-modal approaches to pain management that may include physical therapy, psychotherapy, and other treatments. The content of the continuing education described by this paragraph must meet the requirements set forth by the Texas Pharmacy Board. This requirement applies to renewal of licensure on or after September 1, 2019, and expires on August 31, 2023. This requirement is in addition to any other requirements of this subsection.

(6) The APRN who is licensed prior to September 1, 2020, and authorized to receive information from the prescription monitoring program (PMP) authorized by Chapter 481, Health and Safety Code, must complete two (2) hours of continuing education related to approved procedures of prescribing and monitoring controlled substances no later than September 1, 2021. The APRN licensed after September 1, 2020, and authorized to receive information from the PMP, must complete the continuing education required by this paragraph no later than one year after the APRN’s initial licensure date. This is a one-time education requirement and is in addition to any other requirements of this subsection.

(7) Category I Continuing Medical Education (CME) contact hours will meet requirements as described in this chapter, unless otherwise prohibited.

(d) – (g) (No change.)

(i) Human Trafficking Prevention. A nurse, including an APRN, who provides direct patient care must complete a human trafficking prevention course approved by the Health
and Human Services Commission. This requirement applies to the renewal of a license on or after September 1, 2020.
AN ACT
relating to controlled substance prescriptions and reimbursement
for treatment for certain substance use disorders; authorizing a
fee.
BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
SECTION 1. Section 552.118, Government Code, is amended to
read as follows:
Sec. 552.118. EXCEPTION: CONFIDENTIALITY OF OFFICIAL
PRESCRIPTION PROGRAM INFORMATION. Information is excepted from the
requirements of Section 552.021 if it is:
(1) information on or derived from an official
prescription form filed with the Texas State Board of Pharmacy
under Section 481.0755, Health and Safety Code, or an electronic
prescription record filed with the Texas State Board of Pharmacy
under Section 481.075, Health and Safety Code; or
(2) other information collected under Section 481.075
or 481.0755 of that code.
SECTION 2. Sections 481.002(10) and (47), Health and Safety
Code, are amended to read as follows:
(10) "Designated agent" means an individual
designated under Section 481.074(b-2) [481.073] to communicate a
practitioner's instructions to a pharmacist in an emergency.
(47) "Official prescription form" means a
prescription form that is used for a Schedule II controlled
substance under Section 481.0755 and contains the prescription
information required by Section 481.0755(e) [481.075].

SECTION 3. Section 481.003(a), Health and Safety Code, is
amended to read as follows:

(a) The director may adopt rules to administer and enforce
this chapter, other than Sections [481.073,] 481.074, 481.075,
481.0755, 481.0756, 481.076, 481.0761, 481.0762, 481.0763,
481.07635, 481.07636, 481.0764, 481.0765, and 481.0766. The board
may adopt rules to administer Sections [481.073,] 481.074, 481.075,
481.0755, 481.0756, 481.076, 481.0761, 481.0762, 481.0763,
481.07635, 481.07636, 481.0764, 481.0765, and 481.0766.

SECTION 4. Section 481.074, Health and Safety Code, is
amended by amending Subsections (b), (c), (e), (f), (g), (h), (k),
and (q) and adding Subsections (b-1) and (b-2) to read as follows:

(b) Except in an emergency as defined by board rule under
Subsection (b-1) [of the board] or as otherwise provided by
Section 481.075(j) or (m) or 481.0755, a person
may not dispense or administer a controlled substance [listed in
Schedule II] without a written prescription of a practitioner on an
official prescription form or
without an electronic prescription
that meets the requirements of and is completed by the practitioner
in accordance with Section 481.075.

(b-1) In an emergency as defined by board rule, a person may
dispense or administer a controlled substance [listed in Schedule
II] on the oral or telephonically communicated prescription of a
practitioner. The person who administers or dispenses the
substance shall:
(1) if the person is a prescribing practitioner or a pharmacist, promptly comply with Subsection (c); or
(2) if the person is not a prescribing practitioner or a pharmacist, promptly write the oral or telephonically communicated prescription and include in the written record of the prescription the name, address, and Federal Drug Enforcement Administration number issued for prescribing a controlled substance in this state of the prescribing practitioner, all information required to be provided by a practitioner under Section 481.075(e)(1), and all information required to be provided by a dispensing pharmacist under Section 481.075(e)(2).

(b-2) In an emergency described by Subsection (b-1), an agent designated in writing by a practitioner defined by Section 481.002(39)(A) may communicate a prescription by telephone. A practitioner who designates a different agent shall designate that agent in writing and maintain the designation in the same manner in which the practitioner initially designated an agent under this subsection. On the request of a pharmacist, a practitioner shall furnish a copy of the written designation. This subsection does not relieve a practitioner or the practitioner's designated agent from the requirement of Subchapter A, Chapter 562, Occupations Code. A practitioner is personally responsible for the actions of the designated agent in communicating a prescription to a pharmacist.

(c) Not later than the seventh day after the date a prescribing practitioner authorizes an emergency oral or telephonically communicated prescription, the prescribing practitioner shall cause an [a written or electronic prescription,
completed in the manner required by Section 481.075, to be
delivered to the dispensing pharmacist at the pharmacy where the
prescription was dispensed. [A written prescription may be
delivered in person or by mail. The envelope of a prescription
delivered by mail must be postmarked not later than the seventh day
after the date the prescription was authorized. On receipt of a
written prescription, the dispensing pharmacy shall file the
transcription of the telephonically communicated prescription and
the pharmacy copy and shall send information to the board as
required by Section 481.075. ] On receipt of the [an]
electronic
prescription, the pharmacist shall annotate the electronic
prescription record with the original authorization and date of the
emergency oral or telephonically communicated prescription.

(e) The partial filling of a prescription for a controlled
substance listed in Schedule II is permissible in accordance with
applicable federal law[ , if the pharmacist is unable to supply the
full quantity called for in a written or electronic prescription or
emergency oral prescription and the pharmacist makes a notation of
the quantity supplied on the face of the written prescription, on
the written record of the emergency oral prescription, or in the
electronic prescription record. The remaining portion of the
prescription may be filled within 72 hours of the first partial
filling, however, if the remaining portion is not or cannot be
filled within the 72-hour period, the pharmacist shall so notify
the prescribing individual practitioner. No further quantity may
be supplied beyond 72 hours without a new prescription].

(f) A prescription for a Schedule II controlled substance
for a patient in a long-term care facility (LTCF) or for a hospice patient with a medical diagnosis documenting a terminal illness may be filled in partial quantities to include individual dosage units. If there is any question about whether a hospice patient may be classified as having a terminal illness, the pharmacist must contact the practitioner before partially filling the prescription. Both the pharmacist and the practitioner have a corresponding responsibility to assure that the controlled substance is for a terminally ill hospice patient. The pharmacist must record the prescription on an official prescription form or in the electronic prescription record and must indicate on the official prescription form or in the electronic prescription record whether the patient is a "terminally ill hospice patient" or an "LTCF patient." A prescription that is partially filled and does not contain the notation "terminally ill hospice patient" or "LTCF patient" is considered to have been filled in violation of this chapter. For each partial filling, the dispensing pharmacist shall record on the back of the official prescription form or in the electronic prescription record the date of the partial filling, the quantity dispensed, the remaining quantity authorized to be dispensed, and the identification of the dispensing pharmacist. Before any subsequent partial filling, the pharmacist must determine that the additional partial filling is necessary. The total quantity of Schedule II controlled substances dispensed in all partial fillings may not exceed the total quantity prescribed. Schedule II prescriptions for patients in a long-term care facility or hospice patients with a medical diagnosis documenting a terminal illness may be filled in partial quantities to include individual dosage units.
illness are valid for a period not to exceed 60 days following the issue date unless sooner terminated by discontinuance of the medication.

(g) A person may not dispense a controlled substance in Schedule III or IV that is a prescription drug under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Section 301 et seq.) without a prescription of a practitioner defined by Section 481.002(39)(A) or (D), except that the practitioner may dispense the substance directly to an ultimate user. A prescription for a controlled substance listed in Schedule III or IV may not be filled or refilled later than six months after the date on which the prescription is issued and may not be refilled more than five times, unless the prescription is renewed by the practitioner. A prescription under this subsection must comply with other applicable state and federal laws.

(h) A pharmacist may dispense a controlled substance listed in Schedule III, IV, or V under a prescription issued by a practitioner defined by Section 481.002(39)(C) only if the pharmacist determines that the prescription was issued for a valid medical purpose and in the course of professional practice. A prescription described by this subsection may not be filled or refilled later than six months after the date the prescription is issued and may not be refilled more than five times, unless the prescription is renewed by the practitioner.

(k) A prescription for a controlled substance must show:
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(1) the quantity of the substance prescribed:
   (A) numerically, followed by the number written as a word, if the prescription is written;
   (B) numerically, if the prescription is electronic; or
   (C) if the prescription is communicated orally or telephonically, as transcribed by the receiving pharmacist;

(2) the date of issue;

(2-a) if the prescription is issued for a Schedule II controlled substance to be filled at a later date under Subsection (d-1), the earliest date on which a pharmacy may fill the prescription;

(3) the name, address, and date of birth or age of the patient or, if the controlled substance is prescribed for an animal, the species of the animal and the name and address of its owner;

(4) the name and strength of the controlled substance prescribed;

(5) the directions for use of the controlled substance;

(6) the intended use of the substance prescribed unless the practitioner determines the furnishing of this information is not in the best interest of the patient; and

(7) the name, address, Federal Drug Enforcement Administration number, and telephone number of the practitioner at the practitioner's usual place of business, which must be legibly
printed or stamped on a written prescription; and

(8) if the prescription is handwritten, the signature of the prescribing practitioner).

(q) Each dispensing pharmacist shall send all required information, including any information required to complete the Schedule III through V prescription forms, to the board by electronic transfer or another form approved by the board not later than the next business day after the date the prescription is completely filled.

SECTION 5. The heading to Section 481.075, Health and Safety Code, is amended to read as follows:

Sec. 481.075. SCHEDULE II PRESCRIPTIONS [OFFICIAL PRESCRIPTION PROGRAM].

SECTION 6. Sections 481.075(a), (e), (g), (h), (i), and (j), Health and Safety Code, are amended to read as follows:

(a) A practitioner who prescribes a controlled substance listed in Schedule II shall, except as provided by Section 481.074(b-1) or 481.0755 or a rule adopted under Section 481.0761, record the prescription [on an official prescription form or] in an electronic prescription that includes the information required by this section.

(e) Each [official prescription form or electronic] prescription used to prescribe a Schedule II controlled substance must contain:

(1) information provided by the prescribing practitioner, including:

(A) the date the prescription is issued;
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(B) the controlled substance prescribed;

(C) the quantity of controlled substance prescribed, shown[+

[(ii)] numerically[, followed by the number
written as a word, if the prescription is written; or

[(ii)] numerically, if the prescription is

electronic];

(D) the intended use of the controlled substance,

or the diagnosis for which the controlled substance [is]

prescribed, and the instructions for use of the substance;

(E) the practitioner's name, address, and

Federal Drug Enforcement Administration number issued for

prescribing a controlled substance in this state;

(F) the name, address, and date of birth or age of

the person for whom the controlled substance is prescribed; and

(G) if the prescription is issued to be filled at

a later date under Section 481.074(d-1), the earliest date on which

a pharmacy may fill the prescription;

(2) information provided by the dispensing

pharmacist, including the date the prescription is filled; and

(3) [for a written prescription, the signatures of the

prescribing practitioner and the dispensing pharmacist or for an

electronic prescription,] the prescribing practitioner's

electronic signature or other secure method of validation

authorized by federal law.

(g) Except for an emergency oral or telephonically

communicated prescription described by [prescribed under] Section
481.074(b-1) [481.074(b)], the prescribing practitioner shall:

(1) record [legibly fill in,] or direct a designated agent to record [legibly fill in, on the official prescription form] in the electronic prescription[ ] each item of information required to be provided by the prescribing practitioner under Subsection (e)(1), unless the practitioner determines that:

(A) under rule adopted by the board for this purpose, it is unnecessary for the practitioner or the practitioner's agent to provide the patient identification number; or

(B) it is not in the best interest of the patient for the practitioner or practitioner's agent to provide information regarding the intended use of the controlled substance or the diagnosis for which it is prescribed; and

(2) sign the official prescription form and give the form to the person authorized to receive the prescription or, in the case of an electronic prescription, electronically sign or validate the electronic prescription as authorized by federal law and transmit the prescription to the dispensing pharmacy.

(h) In the case of an emergency oral or telephonically communicated prescription described by [prescribed under] Section 481.074(b-1) [481.074(b)], the prescribing practitioner shall give the dispensing pharmacy the information needed to complete the official prescription form or electronic prescription record.

(i) Each dispensing pharmacist shall:

(1) [fill in on the official prescription form or] note in the electronic prescription record each item of information
given orally to the dispensing pharmacy under Subsection (h) and
the date the prescription is filled[\(^\text{\(A\)}\)] and[\(^\text{\(\star\)}\]

\([\text{\(A\)}\] for a written prescription, fill in the
dispensing pharmacist's signature; or
\([\text{\(B\)}\] for an electronic prescription,]
appropriately record the identity of the dispensing pharmacist in
the electronic prescription record;

(2) retain with the records of the pharmacy for at
least two years:

\([\text{\(A\)}\] the official prescription form or
\([\text{\(B\)}\] the electronic prescription record[, as applicable]; and

(3) send all required information, including any
information required to complete an official prescription form or
electronic prescription record, to the board by electronic transfer
or another form approved by the board not later than the next
business day after the date the prescription is completely filled.

(j) A medication order written for a patient who is admitted
to a hospital at the time the medication order is written and filled
is not required to be recorded [on an official prescription form or]
in an electronic prescription record that meets the requirements of
this section.

SECTION 7. Subchapter C, Chapter 481, Health and Safety
Code, is amended by adding Sections 481.0755 and 481.0756 to read as
follows:

Sec. 481.0755. WRITTEN, ORAL, AND TELEPHONICALLY
COMMUNICATED PRESCRIPTIONS. (a) Notwithstanding Sections 481.074 and 481.075, a prescription for a controlled substance is not required to be issued electronically and may be issued in writing if the prescription is issued:

1. by a veterinarian;
2. in circumstances in which electronic prescribing is not available due to temporary technological or electronic failure, as prescribed by board rule;
3. by a practitioner to be dispensed by a pharmacy located outside this state, as prescribed by board rule;
4. when the prescriber and dispenser are in the same location or under the same license;
5. in circumstances in which necessary elements are not supported by the most recently implemented national data standard that facilitates electronic prescribing;
6. for a drug for which the United States Food and Drug Administration requires additional information in the prescription that is not possible with electronic prescribing;
7. for a non-patient-specific prescription pursuant to a standing order, approved protocol for drug therapy, collaborative drug management, or comprehensive medication management, in response to a public health emergency or in other circumstances in which the practitioner may issue a non-patient-specific prescription;
8. for a drug under a research protocol;
9. by a practitioner who has received a waiver under Section 481.0756 from the requirement to use electronic
prescribing;

(10) under circumstances in which the practitioner has the present ability to submit an electronic prescription but reasonably determines that it would be impractical for the patient to obtain the drugs prescribed under the electronic prescription in a timely manner and that a delay would adversely impact the patient's medical condition; or

(11) before January 1, 2021.

(b) A dispensing pharmacist who receives a controlled substance prescription in a manner other than electronically is not required to verify that the prescription is exempt from the requirement that it be submitted electronically. The pharmacist may dispense a controlled substance pursuant to an otherwise valid written, oral, or telephonically communicated prescription consistent with the requirements of this subchapter.

(c) Except in an emergency, a practitioner must use a written prescription to submit a prescription described by Subsection (a). In an emergency, the practitioner may submit an oral or telephonically communicated prescription as authorized under Section 481.074(b-1).

(d) A written prescription for a controlled substance other than a Schedule II controlled substance must include the information required under Section 481.074(k) and the signature of the prescribing practitioner.

(e) A written prescription for a Schedule II controlled substance must be on an official prescription form and include the information required for an electronic prescription under Section
(e), the signature of the practitioner, and the signature of
the dispensing pharmacist after the prescription is filled.

(f) The board by rule shall authorize a practitioner to
determine whether it is necessary to obtain a particular patient
identification number and to provide that number on the official
prescription form.

(g) On request of a practitioner, the board shall issue
official prescription forms to the practitioner for a fee covering
the actual cost of printing, processing, and mailing the forms.
Before mailing or otherwise delivering prescription forms to a
practitioner, the board shall print on each form the number of the
form and any other information the board determines is necessary.

(h) Each official prescription form must be sequentially
numbered.

(i) A person may not obtain an official prescription form
unless the person is a practitioner as defined by Section
481.002(39)(A) or an institutional practitioner.

(j) Not more than one Schedule II prescription may be
recorded on an official prescription form.

(k) Not later than the 30th day after the date a
practitioner's Federal Drug Enforcement Administration number or
license to practice has been denied, suspended, canceled,
surrendered, or revoked, the practitioner shall return to the board
all official prescription forms in the practitioner's possession
that have not been used for prescriptions.

(l) Each prescribing practitioner:

(1) may use an official prescription form only to
submit a prescription described by Subsection (a);

(2) shall date or sign an official prescription form only on the date the prescription is issued; and

(3) shall take reasonable precautionary measures to ensure that an official prescription form issued to the practitioner is not used by another person to violate this subchapter or a rule adopted under this subchapter.

(m) In the case of an emergency oral or telephonically communicated prescription described by Section 481.074(b-1), the prescribing practitioner shall give the dispensing pharmacy the information needed to complete the official prescription form if the pharmacy is not required to use the electronic prescription record.

(n) Each dispensing pharmacist receiving an oral or telephonically communicated prescription under Subsection (m) shall:

(1) fill in on the official prescription form each item of information given orally to the dispensing pharmacy under Subsection (m) and the date the prescription is filled and fill in the dispensing pharmacist's signature;

(2) retain with the records of the pharmacy for at least two years:

(A) the official prescription form; and

(B) the name or other patient identification required by Section 481.074(m) or (n); and

(3) send all required information, including any information required to complete an official prescription form, to
the board by electronic transfer or another form approved by the
board not later than the next business day after the date the
prescription is completely filled.

Sec. 481.0756. WAIVERS FROM ELECTRONIC PRESCRIBING. (a)
The appropriate regulatory agency that issued the license,
certification, or registration to a prescriber is authorized to
grant a prescriber a waiver from the electronic prescribing
requirement under the provisions of this section.

(b) The board shall convene an interagency workgroup that
includes representatives of each regulatory agency that issues a
license, certification, or registration to a prescriber.

(c) The work group described by Subsection (b) shall
establish recommendations and standards for circumstances in which
a waiver from the electronic prescribing requirement is appropriate
and a process under which a prescriber may request and receive a
waiver.

(d) The board shall adopt rules establishing the
eligibility for a waiver, including:

(1) economic hardship;

(2) technological limitations not reasonably within
the control of the prescriber; or

(3) other exceptional circumstances demonstrated by
the prescriber.

(e) Each regulatory agency that issues a license,
certification, or registration to a prescriber shall adopt rules
for the granting of waivers consistent with the board rules adopted
under Subsection (d).
A waiver may be issued to a prescriber for a period of one year. A prescriber may reapply for a subsequent waiver not earlier than the 30th day before the date the waiver expires if the circumstances that necessitated the waiver continue.

SECTION 8. Sections 481.0761(c) and (d), Health and Safety Code, are amended to read as follows:

(c) The board by rule may:

(1) [permit more than one prescription to be administered or dispensed and recorded on one prescription form for]

(1-a) establish a procedure for the issuance of multiple prescriptions of a Schedule II controlled substance under Section 481.074(d-1);

(2) remove from or return to the official prescription program any aspect of a practitioner's or pharmacist's hospital practice, including administering or dispensing;

(3) waive or delay any requirement relating to the time or manner of reporting;

(4) establish compatibility protocols for electronic data transfer hardware, software, or format, including any necessary modifications for participation in a database described by Section 481.076(j);

(5) establish a procedure to control the release of information under Sections 481.074, 481.075, and 481.076; and

(6) establish a minimum level of prescription activity below which a reporting activity may be modified or deleted.

(d) The board by rule shall authorize a practitioner to
determine whether it is necessary to obtain a particular patient identification number and to provide that number (on the official prescription form or) in the electronic prescription record.

SECTION 9. Subchapter C, Chapter 481, Health and Safety Code, is amended by adding Sections 481.07635 and 481.07636 to read as follows:

Sec. 481.07635. CONTINUING EDUCATION. (a) A person authorized to receive information under Section 481.076(a)(5) shall, not later than the first anniversary after the person is issued a license, certification, or registration to prescribe or dispense controlled substances under this chapter, complete two hours of professional education related to approved procedures of prescribing and monitoring controlled substances.

(b) A person authorized to receive information may annually take the professional education course under this section to fulfill hours toward the ethics education requirement of the person's license, certification, or registration.

(c) The regulatory agency that issued the license, certification, or registration to a person authorized to receive information under Section 481.076(a)(5) shall approve professional education to satisfy the requirements of this section.

Sec. 481.07636. OPIOID PRESCRIPTION LIMITS. (a) In this section, "acute pain" means the normal, predicted, physiological response to a stimulus such as trauma, disease, and operative procedures. Acute pain is time limited. The term does not include:

(1) chronic pain;

(2) pain being treated as part of cancer care;
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(3) pain being treated as part of hospice or other end-of-life care; or

(4) pain being treated as part of palliative care.

(b) For the treatment of acute pain, a practitioner may not:

(1) issue a prescription for an opioid in an amount that exceeds a 10-day supply; or

(2) provide for a refill of an opioid.

(c) Subsection (b) does not apply to a prescription for an opioid approved by the United States Food and Drug Administration for the treatment of substance addiction that is issued by a practitioner for the treatment of substance addiction.

(d) A dispenser is not subject to criminal, civil, or administrative penalties for dispensing or refusing to dispense a controlled substance under a prescription that exceeds the limits provided by Subsection (b).

SECTION 10. Section 481.128(a), Health and Safety Code, is amended to read as follows:

(a) A registrant or dispenser commits an offense if the registrant or dispenser knowingly:

(1) distributes, delivers, administers, or dispenses a controlled substance in violation of Subchapter C [Sections 481.070-481.075];

(2) manufactures a controlled substance not authorized by the person's Federal Drug Enforcement Administration registration or distributes or dispenses a controlled substance not authorized by the person's registration to another registrant or other person;
(3) refuses or fails to make, keep, or furnish a record, report, notification, order form, statement, invoice, or information required by this chapter;

(4) prints, manufactures, possesses, or produces an official prescription form without the approval of the board;

(5) delivers or possesses a counterfeit official prescription form;

(6) refuses an entry into a premise for an inspection authorized by this chapter;

(7) refuses or fails to return an official prescription form as required by Section 481.0755(k) [481.0755(k)];

(8) refuses or fails to make, keep, or furnish a record, report, notification, order form, statement, invoice, or information required by a rule adopted by the director or the board;

or

(9) refuses or fails to maintain security required by this chapter or a rule adopted under this chapter.

SECTION 11. Section 481.129(a), Health and Safety Code, is amended to read as follows:

(a) A person commits an offense if the person knowingly:

(1) distributes as a registrant or dispenser a controlled substance listed in Schedule I or II, unless the person distributes the controlled substance as authorized under the federal Controlled Substances Act (21 U.S.C. Section 801 et seq.);

(2) uses in the course of manufacturing, prescribing, or distributing a controlled substance a Federal Drug Enforcement Administration registration number that is fictitious, revoked,
suspended, or issued to another person;

(3) issues a prescription bearing a forged or fictitious signature;

(4) uses a prescription issued to another person to prescribe a Schedule II controlled substance;

(5) possesses, obtains, or attempts to possess or obtain a controlled substance or an increased quantity of a controlled substance:
   (A) by misrepresentation, fraud, forgery, deception, or subterfuge;
   (B) through use of a fraudulent prescription form; [or]
   (C) through use of a fraudulent oral or telephonically communicated prescription; or
   (D) through the use of a fraudulent electronic prescription; or

(6) furnishes false or fraudulent material information in or omits material information from an application, report, record, or other document required to be kept or filed under this chapter.

SECTION 12. Section 32.024, Human Resources Code, is amended by adding Subsection (z-2) to read as follows:

(z-2) The limits on prescription drugs and medications under the medical assistance program provided by Subsections (z) and (z-1) do not apply to a prescription for an opioid for the treatment of acute pain under Section 481.07636, Health and Safety Code.
is amended by adding Section 32.03115 to read as follows:

 Sec. 32.03115. REIMBURSEMENT FOR MEDICATION-ASSISTED TREATMENT FOR OPIOID OR SUBSTANCE USE DISORDER. (a) In this section, "medication-assisted opioid or substance use disorder treatment" means the use of methadone, buprenorphine, oral buprenorphine/naloxone, or naltrexone to treat opioid or substance use disorder.

 (b) Notwithstanding Sections 531.072 and 531.073, Government Code, or any other law and subject to Subsections (c) and (d), the commission shall provide medical assistance reimbursement for medication-assisted opioid or substance use disorder treatment without requiring a recipient of medical assistance or health care provider to obtain prior authorization or precertification for the treatment, except as needed to minimize the opportunity for fraud, waste, or abuse.

 (c) The duty to provide medical assistance reimbursement for medication-assisted opioid or substance use disorder treatment under Subsection (b) does not apply with respect to:

 (1) a prescription for methadone;

 (2) a recipient for whom medication-assisted opioid or substance use disorder treatment is determined to be medically contraindicated by the recipient's physician; or

 (3) a recipient who is subject to an age-related restriction applicable to medication-assisted opioid or substance use disorder treatment.

 (d) The commission may provide medical assistance
reimbursement for medication-assisted opioid or substance use
disorder treatment only if the treatment is prescribed to a
recipient of medical assistance by a licensed health care provider
who is authorized to prescribe methadone, buprenorphine, oral
buprenorphine/naloxone, or naltrexone.

(e) This section expires August 31, 2023.

SECTION 14. Section 554.051(a-1), Occupations Code, is
amended to read as follows:

(a-1) The board may adopt rules to administer Sections
[481.073,] 481.074, 481.075, 481.0755, 481.0756, 481.076,
481.0761, 481.0762, 481.0763, 481.07635, 481.07636, 481.0764,
481.0765, and 481.0766, Health and Safety Code.

SECTION 15. Section 565.003, Occupations Code, is amended
to read as follows:

Sec. 565.003. ADDITIONAL GROUNDS FOR DISCIPLINE REGARDING
APPLICANT FOR OR HOLDER OF NONRESIDENT PHARMACY LICENSE. Unless
compliance would violate the pharmacy or drug statutes or rules in
the state in which the pharmacy is located, the board may discipline
an applicant for or the holder of a nonresident pharmacy license if
the board finds that the applicant or license holder has failed to
comply with:

(1) Section 481.074 [or] 481.075, 481.0755,
481.0756, 481.076, 481.0761, 481.0762, 481.0763,
481.07635, 481.07636, 481.0764, 481.0765, or 481.0766,
Health and Safety Code;

(2) Texas substitution requirements regarding:
(A) the practitioner's directions concerning
generic substitution;
(B) the patient's right to refuse generic substitution; or

(C) notification to the patient of the patient's right to refuse substitution;

(3) any board rule relating to providing drug information to the patient or the patient's agent in written form or by telephone; or

(4) any board rule adopted under Section 554.051(a) and determined by the board to be applicable under Section 554.051(b).

SECTION 16. Sections 481.073, 481.074(o) and (p), and 481.075(b), (c), (d), (f), (k), and (l), Health and Safety Code, are repealed.

SECTION 17. A person who holds a license, certification, or registration to prescribe or dispense a controlled substance issued before September 1, 2020, is required to take the continuing education course provided by Section 481.07635, Health and Safety Code, as added by this Act, not later than September 1, 2021.

SECTION 18. (a) In this section, "qualifying practitioner" has the meaning assigned by 21 U.S.C. Section 823(g)(2)(G)(iii).

(b) Not later than November 1, 2019, the Health and Human Services Commission shall amend the commission's Medicaid Substance Use Disorder Services Medical Policy and any other provider or claims payment policy or manual necessary to authorize Medicaid medical benefits reimbursement for the prescribing of buprenorphine for the treatment of an opioid use disorder by an
advanced practice registered nurse recognized by the Texas Board of Nursing as a clinical nurse specialist, nurse anesthetist, or nurse midwife, provided that the advanced practice registered nurse:

1. is a qualifying practitioner;
2. has obtained a waiver from registration requirements as provided by 21 U.S.C. Section 823(g); and
3. is acting under adequate physician supervision and a physician's delegation under Section 157.0512 or 157.054, Occupations Code.

SECTION 19. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 20. This Act takes effect September 1, 2019.
H.B. No. 2174

President of the Senate

Speaker of the House

I certify that H.B. No. 2174 was passed by the House on April 25, 2019, by the following vote: Yeas 129, Nays 4, 1 present, not voting; and that the House concurred in Senate amendments to H.B. No. 2174 on May 24, 2019, by the following vote: Yeas 131, Nays 9, 3 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 2174 was passed by the Senate, with amendments, on May 21, 2019, by the following vote: Yeas 28, Nays 3.

Secretary of the Senate

APPROVED: ____________________________

Date

Governor
AN ACT
relating to programs and initiatives to prevent and respond to
opioid addiction, misuse, abuse, and overdose and identify and
treat co-occurring substance use disorders and mental illness.

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

SECTION 1. Subchapter Z, Chapter 51, Education Code, is
amended by adding Section 51.9362 to read as follows:

Sec. 51.9362. OVERDOSE AWARENESS TRAINING FOR RESIDENTIAL
ADVISORS AND STUDENT ORGANIZATION OFFICERS. (a) In this section:

(1) "Public or private institution of higher
education" includes an "institution of higher education" and a
"private or independent institution of higher education," as those
terms are defined by Section 61.003.

(2) "Residential advisor" means a student who is
employed by a public or private institution of higher education to
serve in an advisory capacity for students living in a residential
facility.

(3) "Residential facility" means a residence used
exclusively for housing or boarding students or faculty of a public
or private institution of higher education.

(4) "Student organization" includes any organization
that is composed mostly of students enrolled at a public or private
institution of higher education and that:

(A) is registered with the institution;
(B) receives student organization resource fee revenues or other funding from the institution; or

(C) is otherwise recognized as a student organization by the institution.

(b) A public or private institution of higher education that imposes any mandatory training requirements on residential advisors or officers of student organizations must ensure that overdose awareness and appropriate response training is included with that training.

SECTION 2. Subchapter C, Chapter 61, Education Code, is amended by adding Section 61.08205 to read as follows:

Sec. 61.08205. RESEARCH ON SUBSTANCE USE DISORDERS AND ADDICTION. The board shall encourage health-related institutions, as defined by Section 62.161, as added by Chapter 448 (H.B. 7), Acts of the 84th Legislature, Regular Session, 2015, and the faculty of those institutions to individually or through collaborative effort conduct research, for public health purposes, regarding substance use disorders and addiction issues involving prescription drugs.

SECTION 3. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.02253 to read as follows:

Sec. 531.02253. TELEHEALTH TREATMENT FOR SUBSTANCE USE DISORDERS. The executive commissioner by rule shall establish a program to increase opportunities and expand access to telehealth treatment for substance use disorders in this state.

SECTION 4. Subchapter A, Chapter 772, Government Code, is amended by adding Section 772.0078 to read as follows:

Sec. 772.0078. OPIOID ANTAGONIST GRANT PROGRAM. (a) In
this section:

(1) "Criminal justice division" means the criminal justice division established under Section 772.006.

(2) "Opioid antagonist" and "opioid-related drug overdose" have the meanings assigned by Section 483.101, Health and Safety Code.

(b) The criminal justice division shall establish and administer a grant program to provide financial assistance to a law enforcement agency in this state that seeks to provide opioid antagonists to peace officers, evidence technicians, and related personnel who, in the course of performing their duties, are likely to come into contact with opioids or encounter persons suffering from an apparent opioid-related drug overdose.

(c) A law enforcement agency may apply for a grant under this section only if the agency first adopts a policy addressing the usage of an opioid antagonist for a person suffering from an apparent opioid-related drug overdose.

(d) In an application for a grant under this section, the law enforcement agency shall provide information to the criminal justice division about the frequency and nature of:

(1) interactions between peace officers and persons suffering from an apparent opioid-related drug overdose;

(2) calls for assistance based on an apparent opioid-related drug overdose; and

(3) any exposure of peace officers, evidence technicians, or related personnel to opioids or suspected opioids in the course of performing their duties and any reactions by those
persons to those substances.

(e) A law enforcement agency receiving a grant under this section shall, as soon as practicable after receiving the grant, provide to the criminal justice division proof of purchase of the opioid antagonists.

(f) The criminal justice division may use any money available for purposes of this section.

SECTION 5. Subtitle E, Title 2, Health and Safety Code, is amended by adding Chapter 109 to read as follows:

CHAPTER 109. STATEWIDE BEHAVIORAL HEALTH COORDINATING COUNCIL

Sec. 109.001. DEFINITION. In this chapter, "council" means the Statewide Behavioral Health Coordinating Council.

Sec. 109.002. STATEWIDE BEHAVIORAL HEALTH STRATEGIC PLAN. In preparing the statewide behavioral health strategic plan, the council shall incorporate, as a separate part of that plan, strategies regarding substance abuse issues that are developed by the council in cooperation with the Texas Medical Board and the Texas State Board of Pharmacy, including strategies for:

(1) addressing the challenges of existing prevention, intervention, and treatment programs;

(2) evaluating substance use disorder prevalence involving the abuse of opioids;

(3) identifying substance abuse treatment services availability and gaps; and

(4) collaborating with state agencies to expand substance abuse treatment services capacity in this state.

SECTION 6. Subchapter B, Chapter 461A, Health and Safety
Code, is amended by adding Sections 461A.058 and 461A.059 to read as follows:

Sec. 461A.058. OPIOID MISUSE PUBLIC AWARENESS CAMPAIGN. (a) The executive commissioner by rule shall develop and the department shall operate a statewide public awareness campaign to deliver public service announcements that explain and clarify certain risks related to opioid misuse, including:

   (1) the risk of overdose, addiction, respiratory depression, or over-sedation; and

   (2) risks involved in mixing opioids with alcohol or other medications.

(b) This section and the statewide public awareness campaign developed under this section expire August 31, 2023.

Sec. 461A.059. OPIOID ANTAGONIST PROGRAM. (a) In this section, "opioid antagonist" has the meaning assigned by Section 483.101.

(b) From funds available for that purpose, the executive commissioner shall operate a program to provide opioid antagonists for the prevention of opioid overdoses in a manner determined by the executive commissioner to best accomplish that purpose.

(c) The executive commissioner may provide opioid antagonists under the program to emergency medical services personnel, first responders, public schools, community centers, and other persons likely to be in a position to respond to an opioid overdose.

(d) The commission may accept gifts, grants, and donations to be used in administering this section.
(e) The executive commissioner shall adopt rules as necessary to implement this section.

SECTION 7. Section 481.0764, Health and Safety Code, is amended by adding Subsection (f) to read as follows:

(f) A prescriber or dispenser whose practice includes the prescription or dispensation of opioids shall annually attend at least one hour of continuing education covering best practices, alternative treatment options, and multi-modal approaches to pain management that may include physical therapy, psychotherapy, and other treatments. The board shall adopt rules to establish the content of continuing education described by this subsection. The board may collaborate with private and public institutions of higher education and hospitals in establishing the content of the continuing education. This subsection expires August 31, 2023.

SECTION 8. Chapter 1001, Health and Safety Code, is amended by adding Subchapter K to read as follows:

SUBCHAPTER K. DATA COLLECTION AND ANALYSIS REGARDING OPIOID OVERDOSE DEATHS AND CO-OCCURRING SUBSTANCE USE DISORDERS

Sec. 1001.261. DATA COLLECTION AND ANALYSIS REGARDING OPIOID OVERDOSE DEATHS AND CO-OCCURRING SUBSTANCE USE DISORDERS.

(a) The executive commissioner shall ensure that data is collected by the department regarding opioid overdose deaths and the co-occurrence of substance use disorders and mental illness. The department may use data collected by the vital statistics unit and any other source available to the department.

(b) In analyzing data collected under this section, the department shall evaluate the capacity in this state for the
treatment of co-occurring substance use disorders and mental illness.

SECTION 9. Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.03115 to read as follows:

Sec. 32.03115. REIMBURSEMENT FOR MEDICATION-ASSISTED TREATMENT FOR OPIOID OR SUBSTANCE USE DISORDER. (a) In this section, "medication-assisted opioid or substance use disorder treatment" means the use of methadone, buprenorphine, oral buprenorphine/naloxone, or naltrexone to treat opioid or substance use disorder.

(b) Notwithstanding Sections 531.072 and 531.073, Government Code, or any other law and subject to Subsections (c) and (d), the commission shall provide medical assistance reimbursement for medication-assisted opioid or substance use disorder treatment without requiring a recipient of medical assistance or health care provider to obtain prior authorization or precertification for the treatment.

(c) The duty to provide medical assistance reimbursement for medication-assisted opioid or substance use disorder treatment under Subsection (b) does not apply with respect to:

(1) a prescription for methadone;

(2) a recipient for whom medication-assisted opioid or substance use disorder treatment is determined to be medically contraindicated by the recipient's physician; or

(3) a recipient who is subject to an age-related restriction applicable to medication-assisted opioid or substance abuse disorder treatment.
(d) The commission may provide medical assistance reimbursement for medication-assisted opioid or substance use disorder treatment only if the treatment is prescribed to a recipient of medical assistance by a licensed health care provider who is authorized to prescribe methadone, buprenorphine, oral buprenorphine/naloxone, or naltrexone.

(e) This section expires August 31, 2023.

SECTION 10. Section 168.002, Occupations Code, is amended to read as follows:

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

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

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

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

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

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

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

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

(8) a clinic owned or operated by an advanced practice nurse licensed in this state who treats patients in the...
nurse's area of specialty and who personally uses other forms of
treatment with the issuance of a prescription for a majority of the
patients].

SECTION 11. Subchapter A, Chapter 554, Occupations Code, is
amended by adding Section 554.018 to read as follows:

Sec. 554.018. COMPREHENSIVE SUBSTANCE USE DISORDER
APPROACH. The board shall encourage pharmacists to participate in
a program that provides a comprehensive approach to the delivery of
early intervention and treatment services for persons with
substance use disorders and persons who are at risk of developing
substance use disorders, such as a program promoted by the
Substance Abuse and Mental Health Services Administration within
the United States Department of Health and Human Services.

SECTION 12. Section 51.9362, Education Code, as added by
this Act, applies beginning with training required for the
2019-2020 academic year.

SECTION 13. (a) Not later than December 1, 2019, the
executive commissioner of the Health and Human Services Commission
shall:

(1) develop the opioid misuse public awareness
campaign required by Section 461A.058, Health and Safety Code, as
added by this Act; and

(2) establish the opioid antagonist program required
by Section 461A.059, Health and Safety Code, as added by this Act.

(b) Notwithstanding Subsection (a) of this section, if an
opioid misuse public awareness campaign described by Section
461A.058, Health and Safety Code, as added by this Act, is already
in operation as of the effective date of this Act, the Health and Human Services Commission and the Department of State Health Services may continue to operate that public awareness campaign to satisfy the requirements of that section.

(c) Notwithstanding Subsection (a) of this section, if an opioid antagonist program described by Section 461A.059, Health and Safety Code, as added by this Act, is already in operation as of the effective date of this Act, the Health and Human Services Commission may continue to operate that program to satisfy the requirements of that section.

SECTION 14. A state agency is required to implement a provision of this Act only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the state agency may, but is not required to, implement a provision of this Act using other appropriations available for that purpose.

SECTION 15. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 16. This Act takes effect September 1, 2019.
H.B. No. 3285

President of the Senate

I certify that H.B. No. 3285 was passed by the House on May 10, 2019, by the following vote: Yeas 119, Nays 18, 1 present, not voting; and that the House concurred in Senate amendments to H.B. No. 3285 on May 24, 2019, by the following vote: Yeas 124, Nays 18, 2 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 3285 was passed by the Senate, with amendments, on May 22, 2019, by the following vote: Yeas 29, Nays 2.

Secretary of the Senate

APPROVED: ____________________

Date

Governor
AN ACT

relating to required human trafficking prevention training as a
condition of registration permit or license renewal for certain
health care practitioners.

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

SECTION 1. Subtitle A, Title 3, Occupations Code, is
amended by adding Chapter 116 to read as follows:

CHAPTER 116. TRAINING COURSE ON HUMAN TRAFFICKING PREVENTION

Sec. 116.001. DEFINITIONS. In this chapter:

(1) "Commission" means the Health and Human Services Commission.

(2) "Executive commissioner" means the executive commissioner of the Health and Human Services Commission.

(3) "Health care practitioner" means an individual who holds a license, certificate, permit, or other authorization issued under this title to engage in a health care profession and who provides direct patient care.

Sec. 116.002. REQUIRED TRAINING COURSE ON HUMAN TRAFFICKING PREVENTION FOR CERTAIN HEALTH CARE PROVIDERS. (a) A health care practitioner, other than a physician or nurse, within the time prescribed by commission rule shall successfully complete a training course approved by the executive commissioner on identifying and assisting victims of human trafficking.

(b) The executive commissioner shall:
(1) approve training courses on human trafficking prevention, including at least one course that is available without charge; and

(2) post a list of the approved training courses on the commission's Internet website.

(c) The executive commissioner shall update the list of approved training courses described by Subsection (b) as necessary and consider for approval training courses conducted by health care facilities.

Sec. 116.003. TRAINING REQUIRED FOR LICENSE RENEWAL. A health care practitioner, other than a physician or nurse, shall successfully complete a training course described by Section 116.002 as a condition for renewal of a license issued to the health care practitioner under this title.

SECTION 2. Subchapter B, Chapter 156, Occupations Code, is amended by adding Section 156.060 to read as follows:

Sec. 156.060. CONTINUING EDUCATION IN HUMAN TRAFFICKING PREVENTION. (a) A physician licensed under this subtitle who submits an application for renewal of a registration permit and who designates a direct patient care practice must complete, as part of the hours of continuing medical education required for compliance with Section 156.051(a)(2), a human trafficking prevention course approved by the executive commissioner of the Health and Human Services Commission under Section 116.002.

(b) The board shall designate the human trafficking prevention course required by Subsection (a) as a medical ethics or professional responsibility course for purposes of complying with
(c) The board shall adopt rules to implement this section.

SECTION 3. Subchapter G, Chapter 301, Occupations Code, is amended by adding Section 301.308 to read as follows:

Sec. 301.308. CONTINUING EDUCATION IN HUMAN TRAFFICKING PREVENTION. (a) As part of a continuing competency program under Section 301.303, a license holder who provides direct patient care shall complete a human trafficking prevention course approved by the executive commissioner of the Health and Human Services Commission under Section 116.002.

(b) The board shall adopt rules to implement this section.

SECTION 4. As soon as practicable after the effective date of this Act, the executive commissioner of the Health and Human Services Commission shall approve and post on the commission’s Internet website the list of approved human trafficking prevention training courses and adopt rules necessary to implement Chapter 116, Occupations Code, as added by this Act.

SECTION 5. (a) As soon as practicable after the effective date of this Act, the applicable licensing agency shall provide notice to a health care practitioner of the human trafficking prevention training required under Chapter 116, Occupations Code, as added by this Act.

(b) Notwithstanding Section 116.002, Occupations Code, as added by this Act, a health care practitioner is not required to comply with that section before September 1, 2020.

SECTION 6. Sections 156.060 and 301.308, Occupations Code, as added by this Act, apply only to the renewal of a registration
permit to practice medicine or the renewal of a license to practice
nursing on or after September 1, 2020. The renewal of a
registration permit or license before that date is governed by the
law in effect immediately before the effective date of this Act, and
the former law is continued in effect for that purpose.

SECTION 7. This Act takes effect September 1, 2019.
H.B. No. 2059

President of the Senate

I certify that H.B. No. 2059 was passed by the House on May 10, 2019, by the following vote: Yeas 134, Nays 7, 2 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 2059 was passed by the Senate on May 22, 2019, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

APPROVED: __________________________

Date

Governor
AN ACT
relating to continuing education requirements for certain health
professionals regarding pain management and the prescribing of
opioids.

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

SECTION 1. Section 156.055, Occupations Code, is amended to
read as follows:

Sec. 156.055. CONTINUING EDUCATION IN PAIN MANAGEMENT AND
PRESCRIPTION OF OPIOIDS [TREATMENT]. (a) A physician licensed
under this subtitle who submits an application for renewal of a
license that designates a direct patient care practice must
complete, in accordance with this section, not less than two hours
of continuing medical education regarding safe and effective pain
management related to the prescription of opioids and other
controlled substances, including education regarding:

(1) reasonable standards of care;
(2) the identification of drug-seeking behavior in
patients; and
(3) effectively communicating with patients regarding
the prescription of an opioid or other controlled substance.

(b) A physician must complete the hours required by
Subsection (a) in each of the first two renewal periods following
the issuance of the physician's initial registration permit under
this chapter, with two of those hours to be completed not later than
the first anniversary of the date of issuance.

(c) After the period described by Subsection (b), a physician must complete not less than two hours of continuing medical education described by Subsection (a) every eight years.

(d) The hours required by this section may be completed in any continuing medical education activity approved by the board, including medical ethics or professional responsibility education, and may be counted toward [and whose practice includes treating patients for pain is encouraged to include continuing medical education in pain treatment among] the hours of continuing medical education completed to comply with Section 156.051(a)(2).

(e) The hours required by this section may not be used to satisfy any education required by board rule for certified pain clinic personnel.

(f) The board shall adopt rules to implement this section.

(g) Notwithstanding Subsections (b) and (c), a physician who on January 1, 2021, holds a license to practice medicine under this subtitle shall complete not less than two hours of continuing medical education described by Subsection (a) in each of the two renewal periods occurring after that date. This subsection expires January 1, 2026.

SECTION 2. Section 157.0513(a), Occupations Code, is amended to read as follows:

(a) The board, the Texas Board of Nursing, and the Texas Physician Assistant Board shall jointly develop a process:

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

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

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

(4) to ensure that each advanced practice registered
nurse or physician assistant who has entered into a prescriptive
authority agreement authorizing the prescribing of opioids is
required to complete not less than two hours of continuing
education annually regarding safe and effective pain management
related to the prescription of opioids and other controlled
substances, including education regarding:

(A) reasonable standards of care;

(B) the identification of drug-seeking behavior
in patients; and

(C) effectively communicating with patients
regarding the prescription of an opioid or other controlled
substance.

SECTION 3. Section 257.005, Occupations Code, is amended by
adding Subsection (b-1) to read as follows:

(b-1) The board shall require a licensed dentist whose
practice includes direct patient care to complete not less than two
hours of board-approved continuing education annually regarding
safe and effective pain management related to the prescription of
opioids and other controlled substances, including education
regarding:

(1) reasonable standards of care;
(2) the identification of drug-seeking behavior in
patients; and
(3) effectively communicating with patients regarding
the prescription of an opioid or other controlled substance.

SECTION 4. The change in law made by this Act applies only
to an application for renewal of a registration permit or license
submitted on or after January 1, 2021. A renewal application
submitted before January 1, 2021, is governed by the law in effect
immediately before the effective date of this Act, and the former
law is continued in effect for that purpose.

SECTION 5. This Act takes effect September 1, 2019.
H.B. No. 2454

President of the Senate

I certify that H.B. No. 2454 was passed by the House on May 2, 2019, by the following vote: Yeas 136, Nays 4, 1 present, not voting.

______________________________
Chief Clerk of the House

I certify that H.B. No. 2454 was passed by the Senate on May 22, 2019, by the following vote: Yeas 30, Nays 1.

______________________________
Secretary of the Senate

APPROVED: ______________________

Date

______________________________
Governor