

By: Kolkhorst, Campbell

S.B. No. 2695

A BILL TO BE ENTITLED

AN ACT

relating to an education program to enable certain students to practice medicine in certain rural counties and to physician delegation of certain medical acts to advanced practice registered nurses, including in certain rural counties.

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

ARTICLE 1. SHORT TITLE

SECTION 1.001. This Act may be cited as the Texas Critically Underserved Relief and Enhancement Act (Texas Cure Act).

ARTICLE 2. RURAL ADMISSION MEDICAL PROGRAM (RAMP)

SECTION 2.001. Chapter 51, Education Code, is amended by adding Subchapter X to read as follows:

SUBCHAPTER X. RURAL ADMISSION MEDICAL PROGRAM

Sec. 51.851. DEFINITIONS. In this subchapter:

(1) "Council" means the Rural Admission Medical Program Council established under Section 51.853.

(2) "General academic teaching institution" and "private or independent institution of higher education" have the meanings assigned to those terms by Section 61.003.

(3) "Participating medical school" has the meaning assigned by Section 51.821.

(4) "Participating student" means an eligible undergraduate student who is admitted to the program and who maintains eligibility for continued participation in the program.

1 (5) "Program" means the Rural Admission Medical
2 Program established under this subchapter.

3 Sec. 51.852. RURAL ADMISSION MEDICAL PROGRAM. The Rural
4 Admission Medical Program is a program administered by the Rural
5 Admission Medical Program Council to:

6 (1) provide services to support and encourage highly
7 qualified students from counties in this state with populations of
8 less than 25,000 who are pursuing a medical education;

9 (2) award undergraduate and graduate scholarships and
10 summer stipends to those students; and

11 (3) guarantee the admission of those students to at
12 least one participating medical school, subject to the conditions
13 under Section 51.827 and under other provisions of this subchapter.

14 Sec. 51.853. COMPOSITION OF COUNCIL. (a) The
15 participating medical schools shall jointly establish the Rural
16 Admission Medical Program Council consisting of one faculty member
17 employed by and representing each of the participating medical
18 schools.

19 (b) The council shall select one of its members to serve as
20 council chair for a term of two years.

21 Sec. 51.854. COUNCIL DUTIES. (a) The council shall:

22 (1) recruit eligible undergraduate students for
23 admission to the program;

24 (2) establish an application process for admitting
25 eligible undergraduate students to the program;

26 (3) evaluate applications for admission to the program
27 according to the procedures the council establishes for selecting

1 participating students;

2 (4) monitor the implementation of the program;

3 (5) assist in developing services to support and
4 encourage the pursuit of a medical education by participating
5 students and, as applicable, nontraditional students described by
6 Section 51.861;

7 (6) establish a process for participating students to:

8 (A) be matched to an internship program as
9 described by Subsection (b);

10 (B) be matched to any required undergraduate
11 mentoring program as described by Subsection (c);

12 (C) apply for admission to participating medical
13 schools;

14 (D) be matched to a participating medical school
15 as described by Subsection (d); and

16 (E) enroll in that school;

17 (7) award to participating students undergraduate
18 scholarships and summer stipends, including a summer stipend for a
19 student who is required to participate in an internship program in
20 the summer immediately following the student's senior year;

21 (8) award graduate scholarships to participating
22 students and, as applicable, nontraditional students described by
23 Section 51.861;

24 (9) enter into an agreement with each student admitted
25 to the program, each participating medical school, and each general
26 academic teaching institution or private or independent
27 institution of higher education as required by this subchapter; and

1 (10) take any other action necessary to implement the
2 program.

3 (b) The council shall match each participating student with
4 appropriate internship programs offered by participating medical
5 schools during the summers immediately following the student's
6 sophomore and junior years.

7 (c) The council shall match each participating student with
8 any appropriate undergraduate mentoring program required of the
9 student by the council.

10 (d) During a participating student's senior year, the
11 council shall match the student with an appropriate participating
12 medical school as necessary to fill the percentage of enrollment
13 capacity set aside by each medical school under the program.

14 Sec. 51.855. ELIGIBILITY FOR ADMISSION TO PROGRAM. (a) To
15 be eligible for admission to the program, an undergraduate student
16 must:

17 (1) have enrolled at a general academic teaching
18 institution or a private or independent institution of higher
19 education not later than the first fall semester following the
20 student's graduation from high school;

21 (2) be a resident of this state for purposes of tuition
22 under Subchapter B, Chapter 54;

23 (3) successfully complete at least 15 semester credit
24 hours during the fall semester of the student's freshman year at the
25 general academic teaching institution or the private or independent
26 institution of higher education;

27 (4) apply for admission to the program not later than a

1 date, as designated by the council, that occurs at the beginning of
2 the spring semester of the student's freshman year at the general
3 academic teaching institution or the private or independent
4 institution of higher education; and

5 (5) meet criteria established by the council
6 regarding:

7 (A) minimum high school and undergraduate grade
8 point averages;

9 (B) location in a county in this state with a
10 population of less than 25,000; and

11 (C) any other matter the council considers
12 appropriate.

13 (b) For purposes of Subsection (a)(2), a student is not a
14 Texas resident as described by that subdivision solely because the
15 student is eligible to pay tuition at the resident tuition rate.

16 Sec. 51.856. ELIGIBILITY TO CONTINUE PARTICIPATION IN
17 PROGRAM. (a) To be eligible to continue participation in the rural
18 program, an undergraduate student who is admitted to the program
19 must:

20 (1) meet criteria established by the council
21 regarding:

22 (A) courses taken and the minimum grade point
23 average for those courses during enrollment at the general academic
24 teaching institution or the private or independent institution of
25 higher education;

26 (B) progress in those courses;

27 (C) achievement of an acceptable score on the

1 Medical College Admission Test or any equivalent examination taken
2 as a precondition for enrollment in or admission to a participating
3 medical school; and

4 (D) any other matter the council considers
5 appropriate;

6 (2) participate in:

7 (A) internship programs described by Section
8 51.854(b) in:

9 (i) the summers immediately following the
10 student's freshman, sophomore, and junior years; and

11 (ii) if required, the summer immediately
12 following the student's senior year; and

13 (B) any undergraduate or graduate mentoring
14 program required by the council; and

15 (3) exhibit intelligence, integrity, and personal and
16 emotional characteristics that are considered necessary for the
17 student to become an effective physician.

18 (b) If an undergraduate student who is admitted to the
19 program fails to meet the requirements of Subsection (a) without
20 good cause as determined by the council, the council may terminate
21 that student's participation in the program at the end of the
22 semester during which the student failed to meet the requirements
23 of that subsection. A student's participation in the program is
24 automatically terminated if the student fails to meet the
25 requirements of Subsection (a) for two consecutive semesters
26 without good cause.

27 Sec. 51.857. COUNCIL AGREEMENT WITH STUDENT ADMITTED TO

1 PROGRAM. (a) A student admitted to the program must enter into an
2 agreement with the council under which the student agrees to:

3 (1) maintain eligibility for continued participation
4 in the program; and

5 (2) repay any scholarship or stipend received under
6 the program if the student enrolls in a public or private medical
7 school in another state, other than temporary enrollment occurring
8 as a result of an exchange program.

9 (b) At the time the student enters into an agreement under
10 this section, the council shall provide the student with
11 information regarding:

12 (1) available program benefits, including
13 undergraduate and graduate scholarships and summer stipends; and

14 (2) repayment of scholarship and stipend benefits
15 received under the program.

16 Sec. 51.858. COUNCIL AGREEMENT WITH PARTICIPATING MEDICAL
17 SCHOOL. (a) Each participating medical school must enter into an
18 agreement with the council under which the medical school agrees
19 to:

20 (1) select a faculty member employed by the medical
21 school to serve on the council;

22 (2) commit faculty and administrative resources to the
23 program;

24 (3) set aside for participating students or, if
25 necessary, nontraditional students described by Section 51.861 at
26 least 10 percent of the medical school's enrollment capacity for
27 each entering class, except as provided by Subsection (b);

1 (4) admit participating students who are matched to
2 the medical school under the program;

3 (5) provide internship programs for participating
4 students who have been matched to or are required to participate in
5 those programs as described by Section 51.854(b) and coordinate the
6 administration of those programs with general academic teaching
7 institutions or private or independent institutions of higher
8 education as necessary;

9 (6) provide for participating students any mentoring
10 programs required by the council at the undergraduate level and
11 coordinate the administration of those programs with general
12 academic teaching institutions or private or independent
13 institutions of higher education as necessary; and

14 (7) provide support services, including
15 postbaccalaureate mentoring programs required by the council, to
16 participating students and, as applicable, nontraditional students
17 described by Section 51.861 who enroll in the medical school.

18 (b) The Baylor College of Medicine must agree under
19 Subsection (a) to set aside under Subsection (a)(3) not less than 10
20 percent of its enrollment capacity set aside for students who are
21 entitled to pay tuition at the rate provided by Chapter 54 for
22 resident students.

23 Sec. 51.859. COUNCIL AGREEMENT WITH GENERAL ACADEMIC
24 TEACHING INSTITUTION. Each general academic teaching institution
25 must enter into an agreement with the council under which the
26 institution agrees to:

27 (1) provide academic counseling to a participating

1 student enrolled at that institution;

2 (2) as soon as practicable after entering into the
3 agreement, implement or expand appropriate degree programs as
4 necessary to provide participating students with sufficient
5 preparation for enrollment in participating medical schools; and

6 (3) select a faculty director or an academic or health
7 professions advisor to assist in implementing the program at the
8 institution and in implementing or expanding the institution's
9 degree programs as necessary under Subdivision (2).

10 Sec. 51.860. COUNCIL AGREEMENT WITH PRIVATE OR INDEPENDENT
11 INSTITUTION OF HIGHER EDUCATION. Each private or independent
12 institution of higher education must enter into an agreement with
13 the council under which the institution agrees to:

14 (1) provide academic counseling to a participating
15 student enrolled at the institution;

16 (2) as soon as practicable after entering into the
17 agreement, implement or expand appropriate degree programs as
18 necessary to provide participating students with sufficient
19 preparation for enrollment in participating medical schools;

20 (3) select a faculty director or an academic or health
21 professions advisor to assist in implementing the program at the
22 institution and in implementing or expanding the institution's
23 degree programs as necessary under Subdivision (2); and

24 (4) provide, in addition to any other scholarship
25 money awarded to the student, a scholarship to a participating
26 student in an amount equal to the amount awarded a participating
27 student attending a general academic teaching institution, except

1 that the amount of a scholarship award may not exceed the amount of
2 tuition and fees that the student is charged.

3 Sec. 51.861. NONTRADITIONAL STUDENTS. (a) If for any
4 reason a participating medical school does not fill the percentage
5 of enrollment capacity set aside for participating students under
6 the program, the medical school shall fill the remaining openings
7 with economically disadvantaged students who:

8 (1) are 25 years of age or older;

9 (2) have been admitted to the medical school
10 independently of the program;

11 (3) are referred by the medical school to the council
12 and admitted to the program by the council; and

13 (4) are entitled to pay tuition at the rate provided by
14 Chapter 54 for resident students.

15 (b) A nontraditional student admitted to the program under
16 this section is subject only to the program benefits and
17 requirements applicable to a participating student after
18 enrollment in a participating medical school. The nontraditional
19 student shall sign an agreement to that effect.

20 Sec. 51.862. FUNDING. (a) The council may accept a gift,
21 grant, devise, or bequest of money, securities, service, or
22 property to carry out any purpose of this subchapter, including
23 funds raised or services provided by a volunteer or volunteer group
24 to promote the work of the council.

25 (b) The legislature may appropriate money for the purposes
26 of this subchapter.

27 Sec. 51.863. REPORT. (a) The council shall deliver a

1 report on the program to the governor, the lieutenant governor, and
2 the speaker of the house of representatives not later than December
3 31 of each even-numbered year.

4 (b) The report must contain detailed information regarding:

5 (1) any problems the council identifies in
6 implementing the rural program, with recommended solutions for
7 those problems;

8 (2) the expenditure of any money received under this
9 subchapter, including legislative appropriations; and

10 (3) the number of students who are admitted to the
11 program and who are enrolled in each year of a baccalaureate,
12 graduate, or professional degree program offered by a general
13 academic teaching institution, a private or independent
14 institution of higher education, or a participating medical school,
15 as applicable.

16 ARTICLE 3. RURAL ADVANCED PRACTICE REGISTERED NURSE DELEGATION AND
17 SUPERVISION PROGRAM

18 SECTION 3.001. Subchapter A, Chapter 157, Occupations Code,
19 is amended by adding Section 157.008 to read as follows:

20 Sec. 157.008. RECORDS OF CERTAIN DELEGATION AND SUPERVISION
21 AGREEMENTS. (a) The board shall maintain records of all delegation
22 and supervision agreements entered into between a physician and an
23 advanced practice registered nurse, including:

24 (1) the amount of any fee a physician charges an
25 advanced practice registered nurse to enter into a delegation and
26 supervision agreement; and

27 (2) the county in which the advanced practice

1 registered nurse is practicing under a delegation and supervision
2 agreement.

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

4 SECTION 3.002. Section 157.0512(e), Occupations Code, is
5 amended to read as follows:

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

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

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

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

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

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

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

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

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

26 (A) provide appropriate supervision on a
27 temporary basis in accordance with the requirements established by

1 the prescriptive authority agreement and the requirements of this
2 subchapter; and

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

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

9 (A) chart review, with:

10 (i) for a prescriptive authority agreement
11 between a physician and an advanced practice registered nurse, the
12 physician reviewing at least five percent of the advanced practice
13 registered nurse's charts, including authority to review the charts
14 electronically from a remote location; and

15 (ii) for a prescriptive authority agreement
16 between a physician and a physician assistant, the number of charts
17 to be reviewed determined by the physician and [advanced practice
18 registered nurse or] physician assistant; and

19 (B) periodic meetings between the advanced
20 practice registered nurse or physician assistant and the physician.

21 SECTION 3.003. Chapter 157, Occupations Code, is amended by
22 adding Subchapter D to read as follows:

23 SUBCHAPTER D. RURAL ADVANCED PRACTICE REGISTERED NURSE

24 DELEGATION AND SUPERVISION PROGRAM

25 Sec. 157.151. DEFINITIONS. In this subchapter:

26 (1) "Advanced practice registered nurse" has the
27 meaning assigned by Section 301.152.

1 (2) "College" means The Texas A&M University System
2 Health Science Center College of Medicine.

3 (3) "Delegation and supervision agreement" includes a
4 prescriptive authority agreement under Subchapter B.

5 Sec. 157.152. RURAL ADVANCED PRACTICE REGISTERED NURSE
6 DELEGATION AND SUPERVISION PROGRAM. (a) The Texas A&M University
7 System Health Science Center College of Medicine shall establish
8 and administer a program under which the college contracts with or
9 otherwise retains a physician to enter into a delegation and
10 supervision agreement with an advanced practice registered nurse
11 practicing:

12 (1) in one of the following population foci:

13 (A) adult-gerontology primary care;

14 (B) family/individual across the lifespan;

15 (C) pediatrics primary care;

16 (D) psychiatric/mental health; or

17 (E) women's health/gender-related; and

18 (2) in a county with a population of not more than
19 30,000.

20 (b) The college may remove from participation in the program
21 established under this section a physician who does not satisfy the
22 supervision requirements of Section 157.0512(e)(9)(A)(i).

23 (c) Except as provided by Section 157.154, a delegation and
24 supervision agreement entered into under this subchapter is subject
25 to Subchapters A and B, as applicable.

26 (d) In establishing and administering the program under
27 this section, the college may collaborate with similar

institutions, agencies, and programs affiliated with a medical and dental unit as defined by Section 61.003, Education Code.

Sec. 157.153. DELEGATION AND SUPERVISION AGREEMENT FEE PROHIBITED. A physician may not charge a fee to an advanced practice registered nurse to enter into a delegation and supervision agreement under the program established under Section 157.152.

Sec. 157.154. NUMBER OF DELEGATION AND SUPERVISION AGREEMENTS. Notwithstanding Section 157.0512(c), a physician may enter into delegation and supervision agreements under the program established under Section 157.152 with not more than 10 advanced practice registered nurses or the full-time equivalent of 10 advanced practice registered nurses.

Sec. 157.155. RECORDS. (a) The college shall:

(1) maintain records of the delegation and supervision agreements entered into under the program established under Section 157.152; and

(2) collect data on:

(A) delegation and supervision interactions under the program; and

(B) the impact the program has on access to health care.

(b) The records maintained and data collected under Subsection (a):

(1) are confidential and privileged;

(2) are not subject to subpoena or discovery;

(3) are excepted from disclosure under Chapter 552,

1 Government Code; and

2 (4) may not be introduced into evidence in any
3 administrative, civil, or criminal proceeding against a patient, a
4 patient's family member, a physician, or a health care provider.

5 (c) Notwithstanding Subsection (b), not later than
6 September 1 of each even-numbered year, the college shall submit a
7 report on the records maintained and data collected under this
8 section to the governor, lieutenant governor, speaker of the house
9 of representatives, and appropriate committees of the legislature
10 that:

11 (1) contains only aggregated and anonymized
12 information;

13 (2) does not identify or include any information that
14 could be used to identify a patient or the patient's family;

15 (3) does not identify or include any information that
16 could be used to identify a physician or health care provider; and

17 (4) complies with all state and federal laws relating
18 to the transmission of health information, including the Health
19 Insurance Portability and Accountability Act of 1996 (Pub. L.
20 No. 104-191) and rules adopted under that act.

21 Sec. 157.156. POLICIES. (a) The college shall adopt
22 policies as necessary to implement this subchapter.

23 (b) A policy adopted under this section must prioritize
24 delegation and supervision agreements with advanced practice
25 registered nurses to practice in mental health and primary care in
26 locations designated as health professional shortage areas by the
27 Department of State Health Services.

ARTICLE 4. TRANSITION AND EFFECTIVE DATE

SECTION 4.001. Not later than February 1, 2026, the Texas Higher Education Coordinating Board and the Texas Medical Board shall adopt rules necessary to implement the changes in law made by this Act.

SECTION 4.002. This Act takes effect September 1, 2025.