

## **BILL ANALYSIS**

C.S.H.B. 2267  
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Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Interested parties contend that proper state oversight of medical professionals is essential to ensure patient safety. However, anesthesiologist assistants are not presently subject to sufficient oversight. C.S.H.B. 2267 seeks to provide access to safe anesthesia care while maintaining the role of an anesthesiologist assistant on a patient's care team.

### **CRIMINAL JUSTICE IMPACT**

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that rulemaking authority is expressly granted to the Texas Medical Board in SECTION 1 of this bill.

### **ANALYSIS**

C.S.H.B. 2267 amends the Occupations Code to prohibit a person, effective September 1, 2016, from practicing as an anesthesiologist assistant in Texas unless the person holds an anesthesiologist assistant license issued by the Texas Medical Board. The bill sets out provisions relating to the issuance of such a license and eligibility requirements for the license. The bill requires the medical board to administer and enforce the bill's provisions and authorizes the medical board to establish requirements to obtain a license and to establish examination requirements for a license. The bill requires the medical board to prescribe application requirements for a license and to develop an approved program of mandatory continuing education and the manner by which attendance at all approved courses, clinics, forums, lectures, programs, or seminars is monitored and recorded. The bill requires the medical board to adopt rules necessary to implement the bill's provisions and requires the rules to include requirements and limitations on the provision of anesthesia services by an anesthesiologist assistant as determined by the medical board to be in the best interests of patient health and safety, including certain specified requirements and limitations. The bill requires the medical board to set and collect fees in amounts that are reasonable and necessary to cover the costs of administering and enforcing the bill's provisions without the use of any other funds generated by the medical board.

C.S.H.B. 2267, effective September 1, 2016, applies Medical Practice Act procedures that govern license or registration renewal, complaints, and disciplinary actions to an anesthesiologist assistant in the same manner that those procedures apply to a physician.

C.S.H.B. 2267 authorizes an anesthesiologist assistant to assist the supervising anesthesiologist in developing and implementing an anesthesia care plan for a patient that is consistent with the rules adopted under the bill's provisions and establishes that an anesthesiologist assistant who assists an anesthesiologist is not considered to be engaged in the practice of medicine. The bill

expressly does not limit or expand the scope of practice of a physician assistant. The bill requires a student in an anesthesiologist assistant training program to be identified as a student anesthesiologist assistant or an anesthesiologist assistant student and prohibits such a student from using or permitting to be used on the student's behalf the term "intern," "resident," or "fellow," or another term that identifies the student as a physician or surgeon.

C.S.H.B. 2267, effective September 1, 2016, prohibits a person from using the title "anesthesiologist assistant" or representing that the person is an anesthesiologist assistant unless the person holds a license issued by the medical board under the bill's provisions and subjects a person who violates that prohibition to an administrative penalty in an amount to be determined by the medical board.

C.S.H.B. 2267 requires the medical board to adopt not later than June 1, 2016, the rules, procedures, and fees necessary to administer the anesthesiologist assistant license. The bill establishes that an anesthesiologist assistant is not required to hold a license to practice as an anesthesiologist assistant in Texas before September 1, 2016.

### **EFFECTIVE DATE**

Except as otherwise provided, September 1, 2015.

### **COMPARISON OF ORIGINAL AND SUBSTITUTE**

While C.S.H.B. 2267 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

#### INTRODUCED

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

SUBCHAPTER B. DELEGATION TO  
ADVANCED PRACTICE REGISTERED  
NURSES, ~~[AND]~~ PHYSICIAN  
ASSISTANTS, AND  
ANESTHESIOLOGIST ASSISTANTS

SECTION 2. Section 157.051, Occupations Code, is amended by adding Subdivision (1-a) to read as follows:

(1-a) "Anesthesiologist assistant" means a person who holds a license issued under Chapter 207.

SECTION 3. Subchapter B, Chapter 157, Occupations Code, is amended by adding Section 157.061 to read as follows:

Sec. 157.061. DELEGATION TO ANESTHESIOLOGIST ASSISTANTS. (a) In a licensed hospital or ambulatory surgical center, a board certified anesthesiologist may delegate to an anesthesiologist assistant

#### HOUSE COMMITTEE SUBSTITUTE

No equivalent provision.

No equivalent provision.

No equivalent provision.

the ordering of drugs and devices necessary for the anesthesiologist assistant to administer an anesthetic or an anesthesia-related service.

(b) Under the anesthesiologist's order and in accordance with facility policies or medical staff bylaws, an anesthesiologist assistant may select, obtain, and administer the drugs and apply the medical devices appropriate to accomplish the anesthesiologist's order and maintain the patient within a sound physiological status.

(c) This section shall be liberally construed to permit the full use of safe and effective medication orders to use the skills and services of anesthesiologist assistants.

SECTION 4. Subtitle C, Title 3, Occupations Code, is amended by adding Chapter 207 to read as follows:

CHAPTER 207. ANESTHESIOLOGIST ASSISTANTS

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 207.001. SHORT TITLE. This chapter may be cited as the Anesthesiologist Assistant Licensing Act.

Sec. 207.002. DEFINITIONS. In this chapter:

(1) "Anesthesiologist" means a physician licensed by the Texas Medical Board who specializes in anesthesiology.

(2) "Anesthesiologist assistant" means a person who holds a license issued under this chapter.

(3) "Anesthesiologist assistant board" means the Texas Anesthesiologist Assistant Board.

(4) "Anesthesiologist assistant practice protocol" means a written agreement of jointly agreed protocols or a standing order between a supervising anesthesiologist and an anesthesiologist assistant that provides for the delegation of health care services from a supervising anesthesiologist to an anesthesiologist assistant and the review of those services.

(5) "Anesthesiology" means the practice of medicine that specializes in the relief of pain during and after surgical procedures and childbirth, during certain chronic disease processes, and during the resuscitation and

SECTION 1. Subtitle C, Title 3, Occupations Code, is amended by adding Chapter 207 to read as follows:

CHAPTER 207. ANESTHESIOLOGIST ASSISTANTS

SUBCHAPTER A. GENERAL PROVISIONS

No equivalent provision.

Sec. 207.001. DEFINITIONS. In this chapter:

(1) "Anesthesiologist" means a physician licensed by the Texas Medical Board who specializes in anesthesiology.

(2) "Anesthesiologist assistant" means a person who holds a license issued under this chapter.

critical care of patients in the operating room and intensive care environments.

(6) "Direct supervision" means supervision by an anesthesiologist who is present in the facility in which the anesthesiologist assistant is performing anesthesia services and is immediately available to provide assistance and direction while anesthesia services are being performed.

(7) "Immediately available" means in the same physical location or facility in which the services are provided.

(8) "Medical board" means the Texas Medical Board.

(9) "Physician" means a person licensed by the Texas Medical Board to practice medicine and surgery or osteopathic medicine and surgery.

Sec. 207.003. APPLICATION OF SUNSET ACT. The Texas Anesthesiologist Assistant Board is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the board is abolished and this chapter expires September 1, 2027.

Sec. 207.004. APPLICABILITY OF CHAPTER. (a) A person is not required to hold a license issued under this chapter to practice as:

(1) a technician, assistant, or employee of a physician who performs delegated tasks but does not act as an anesthesiologist assistant or represent that the person is an anesthesiologist assistant; or

(2) any other licensed health care worker acting within the scope of that person's license if the person:

(A) does not use the title "anesthesiologist assistant" or the initials "A.A." or "A.A.-C";  
or

(B) is not represented or designated as an anesthesiologist assistant.

(b) This chapter does not limit the employment arrangement of an anesthesiologist assistant.

SUBCHAPTER B. TEXAS ANESTHESIOLOGIST ASSISTANT BOARD

Sec. 207.051. ANESTHESIOLOGIST

(3) "Medical board" means the Texas Medical Board.

No equivalent provision.

No equivalent provision.

No equivalent provision.

No equivalent provision.

ASSISTANT BOARD. (a) The Texas Anesthesiologist Assistant Board is an advisory board to the medical board.

(b) The anesthesiologist assistant board shall:

(1) guide, advise, and make recommendations to the medical board; and

(2) assist the medical board in carrying out this chapter.

(c) The medical board is responsible for the ongoing examination of the scope of practice and promoting the continuing role of anesthesiologist assistants in the delivery of health care services.

Sec. 207.052. APPOINTMENT OF BOARD. The anesthesiologist assistant board consists of six members appointed by the governor with the advice and consent of the senate as follows:

(1) one member who is a physician;

(2) one anesthesiologist assistant;

(3) two anesthesiologists; and

(4) two members who represent the public and are not licensed or trained in a health care profession.

No equivalent provision.

Sec. 207.053. PUBLIC MEMBER ELIGIBILITY. A person is not eligible for appointment as a public member of the anesthesiologist assistant board if the person or the person's spouse:

(1) is registered, certified, or licensed by an occupational regulatory agency in the field of health care;

(2) is employed by or participates in the management of a business entity or other organization regulated by the medical board or receiving funds from the medical board or anesthesiologist assistant board;

(3) owns or controls, directly or indirectly, more than a 10 percent interest in a business entity or other organization regulated by the medical board or anesthesiologist assistant board or receiving funds from the medical board or anesthesiologist assistant board; or

(4) uses or receives a substantial amount of tangible goods, services, or money from the medical board or anesthesiologist assistant board, other than compensation or reimbursement authorized by law for anesthesiologist assistant board membership, attendance, or expenses.

No equivalent provision.

Sec. 207.054. MEMBERSHIP AND

No equivalent provision.

EMPLOYEE RESTRICTIONS. (a) In this section, "Texas trade association" means a cooperative and voluntarily joined association of business or professional competitors in this state designed to assist its members and its industry or profession in dealing with mutual business or professional problems and in promoting their common interest.

(b) A person may not be a member of the anesthesiologist assistant board or an employee of the medical board employed in a "bona fide executive, administrative, or professional capacity," as that phrase is used for purposes of establishing an exemption to the overtime provisions of the federal Fair Labor Standards Act of 1938 (29 U.S.C. Section 201 et seq.) if:

(1) the person is an officer, employee, manager, or paid consultant of a Texas trade association in the field of health care; or

(2) the person's spouse is an officer, board member, employee, or paid consultant of a Texas trade association in the field of health care.

(c) A person may not be a member of the anesthesiologist assistant board if the person is required to register as a lobbyist under Chapter 305, Government Code, because of the person's activities for compensation on behalf of a profession related to the operation of the medical board or anesthesiologist assistant board.

Sec. 207.055. MEMBERSHIP REQUIREMENTS. Each member of the anesthesiologist assistant board must be a citizen of the United States and a resident of this state. Each physician member of the anesthesiologist assistant board must be licensed to practice medicine in this state.

No equivalent provision.

Sec. 207.056. TERMS; VACANCIES. (a) Members of the anesthesiologist assistant board serve staggered three-year terms. The terms of two members expire on January 31 each year.

No equivalent provision.

(b) An anesthesiologist assistant board member who is an anesthesiologist assistant or a physician may not serve more than two consecutive terms.

(c) If a vacancy occurs during a member's term, the governor shall appoint a new member to serve the unexpired term.

Sec. 207.057. OFFICERS; MEETINGS.

(a) The anesthesiologist assistant board shall hold an open annual meeting and elect a presiding officer and secretary from among its members.

(b) The anesthesiologist assistant board may hold additional meetings as necessary provided that notice of each meeting is given to each member not less than 10 days before the date of the meeting.

No equivalent provision.

Sec. 207.058. APPLICABILITY OF OTHER LAW. (a) Chapter 2110, Government Code, does not apply to the anesthesiologist assistant board.

(b) Except as otherwise provided by this chapter, the anesthesiologist assistant board is subject to Chapters 551 and 2001, Government Code.

No equivalent provision.

Sec. 207.059. GROUNDS FOR REMOVAL. (a) It is a ground for removal from the anesthesiologist assistant board that a member:

(1) does not have at the time of taking office the qualifications required by Sections 207.052, 207.053, and 207.055;

(2) does not maintain during service on the anesthesiologist assistant board the qualifications required by Sections 207.052, 207.053, and 207.055;

(3) is ineligible for membership under Section 207.054;

(4) cannot, because of illness or disability, discharge the member's duties for a substantial part of the member's term; or

(5) is absent from more than half of the regularly scheduled anesthesiologist assistant board meetings that the member is eligible to attend during a calendar year without an excuse approved by a majority vote of the anesthesiologist assistant board.

(b) The validity of an action of the anesthesiologist assistant board is not affected by the fact that it is taken when a ground for removal of an anesthesiologist assistant board member exists.

(c) If the executive director of the medical board has knowledge that a potential ground for removal of an anesthesiologist assistant board member exists, the executive director shall notify the presiding officer of the anesthesiologist assistant board of the potential ground. The presiding officer shall then notify the governor and the attorney

No equivalent provision.

general that a potential ground for removal exists. If the potential ground for removal involves the presiding officer, the executive director shall notify the next highest officer of the anesthesiologist assistant board, who shall notify the governor and the attorney general that a potential ground for removal exists.

Sec. 207.060. TRAINING. (a) A person who is appointed to and qualifies for office as a member of the anesthesiologist assistant board may not vote, deliberate, or be counted as a member in attendance at a meeting of the anesthesiologist assistant board until the person completes a training program that complies with this section.

(b) The training program must provide the person with information regarding:

(1) this chapter;

(2) the results of the most recent formal audit of the anesthesiologist assistant board;

(3) the requirements of laws relating to open meetings, public information, administrative procedure, and conflicts of interest; and

(4) any applicable ethics policies adopted by the medical board or the Texas Ethics Commission.

(c) A person appointed to the anesthesiologist assistant board is entitled to reimbursement, as provided by the General Appropriations Act, for travel expenses incurred in attending the training program regardless of whether the attendance at the program occurs before or after the person qualifies for office.

Sec. 207.061. QUALIFICATIONS AND STANDARDS OF CONDUCT INFORMATION. The executive director of the medical board or the executive director's designee shall provide, as often as necessary, to members of the anesthesiologist assistant board information regarding their:

(1) qualifications for office under this chapter; and

(2) responsibilities under applicable laws relating to standards of conduct for state officers.

Sec. 207.062. COMPENSATION; REIMBURSEMENT. An anesthesiologist assistant board member may not receive

No equivalent provision.

No equivalent provision.

No equivalent provision.



compensation for service on the anesthesiologist assistant board but is entitled to receive reimbursement under the General Appropriations Act for transportation and related expenses incurred while conducting the anesthesiologist assistant board's business.

SUBCHAPTER C. POWERS AND DUTIES OF ANESTHESIOLOGIST ASSISTANT BOARD AND MEDICAL BOARD

Sec. 207.101. GENERAL POWERS AND DUTIES OF ANESTHESIOLOGIST ASSISTANT BOARD. The anesthesiologist assistant board shall:

(1) adopt rules that are reasonable and necessary for the performance of the board's duties under this chapter, as provided by Chapter 2001, Government Code, including rules to establish:

(A) licensing and other fees;

(B) license renewal dates; and

(C) procedures for disciplinary actions;

(2) review and approve or reject each application for the issuance or renewal of a license;

(3) issue each license;

(4) deny, suspend, or revoke a license or otherwise discipline a license holder; and

(5) take any action necessary to carry out the functions and duties of the board under this chapter.

Sec. 207.102. GUIDELINES FOR EARLY INVOLVEMENT IN RULEMAKING PROCESS. (a) The anesthesiologist assistant board shall adopt guidelines to establish procedures for receiving input during the rulemaking process from individuals and groups that have an interest in matters under the anesthesiologist assistant board's jurisdiction. The guidelines must provide an opportunity for those individuals and groups to provide input before the anesthesiologist assistant board submits the rule to the medical board for approval.

(b) A rule adopted by the medical board may not be challenged on the grounds that the anesthesiologist assistant board did not comply with this section. If the anesthesiologist assistant board was unable

SUBCHAPTER B. POWERS AND DUTIES OF MEDICAL BOARD

No equivalent provision.

No equivalent provision.

to solicit a significant amount of input from the public or affected persons early in the rulemaking process, the anesthesiologist assistant board shall state in writing the reasons why the anesthesiologist assistant board was unable to do so.

Sec. 207.103. POWERS AND DUTIES OF MEDICAL BOARD RELATING TO ANESTHESIOLOGIST ASSISTANTS.

No equivalent provision.

(a) The medical board shall adopt rules consistent with this chapter to regulate anesthesiologist assistants and anesthesiologists who supervise anesthesiologist assistants.

No equivalent provision.

Sec. 207.051. POWERS AND DUTIES OF MEDICAL BOARD RELATING TO ANESTHESIOLOGIST ASSISTANTS.

(a) The medical board shall administer and enforce this chapter.

(b) The medical board:

(1) may establish requirements to obtain an anesthesiologist assistant license, including education and training requirements, in addition to the requirements under Section 207.103;

(2) may establish examination requirements for an anesthesiologist assistant license in addition to the requirements under Section 207.103;

(3) shall prescribe application requirements for a license to practice as an anesthesiologist assistant; and

(4) shall develop an approved program of mandatory continuing education and the manner by which attendance at all approved courses, clinics, forums, lectures, programs, or seminars is monitored and recorded.

Sec. 207.052. RULES. (a) The medical board shall adopt rules necessary to implement this chapter.

(b) The rules adopted by the medical board must include requirements and limitations on the provision of anesthesia services by an anesthesiologist assistant as determined by the medical board to be in the best interests of patient health and safety, including:

(1) a requirement that an anesthesiologist assistant be supervised by an anesthesiologist who is actively engaged in clinical practice and available on-site to provide assistance to the anesthesiologist assistant;

(2) a limit on the number of anesthesiologist assistants and student anesthesiologist assistants an anesthesiologist may supervise, in

accordance with any requirements of the Centers for Medicare and Medicaid Services; and

(3) a requirement that an anesthesiologist assistant shall maintain compliance with all continuing education requirements adopted by the medical board and with recertification requirements of the National Commission for Certification of Anesthesiologist Assistants or its successor organization.

No equivalent provision.

(b) The medical board, by a majority vote, shall approve or reject each rule adopted by the anesthesiologist assistant board. If approved, the rule may take effect. If the rule is rejected, the medical board shall return the rule to the anesthesiologist assistant board for revision.

Sec. 207.104. RULES ON CONSEQUENCES OF CRIMINAL CONVICTION. The anesthesiologist assistant board shall adopt rules and guidelines as necessary to comply with Chapter 53, except to the extent the requirements of this chapter are stricter than the requirements of Chapter 53.

No equivalent provision.

Sec. 207.105. ASSISTANCE BY MEDICAL BOARD. (a) The medical board shall provide administrative and clerical employees as necessary to enable the anesthesiologist assistant board to administer this chapter.

No equivalent provision.

(b) Subject to the advice and approval of the medical board, the anesthesiologist assistant board shall develop and implement policies that clearly separate the policy-making responsibilities of the anesthesiologist assistant board and the management responsibilities of the executive director and the staff of the medical board.

Sec. 207.106. FEES.

Sec. 207.053. FEES.

No equivalent provision.

Sec. 207.054. APPLICABILITY OF OTHER LAW. Procedures under Subtitle B, Title 3, that govern license or registration renewal, complaints, and disciplinary actions apply to an anesthesiologist assistant in the same manner the provisions apply to a physician.

Sec. 207.107. RULES RESTRICTING ADVERTISING OR COMPETITIVE BIDDING. (a) The medical board may not adopt rules under this chapter restricting advertising or competitive bidding by a license holder except to prohibit false, misleading, or deceptive practices. (b) In its rules to prohibit false, misleading, or deceptive practices, the medical board may not include a rule that: (1) restricts the use of any medium for advertising; (2) restricts the use of a license holder's personal appearance or voice in an advertisement; (3) relates to the size or duration of an advertisement by the license holder; or (4) restricts the license holder's advertisement under a trade name.

No equivalent provision.

Sec. 207.108. ANNUAL REPORT. (a) The medical board shall prepare annually a complete and detailed written report accounting for all funds received and disbursed by the medical board or the anesthesiologist assistant board under this chapter during the preceding fiscal year. (b) The annual report must meet the reporting requirements applicable to financial reporting provided in the General Appropriations Act.

No equivalent provision.

Sec. 207.109. TECHNOLOGY POLICY. The medical board shall implement a policy requiring the anesthesiologist assistant board to use appropriate technological solutions to improve the anesthesiologist assistant board's ability to perform its functions. The policy must ensure that the public is able to interact with the anesthesiologist assistant board on the Internet.

No equivalent provision.

Sec. 207.110. NEGOTIATED RULEMAKING AND ALTERNATIVE DISPUTE RESOLUTION POLICY. The medical board shall develop and implement a policy to encourage the use of: (1) negotiated rulemaking procedures under Chapter 2008, Government Code, for the adoption of medical board rules for the anesthesiologist assistant board; and (2) appropriate alternative dispute resolution procedures under Chapter 2009, Government Code, to assist in the resolution of internal and external disputes under the

No equivalent provision.

anesthesiologist assistant board's jurisdiction.

Sec. 207.111. PUBLIC INTEREST INFORMATION. (a) The anesthesiologist assistant board shall prepare information of public interest describing the functions of the anesthesiologist assistant board and the procedures by which complaints are filed with and resolved by the anesthesiologist assistant board.

(b) The anesthesiologist assistant board shall make the information available to the public and appropriate state agencies.

Sec. 207.112. PUBLIC PARTICIPATION. Subject to the advice and approval of the medical board, the anesthesiologist assistant board shall develop and implement policies that provide the public with a reasonable opportunity to appear before the anesthesiologist assistant board and to speak on any issue under the jurisdiction of the anesthesiologist assistant board.

Sec. 207.113. RECORDS OF COMPLAINTS. (a) The anesthesiologist assistant board shall maintain a system to promptly and efficiently act on complaints filed with the board. The board shall maintain:

(1) information about the parties to the complaint and the subject matter of the complaint;

(2) a summary of the results of the review or investigation of the complaint; and

(3) information about the disposition of the complaint.

(b) The anesthesiologist assistant board shall make information available describing its procedures for complaint investigation and resolution.

(c) The anesthesiologist assistant board shall periodically notify the parties of the status of the complaint until final disposition of the complaint, unless the notice would jeopardize an active investigation.

SUBCHAPTER D. LICENSE REQUIREMENTS; EXEMPTIONS; RENEWALS

Sec. 207.151. LICENSE REQUIRED.

Sec. 207.152. ISSUANCE OF LICENSE.

No equivalent provision.

No equivalent provision.

No equivalent provision.

SUBCHAPTER C. LICENSE REQUIREMENTS

Sec. 207.101. LICENSE REQUIRED.

Sec. 207.102. ISSUANCE OF LICENSE.

(a) The anesthesiologist assistant board shall issue a license to an applicant who:

(1) meets the eligibility requirements of Section 207.153;

(2) submits an application on a form prescribed by the board;

(3) pays the required application fee;

(4) certifies that the applicant is mentally and physically able to function safely as an anesthesiologist assistant; and

(5) submits to the board any other information the board considers necessary to evaluate the applicant's qualifications.

(b) The anesthesiologist assistant board may delegate authority to medical board employees to issue licenses under this chapter to applicants who clearly meet all licensing requirements. If the medical board employees determine that the applicant does not clearly meet all licensing requirements, the application shall be returned to the anesthesiologist assistant board. A license issued under this subsection does not require formal anesthesiologist assistant board approval.

Sec. 207.153. ELIGIBILITY REQUIREMENTS. (a) To be eligible for a license under this chapter, an applicant must:

(1) successfully complete an educational program accredited by the Commission on Accreditation of Allied Health Education Programs or another national accrediting agency approved by the medical board;

(2) pass the Certifying Examination for Anesthesiologist Assistants as administered by the National Commission for Certification of Anesthesiologist Assistants or another national testing service and examination approved by the medical board;

(3) be of good moral character; and

(4) meet any other requirement established by anesthesiologist assistant board rule.

(b) In addition to the requirements of Subsection (a), an applicant is not eligible for a license, unless the anesthesiologist

The medical board shall issue a license to an applicant who:

(1) meets the eligibility requirements of Section 207.103;

(2) submits an application on a form prescribed by the medical board; and

(3) pays the required application and licensing fees.

No equivalent provision.

Sec. 207.103. ELIGIBILITY REQUIREMENTS. To be eligible for a license under this chapter, an applicant must:

(1) submit proof of completion of a graduate level training program accredited by the Commission on Accreditation of Allied Health Education Programs or its successor organization;

(2) pass a certifying examination administered by the National Commission for Certification of Anesthesiologist Assistants or its successor organization not later than 12 months from the date of completion of the training program required under Subdivision (1);

(3) submit proof of current certification from the National Commission for Certification of Anesthesiologist Assistants or its successor organization;

(4) be of good moral character; and

(5) meet any additional qualifications adopted by the medical board by rule.

No equivalent provision.

assistant board takes into consideration in determining whether to issue the license, if the applicant:

(1) has been issued a license, certificate, or registration as an anesthesiologist assistant in this state or from a licensing authority in another state that is revoked or suspended;  
or

(2) is subject to probation or other disciplinary action for cause in this state or another state resulting from the applicant's acts as an anesthesiologist assistant.

Sec. 207.154. EXEMPTION FROM LICENSING REQUIREMENT FOR CERTAIN ANESTHESIOLOGIST ASSISTANTS. A person is not required to hold a license issued under this chapter to practice as:

(1) an anesthesiologist assistant student enrolled in an anesthesiologist assistant educational program accredited by the Commission on Accreditation of Allied Health Education Programs or another national accrediting agency approved by the medical board; or

(2) an anesthesiologist assistant employed in the service of the federal government while performing duties related to that employment.

No equivalent provision.

Sec. 207.155. TEMPORARY LICENSE. (a) The anesthesiologist assistant board may issue a temporary license to an applicant who:

(1) meets all the qualifications for a license under this chapter but is waiting for the license to be issued at the next scheduled meeting of the board;

(2) seeks to temporarily substitute for a licensed anesthesiologist assistant during the license holder's absence, if the applicant:

(A) is licensed or registered in good standing in another state;

(B) submits an application on a form prescribed by the board; and

(C) pays the appropriate fee prescribed by the board; or

(3) has graduated from an educational program for anesthesiologist assistants described by Section 207.153(a)(1) not later than six months before applying for a temporary license and is waiting for examination results from the National Commission for Certification of

No equivalent provision.

Anesthesiologist Assistants or another national testing service approved by the medical board.

(b) A temporary license may be valid for not more than one year after the date issued as determined by anesthesiologist assistant board rule.

Sec. 207.156. LICENSE RENEWAL. (a) On notification from the anesthesiologist assistant board, a person who holds a license under this chapter may renew the license by:

(1) paying the required renewal fee;  
(2) submitting the appropriate form; and  
(3) meeting any other requirement established by board rule.

(b) The anesthesiologist assistant board by rule may adopt a system under which licenses expire on various dates during the year.

(c) A person who is otherwise eligible to renew a license may renew an unexpired license by paying the required renewal fee to the anesthesiologist assistant board before the expiration date of the license. A person whose license has expired may not engage in activities that require a license until the license has been renewed.

(d) A person whose license has been expired for 90 days or less may renew the license by paying to the anesthesiologist assistant board a fee that is equal to 1-1/2 times the renewal fee for the license.

(e) A person whose license has been expired for more than 90 days but less than one year may renew the license by paying to the anesthesiologist assistant board a fee equal to two times the renewal fee for the license.

(f) A person who was licensed in this state, moved to another state, and is currently licensed and has been in practice in the other state for the two years preceding the date of the application may obtain a new license by paying to the anesthesiologist assistant board a fee that is equal to two times the normally required renewal fee for the license.

Sec. 207.157. CONTINUING EDUCATION REQUIREMENTS. The anesthesiologist assistant board by rule shall establish continuing education requirements for an anesthesiologist assistant licensed under this chapter. The rules may require a

No equivalent provision.

No equivalent provision.



license holder, as a condition for license renewal, to successfully complete the continuing education required to maintain certification by the National Commission for Certification of Anesthesiologist Assistants or another national certification agency selected by the board.

Sec. 207.158. INACTIVE STATUS. (a) A person licensed under this chapter may place the person's license on inactive status by applying to the anesthesiologist assistant board. A person whose license is on inactive status is not required to pay renewal fees for the license.

(b) The holder of a license on inactive status may not practice as an anesthesiologist assistant. A violation of this subsection is considered to be practicing without a license.

(c) A person whose license is on inactive status under this section may return the person's license to active status by:

(1) applying to the anesthesiologist assistant board;

(2) paying the fee established by the board for returning a license to active status; and

(3) satisfying any other requirements established by the board.

(d) The anesthesiologist assistant board by rule shall establish a limit on the length of time an anesthesiologist assistant's license may remain on inactive status.

#### SUBCHAPTER E. PRACTICE BY LICENSE HOLDER

Sec. 207.201. SCOPE OF PRACTICE. (a) An anesthesiologist assistant may assist the supervising anesthesiologist in developing and implementing an anesthesia care plan for a patient.

In providing assistance to the supervising anesthesiologist, an anesthesiologist assistant may:

(1) obtain from the patient a comprehensive patient history, perform relevant elements of a physical examination, and present the patient's history to the supervising anesthesiologist;

(2) pretest and calibrate anesthesia delivery systems and obtain and interpret information from the systems and monitors, in

No equivalent provision.

#### SUBCHAPTER D. PRACTICE BY LICENSE HOLDER

Sec. 207.151. SCOPE OF PRACTICE. (a) An anesthesiologist assistant may assist the supervising anesthesiologist in developing and implementing an anesthesia care plan for a patient that is consistent with the rules adopted under this chapter.

No equivalent provision.

consultation with an anesthesiologist;

(3) initiate multiparameter monitoring before anesthesia or in other acute care settings under anesthesiologist supervision, including American Society of Anesthesiologists standard monitors and arterial and venous catheters, and may use and interpret data from central venous, pulmonary artery, and intracranial catheters and other monitors or devices that are indicated;

(4) establish basic and advanced airway interventions, including intubation of the trachea and the performance of ventilatory support;

(5) administer intermittent vasoactive drugs and start and adjust vasoactive infusions;

(6) administer anesthetic drugs, adjuvant drugs, and accessory drugs;

(7) assist and initiate with the supervising anesthesiologist the performance of epidural anesthetic procedures, spinal anesthetic procedures, and other regional anesthetic techniques;

(8) administer blood, blood products, and supportive fluids;

(9) provide initial cardiopulmonary resuscitation in response to a life-threatening situation as directed by a physician or protocol until the supervising anesthesiologist arrives;

(10) participate in administrative, research, and clinical teaching activities as authorized by the supervising anesthesiologist; or

(11) perform other tasks not prohibited by law that are delegated by a licensed anesthesiologist and that the anesthesiologist assistant has been trained and is proficient to perform.

(b) An anesthesiologist shall at all times accept and be responsible for the oversight of the health care services rendered by the anesthesiologist assistant.

No equivalent provision.

(c) This chapter does not prevent a third-party payor from reimbursing the employer of an anesthesiologist assistant for covered services rendered by the anesthesiologist assistant.

No equivalent provision.

No equivalent provision.

(b) An anesthesiologist assistant who assists an anesthesiologist is not considered to be engaged in the practice of medicine.

No equivalent provision.

Sec. 207.202. CERTAIN PROHIBITED PRACTICES. An anesthesiologist assistant may not:

- (1) prescribe medication or a controlled substance;
- (2) administer any drug, medicine, device, or therapy the supervising anesthesiologist is not qualified or authorized to prescribe; or
- (3) practice or attempt to practice without the supervision of an anesthesiologist or in any location where the supervising anesthesiologist is not immediately available for consultation, assistance, and intervention.

No equivalent provision. *(But see Sec. 207.352, Occupations Code, below).*

Sec. 207.203. IDENTIFICATION REQUIREMENTS. (a) An anesthesiologist assistant must be clearly identified as an anesthesiologist assistant and may not use or permit to be used on the anesthesiologist assistant's behalf the term:

- (1) "doctor," "Dr.," or "doc," or another term that identifies the person as a physician or surgeon; or
- (2) "physician assistant" or "P.A." or another term that may imply that the anesthesiologist assistant is a physician assistant.

(b) An anesthesiologist assistant may not refer to a license as "board-certified" or use any other terminology that may imply that the anesthesiologist assistant is a physician or surgeon.

(c) A student in an anesthesiologist assistant training program shall be identified as a student anesthesiologist assistant or an anesthesiologist assistant student. A student may not use or permit to be used on the student's behalf the term "intern," "resident," or "fellow," or another term that identifies

(c) This chapter does not limit or expand the scope of practice of a physician assistant.

No equivalent provision.

Sec. 207.152. USE OF TITLE. (a) A person may not use the title "anesthesiologist assistant" or represent that the person is an anesthesiologist assistant unless the person holds a license issued under this chapter. A person who violates this subsection is subject to an administrative penalty in an amount to be determined by the medical board.

(b) A student in an anesthesiologist assistant training program shall be identified as a student anesthesiologist assistant or an anesthesiologist assistant student. A student may not use or permit to be used on the student's behalf the term "intern," "resident," or "fellow," or another term that

the student as a physician or surgeon.

identifies the student as a physician or surgeon.

Sec. 207.204. SUPERVISION REQUIREMENTS. (a) An anesthesiologist assistant shall practice only under the direct supervision of an anesthesiologist who is physically present or immediately available. A supervising anesthesiologist may supervise not more than four anesthesiologist assistants consistent with federal rules or regulations for reimbursement for anesthesia services. An anesthesiologist assistant may have more than one supervising anesthesiologist.

No equivalent provision.

(b) Each anesthesiologist who agrees to act as the supervising anesthesiologist of an anesthesiologist assistant shall adopt a written practice protocol that delineates the services the anesthesiologist assistant may provide and the manner in which the anesthesiologist will supervise the anesthesiologist assistant. The protocol must be based on relevant quality assurance standards, including regular review by the supervising anesthesiologist of the medical records of the patients cared for by the anesthesiologist assistant.

(c) The supervising anesthesiologist shall oversee the anesthesiologist assistant in accordance with the terms of the protocol and rules adopted by the anesthesiologist assistant board for the supervision of an anesthesiologist assistant. The board may randomly audit or inspect any written practice protocol under which an anesthesiologist assistant works.

Sec. 207.205. REQUIREMENTS OF SUPERVISING ANESTHESIOLOGIST.

No equivalent provision.

(a) A supervising anesthesiologist must:  
(1) hold an unrestricted and active license as a physician in this state;  
(2) be engaged full-time in the medical specialty of anesthesiology; and  
(3) be certified by the American Board of Medical Specialties, the Bureau of Osteopathic Specialists in Anesthesiology, or another national certifying board approved by the medical board.  
(b) An individual who does not meet the criteria under Subsection (a) may not supervise or delegate any task to an anesthesiologist assistant.

Sec. 207.206. ASSUMPTION OF PROFESSIONAL LIABILITY. (a) Each supervising anesthesiologist retains legal responsibility for an anesthesiologist assistant's patient care activities, including the provision of care and treatment to a patient in a health care facility.

No equivalent provision.

(b) If an anesthesiologist assistant is employed by an entity, including a health care facility, the entity shares the legal responsibility for the anesthesiologist assistant's acts or omissions with the anesthesiologist assistant's supervising anesthesiologist.

Sec. 207.207. FACILITY LIMITATIONS OF FUNCTIONS. The governing body of each facility in which anesthesiologist assistants practice may limit the functions and activities that an anesthesiologist assistant may perform in the facility.

No equivalent provision.

#### SUBCHAPTER F. COMPLAINTS AND INVESTIGATIVE INFORMATION

No equivalent provision.

Sec. 207.251. COMPLAINT INFORMATION AND STATUS. (a) The anesthesiologist assistant board shall keep information on file about each complaint filed with the board.

No equivalent provision.

(b) If a written complaint is filed with the anesthesiologist assistant board relating to a person licensed by the board, the board, as often as quarterly and until final determination of the action to be taken on the complaint, shall notify the parties to the complaint of the status of the complaint unless the notice would jeopardize an active investigation.

Sec. 207.252. CONDUCT OF INVESTIGATION. (a) The anesthesiologist assistant board shall complete a preliminary investigation of a complaint filed with the board not later than the 30th day after the date of receiving the complaint.

No equivalent provision.

(b) The anesthesiologist assistant board shall first determine whether the anesthesiologist assistant constitutes a continuing threat to the public welfare. On completion of the preliminary investigation, the board shall determine whether to officially proceed on the complaint.

(c) If the anesthesiologist assistant board fails to complete the preliminary investigation in the time required by this section, the board's official investigation of the complaint is considered to commence on that date.

Sec. 207.253. LICENSE HOLDER ACCESS TO COMPLAINT INFORMATION.

(a) The anesthesiologist assistant board shall provide a license holder who is the subject of a formal complaint filed under this chapter with access to all information in its possession that the board intends to offer into evidence in presenting its case at the contested hearing on the complaint, subject to any other privilege or restriction established by rule, statute, or legal precedent. The board shall provide the information not later than the 30th day after receipt of a written request from the license holder or the license holder's counsel, unless good cause is shown for delay.

(b) Notwithstanding Subsection (a), the anesthesiologist assistant board is not required to provide:

- (1) board investigative reports;
- (2) investigative memoranda;
- (3) the identity of a nontestifying complainant;
- (4) attorney-client communications;
- (5) attorney work product; or
- (6) other material covered by a privilege recognized by the Texas Rules of Civil Procedure or the Texas Rules of Evidence.

(c) The provision of information does not constitute a waiver of privilege or confidentiality under this chapter or other law.

No equivalent provision.

Sec. 207.254. HEALTH CARE ENTITY REQUEST FOR INFORMATION. On the written request of a health care entity, the anesthesiologist assistant board shall provide to the entity:

- (1) information about a complaint filed against a license holder that was resolved after investigation by:
  - (A) a disciplinary order of the board; or
  - (B) an agreed settlement; and
- (2) the basis of and current status of any complaint under active investigation.

No equivalent provision.

Sec. 207.255. CONFIDENTIALITY OF INVESTIGATIVE INFORMATION. A

No equivalent provision.

complaint, adverse report, investigation file, other report, or other investigative information in the possession of or received or gathered by the anesthesiologist assistant board or a board employee or agent relating to a license holder, a license application, or a criminal investigation or proceeding is privileged and confidential and is not subject to discovery, subpoena, or other means of legal compulsion for release to any person other than the board or a board employee or agent involved in license holder discipline.

Sec. 207.256. PERMITTED DISCLOSURE OF INVESTIGATIVE INFORMATION.

(a) Investigative information in the possession of an anesthesiologist assistant board employee or agent that relates to the discipline of a license holder may be disclosed to:

(1) a licensing authority in another state or country in which the license holder is licensed or has applied for a license; or

(2) a peer review committee reviewing:

(A) an application for privileges; or

(B) the qualifications of the license holder with respect to retaining privileges.

(b) If investigative information in the possession of the anesthesiologist assistant board or a board employee or agent indicates that a crime may have been committed, the board shall report the information to the proper law enforcement agency. The board shall cooperate with and assist each law enforcement agency conducting a criminal investigation of a license holder by providing information relevant to the investigation. Confidential information disclosed by the board to a law enforcement agency under this subsection remains confidential and may not be disclosed by the law enforcement agency except as necessary to further the investigation.

No equivalent provision.

SUBCHAPTER G. DISCIPLINARY PROCEEDINGS

No equivalent provision.

Sec. 207.301. DISCIPLINE AUTHORITY OF BOARD. (a) On a determination that an applicant or license holder committed an act described in Section 207.302, the anesthesiologist assistant board by order shall take any of the following actions:

No equivalent provision.

- (1) deny the person's application for a license or license renewal or revoke the person's license or other authorization;
  - (2) require the person to submit to the care, counseling, or treatment of a health care practitioner designated by the board;
  - (3) stay enforcement of an order and place the person on probation;
  - (4) require the person to complete additional training;
  - (5) suspend, limit, or restrict the person's license, including:
    - (A) limiting the practice of the person to, or excluding from the practice, one or more specified activities of the practice as an anesthesiologist assistant; or
    - (B) stipulating periodic board review;
  - (6) assess an administrative penalty;
  - (7) order the person to perform public service; or
  - (8) administer a public reprimand.
- (b) If the anesthesiologist assistant board stays enforcement of an order and places a person on probation, the board retains the right to vacate the probationary stay and enforce the original order for noncompliance with the terms of probation or impose any other remedial measure or sanction authorized by this section.
- (c) The anesthesiologist assistant board may restore or reissue a license or remove any disciplinary or corrective measure that the board has imposed.

Sec. 207.302. CONDUCT INDICATING LACK OF FITNESS. The anesthesiologist assistant board may take action under Section 207.301 against an applicant or license holder who:

- (1) uses or unlawfully possesses a controlled substance or alcoholic beverage to the extent that the person cannot safely perform as an anesthesiologist assistant;
- (2) has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for an offense reasonably related to the qualifications, functions, or duties of an anesthesiologist assistant, for an offense for which an essential element is fraud, dishonesty, or an act of violence, or for an offense involving moral turpitude;
- (3) has used fraud, deception, misrepresentation, or bribery in:

No equivalent provision.



(A) securing a certificate of registration or authority issued under other law, a permit issued under other law, or a license issued under this chapter; or

(B) obtaining permission to take an examination given or required under this chapter;

(4) obtains or attempts to obtain a fee, charge, tuition, or other compensation by fraud, deception, or misrepresentation;

(5) has acted with incompetence, misconduct, gross negligence, fraud, misrepresentation, or dishonesty in the performance of the functions and duties of an anesthesiologist assistant;

(6) has violated or has assisted or enabled another person to violate any provision of this chapter or a rule adopted under this chapter;

(7) has impersonated a person holding a certificate of registration or authority, permit, or license, or allowed a person to use a certificate of registration or authority, permit, license, or diploma from any school;

(8) is subject to disciplinary action relating to practice as an anesthesiologist assistant by another state, territory, federal agency, or country on grounds for which revocation or suspension is also authorized in this state;

(9) has been adjudicated as mentally incompetent;

(10) assists or enables another person to practice or offer to practice as an anesthesiologist assistant if the person is not licensed and currently eligible to practice under this chapter;

(11) is issued a certificate of registration or authority under other law, a permit under other law, or a license under this chapter based on a material mistake of fact;

(12) violates a professional trust or confidence; or

(13) violates any ethical standard for an anesthesiologist assistant as defined by board rule.

Sec. 207.303. PHYSICAL OR MENTAL EXAMINATION. (a) The anesthesiologist assistant board shall adopt guidelines, in conjunction with persons interested in or affected by this section, to enable the board to evaluate circumstances in which an anesthesiologist assistant or applicant may be required to submit to an examination for mental or physical health conditions, alcohol

No equivalent provision.

and substance abuse, or professional behavior problems.

(b) The anesthesiologist assistant board shall refer an anesthesiologist assistant or applicant with a physical or mental health condition to the most appropriate medical specialist for evaluation. The board may not require an anesthesiologist assistant or applicant to submit to an examination by a physician having a specialty specified by the board unless medically indicated. The board may not require an anesthesiologist assistant or applicant to submit to an examination to be conducted an unreasonable distance from the person's home or place of business unless the anesthesiologist assistant or applicant resides and works in an area in which there are a limited number of appropriate medical specialists able to perform an appropriate examination.

(c) The guidelines adopted under this section do not impair or remove the anesthesiologist assistant board's power to make an independent licensing decision.

Sec. 207.304. PROTECTION OF PATIENT IDENTITY. In a disciplinary investigation or proceeding conducted under this chapter, the anesthesiologist assistant board shall protect the identity of each patient whose medical records are examined and used in a public proceeding, unless the patient:

- (1) testifies in the public proceeding; or
- (2) submits a written release with regard to the patient's records or identity.

Sec. 207.305. TEMPORARY SUSPENSION. (a) The presiding officer of the anesthesiologist assistant board, with board approval, shall appoint a three-member disciplinary panel consisting of board members to determine whether a person's license to practice as an anesthesiologist assistant should be temporarily suspended.

(b) If the disciplinary panel determines from the evidence or information presented to the panel that a person licensed to practice as an anesthesiologist assistant would, by the person's continuation in practice, constitute a continuing threat to the public welfare, the disciplinary panel shall temporarily suspend the license of that person.

No equivalent provision.

No equivalent provision.

(c) A license may be suspended under this section without notice or hearing on the complaint if:

(1) institution of proceedings for a hearing before the anesthesiologist assistant board is initiated simultaneously with the temporary suspension; and

(2) a hearing is held under Chapter 2001, Government Code, and this chapter as soon as possible.

(d) Notwithstanding Chapter 551, Government Code, the disciplinary panel may hold a meeting by telephone conference call if immediate action is required and convening the panel at one location is inconvenient for any member of the panel.

Sec. 207.306. SURRENDER OF LICENSE. (a) The anesthesiologist assistant board may accept the voluntary surrender of a license.

(b) A surrendered license may not be returned to the license holder unless the anesthesiologist assistant board determines, under board rules, that the former holder of the license is competent to resume practice.

(c) The anesthesiologist assistant board by rule shall establish guidelines for determining the competency of a former license holder to return to practice.

No equivalent provision.

SUBCHAPTER H. PENALTIES AND ENFORCEMENT PROVISIONS

No equivalent provision.

Sec. 207.351. ADMINISTRATIVE PENALTY. (a) The anesthesiologist assistant board by order may impose an administrative penalty against a person licensed under this chapter who violates this chapter or a rule or order adopted under this chapter.

(b) The penalty may be in an amount not to exceed \$2,000. Each day a violation continues or occurs is a separate violation for purposes of imposing a penalty.

(c) The anesthesiologist assistant board shall base the amount of the penalty on:

(1) the severity of patient harm;

(2) the severity of economic harm to any person;

(3) the severity of any environmental harm;

(4) increased potential for harm to the public;

(5) any attempted concealment of

No equivalent provision.

misconduct;  
(6) any premeditated or intentional misconduct;  
(7) the motive for the violation;  
(8) prior misconduct of a similar or related nature;  
(9) the license holder's disciplinary history;  
(10) prior written warnings or written admonishments from any government agency or official regarding statutes or regulations relating to the misconduct;  
(11) violation of a board order;  
(12) failure to implement remedial measures to correct or mitigate harm from the misconduct;  
(13) lack of rehabilitative potential or likelihood of future misconduct of a similar nature;  
(14) relevant circumstances increasing the seriousness of the misconduct; and  
(15) any other matter that justice may require.  
(d) The anesthesiologist assistant board by rule shall prescribe the procedure by which it may impose an administrative penalty. A proceeding under this section is subject to Chapter 2001, Government Code.  
(e) If the anesthesiologist assistant board by order determines that a violation has occurred and imposes an administrative penalty, the board shall give notice to the person of the board's order. The notice must include a statement of the person's right to judicial review of the order.

Sec. 207.352. CRIMINAL PENALTY. (a) A person commits an offense if, without holding a license issued under this chapter, the person:  
(1) represents that the person is an anesthesiologist assistant;  
(2) uses any combination or abbreviation of the term "anesthesiologist assistant" to indicate or imply that the person is an anesthesiologist assistant; or  
(3) acts as an anesthesiologist assistant.  
(b) An offense under this section is a felony of the third degree.

Sec. 207.353. CEASE AND DESIST ORDER. (a) If it appears to the anesthesiologist assistant board that a person who is not licensed under this chapter is violating this chapter, a rule adopted under this chapter, or another state statute or rule

No equivalent provision. *(But see Sec. 207.152, Occupations Code, above.)*

No equivalent provision.

relating to anesthesiologist assistant practice, the board after notice and opportunity for a hearing may issue a cease and desist order prohibiting the person from engaging in the activity.

(b) A violation of an order under this section constitutes grounds for imposing an administrative penalty under this subchapter.

SECTION 5. As soon as practicable after the effective date of this Act, the governor shall appoint six members to the Texas Anesthesiologist Assistant Board in accordance with Chapter 207, Occupations Code, as added by this Act. In making the initial appointments, the governor shall designate two members for terms expiring January 31, 2017, two members for terms expiring January 31, 2018, and two members for terms expiring January 31, 2019.

SECTION 6. Not later than June 1, 2016, the Texas Medical Board with the advice of the Texas Anesthesiologist Assistant Board shall adopt the rules, procedures, and fees necessary to administer Chapter 207, Occupations Code, as added by this Act.

SECTION 7. Notwithstanding Chapter 207, Occupations Code, as added by this Act, an anesthesiologist assistant is not required to hold a license under that chapter to practice as an anesthesiologist assistant in this state before September 1, 2016.

SECTION 8. (a) Except as provided by Subsection (b) of this section, this Act takes effect September 1, 2015.

(b) Sections 207.151 and 207.352, Occupations Code, as added by this Act, take effect September 1, 2016.

No equivalent provision.

SECTION 2. Not later than June 1, 2016, the Texas Medical Board shall adopt the rules, procedures, and fees necessary to administer Chapter 207, Occupations Code, as added by this Act.

SECTION 3. Same as introduced version.

SECTION 4. (a) Except as provided by Subsection (b) of this section, this Act takes effect September 1, 2015.

(b) Sections 207.054, 207.101, and 207.152, Occupations Code, as added by this Act, take effect September 1, 2016.