

BILL ANALYSIS

Senate Research Center
85R8303 BEE-D

S.B. 315
By: Hinojosa et al.
Health & Human Services
5/1/2017
As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

The purpose of this bill is to enact the recommendations of the Sunset Advisory Commission on the Texas Medical Board.

In addition to licensing and regulating medical practitioners in the state to ensure that Texans receive safe and quality medical care, the Medical Board registers and inspects pain management clinics and physicians who perform office-based anesthesia, investigates and resolves complaints, and takes disciplinary action when necessary to enforce the board's statutes and rules. The board also monitors compliance with disciplinary orders

The Medical Board is subject to abolishment under the Sunset Act on September 1, 2017, unless continued by the Legislature. The Sunset Advisory Commission recommended continuing the Texas Medical Board for 12 years.

The Texas Medical Board and the licensing programs under its jurisdiction are governed by Chapters 151 to 169 of the Occupations Code as well as Chapters 204, 205, 206, 601, 602, 603, and 604 of the Occupations Code.

The legislation addresses issues differently from current law by:

- Continuing the Texas Medical Board as well as statutes for physician assistants (PAs), medical radiologic technologists, medical physicists, perfusionists, acupuncturists, and surgical assistants for 12 years.
- Authorizing the board to seek court enforcement of its administrative subpoenas.
- Amending the definition of "inappropriate prescribing."
- Clearly authorizing the board to inspect an unregistered pain management clinic.
- Removing "good moral character" as a prerequisite for licensure.
- Removing the affidavit requirement for individuals applying for licensure as a perfusionist.
- Authorizing the board to provide biennial license renewal for acupuncturists and PAs.
- Authorizing the board to deny renewal applications from applicants who are not compliant with disciplinary orders.
- Removing the limitation on the number of times an applicant can take the board's jurisprudence exam.
- Authorizing the board to conduct fingerprint-based criminal background checks of applicants for surgical assistant, acupuncturist, and PA licensure.
- Authorizing the board and the Texas Physician Assistant Board to monitor physician and physician assistant prescribing of controlled substances.

- Authorizing the board to establish a risk-based approach to office-based anesthesia inspections, focusing on the length of time since equipment and procedures were last inspected.
- Removing the requirement that the board's formal complaints filed with the State Office of Administrative Hearings be sworn to.
- Eliminating dual-registry requirements for noncertified technicians.
- Adopting the Interstate Medical Licensure Compact into the Texas Medical Practice Act.
- Requiring the board and Texas Physician Health Program to develop and adopt into rules a memorandum of understanding covering services and operations, including performance measures and auditing requirements.
- Authorizing the Texas Physician Health Program to accept gifts, grants, and donations.
- Applying the standard Sunset across-the-board recommendations regarding board member training and alternative rulemaking and dispute resolution to the medical, physician assistant, acupuncture, respiratory care, and medical radiologic technology boards.
- Requiring physicians and PAs, effective September 1, 2018, to search the Prescription Monitoring Program and review a patient's prescription history before prescribing opioids, benzodiazepines, barbiturates, or carisoprodol.
- Authorizing the Texas Physician Assistant Board, after hearing all evidence and arguments in an open meeting, to conduct deliberations relating to license applications and disciplinary actions in executive sessions. Under this provision, the board would still be required to vote and announce its decisions in open session.
- Requiring at least one of the Texas Physician Assistant Board members participating in an informal settlement conference as a panelist to be a board member who is a licensed physician assistant.
- Authorizing the board to offer a remedial plan for a physician at most once every five years.
- Removing providers of medical radiologic services located in counties with a population greater than 50,000 from eligibility for the exemption to the requirement that providers employ medical radiologic technologists, limited medical radiologic technologists, or non-certified technicians to perform radiologic procedures if unable to attract and retain such individuals for employment.
- Establishing in statute a radiologist assistant certificate.
- Amending the requirements for an informal settlement conference at the board.

As proposed, S.B. 315 amends current law relating to the continuation and functions of the Texas Medical Board and authorizes a fee.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to Texas Medical Board (TMB) in SECTION 15 (Section 168.052, Occupations Code), SECTION 14 (Section 167.012, Occupations Code), and SECTION 17 (Section 170.002, Occupations Code)

Rulemaking authority is expressly granted to the Texas Board of Radiological Technology in SECTION 41 (Section 601.1021, Occupations Code) of this bill.

Rulemaking authority is expressly granted to the Interstate Commission in SECTION 17 (Section 170.001, Occupations Code) of this bill.

Rulemaking authority is expressly granted to the governing board of the Texas Physician Health Program in SECTION 14 (Section 167.012, Occupations Code) of this bill.

Rulemaking authority previously granted to TMB is modified in SECTION 5 (Section 153.058, Occupations Code) and SECTION 31 (Section 205.251, Occupations Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 151.004, Occupations Code, as follows:

Sec.151.004. APPLICATION OF SUNSET ACT. Provides that the Texas Medical Board (TMB) is subject to Chapter 325 (Sunset Law), Government Code (Texas Sunset Act). Provides that unless continued in existence as provided by that chapter, TMB is abolished and this subtitle and Chapter 204 (Physician Assistants), 205 (Acupuncture), 206 (Surgical Assistants), 601 (Medical Radiologic Technologists), 602 (Medical Physicists), 603 (Perfusionists), and 604 (Respiratory Care Practitioners) expire September 1, 2029, rather than September 1, 2017.

SECTION 2. Amends Section 152.010, Occupations Code, by amending Subsection (b) and adding Subsection (d), as follows:

(b) Requires that the training program provide the person with information regarding:

- (1) the law governing TMB operations, rather than this subtitle;
- (2) the programs, functions, rules, and budget of TMB, rather than the programs operated by TMB;
- (3) the scope of and limitations on the rulemaking authority, rather than role and functions, of TMB;
- (4) deletes text of existing Subdivisions (4) and redesignates existing Subdivision (6) as Subdivision (4);
- (5) deletes existing Subdivision (5) and redesignates existing Subdivision (7) as Subdivision (5). The requirements of:
 - (A) laws relating to open meetings, public information, administrative procedure, and disclosing conflicts of interest; and
 - (B) other laws applicable to members of TMB in performing their duties; and
- (6) redesignates existing Subdivision (8) as Subdivision (6).

(d) Requires the executive director of TMB (executive director) to create a training manual that includes the information required by Subsection (b). Requires the executive director to distribute a copy of the training manual annually to each TMB member. Requires each TMB member, on receipt of the training manual, to sign and submit to the executive director a statement acknowledging receipt of the training manual.

SECTION 3. Amends the heading of Section 152.007, Occupations Code, to read as follows:

Sec. 153.007. AUTHORITY TO ISSUE SUBPOENA OR ADMINISTER OATH; SUBPOENA ENFORCEMENT.

SECTION 4. Amends Section 153.007, Occupations Code, by adding Subsection (e), as follows:

(e) Authorizes TMB, if a person fails to comply with a subpoena issued under this section, acting through the Texas attorney general (attorney general), to file suit to enforce the subpoena in a district court in Travis County or in a county in which a hearing conducted by TMB may be held.

SECTION 5. Amends Section 153.058(a), Occupations Code, as follows:

(a) Requires TMB to develop and implement a policy to encourage the use of:

(1) negotiated rulemaking procedures under Chapter 2008 (Negotiated Rulemaking), Government Code, for the adoption of any rules by TMB, rather than the adoption of TMB rules; and

(2) makes no changes to this subdivision.

SECTION 6. Amends Section 155.056, Occupations Code, by amending Subsection (a) and adding Subsection (a-1), as follows:

(a) Requires an applicant, except as provided by Subsection (a-1), to pass each part of an examination within three attempts. Makes a nonsubstantive change.

(a-1) Provides that the limit on the number of examination attempts under Subsection (a) does not apply to the Texas medical jurisprudence examination.

SECTION 7. Amends Subchapter A, Chapter 156, Occupations Code, by adding Section 156.010, as follows:

Sec. 156.010. REFUSAL FOR VIOLATION OF BOARD ORDER. Authorizes TMB to refuse to renew a registration permit issued under this chapter if the license holder is in violation of a TMB order.

SECTION 8. Amends Section 162.106, Occupations Code, as follows:

Sec. 162.106. INSPECTIONS. (a) Authorizes TMB to conduct inspections of a physician's equipment and office procedures that relate to the provision of anesthesia in an outpatient setting as necessary to enforce this subchapter. Deletes existing text authorizing TMB to conduct inspections to enforce this subchapter, including inspections of the office site and of documents of a physician's practice that relate to the provision of anesthesia in an outpatient setting.

(b) Authorizes TMB to establish a risk-based inspection process in which TMB conducts inspections based on the length of time since the equipment and outpatient setting were last inspected and the physician submitted to inspection.

(c) Creates this subsection from existing text and makes no further changes.

(d) Redesignates existing Subsection (b) as Subsection (d).

(e) Requires TMB to maintain a record of the outpatient settings in which physicians provide anesthesia.

(f) Requires a physician who provides anesthesia in an outpatient setting to inform TMB of any other physician with whom the physician shares equipment used to administer anesthesia.

(g) Redesignates existing Subsection (c) as Subsection (g).

SECTION 9. Amends Chapter 162, Occupations Code, by adding Subchapter G, as follows:

SUBCHAPTER G. GENERAL PRACTICE PROVISIONS

Sec. 162.301. DUTIES RELATED TO CERTAIN PRESCRIPTIONS. (a) Prohibits a physician from prescribing a drug listed in Subsection (b) to a patient unless the physician has reviewed the patient's prescription history by accessing the prescription information submitted to the Texas State Board of Pharmacy (TSBP) as authorized by Section 481.076(a)(5) (relating to prohibiting TSBP from permitting any person to have access to information submitted except for certain health professionals), Health and Safety Code.

(b) Provides that Subsection (a) applies only to the prescribing of opioids, benzodiazepines, barbiturates, or carisoprodol.

(c) Provides that a physician is not subject to the requirements of Subsection (a) if certain criteria are met.

(d) Provides that failure by a physician to comply with the requirements of this section is grounds for disciplinary action under Section 164.051 (Grounds for Denial or Disciplinary Action).

SECTION 10. Amends Section 164.0015(d), Occupations Code, as follows:

(d) Prohibits TMB from issuing a remedial plan to resolve a complaint against a license holder if the license holder has entered into a remedial plan with TMB in the preceding five years. Deletes existing text prohibiting TMB from issuing a remedial plan to resolve a complaint against a license holder if the license holder has previously entered into a remedial plan with TMB for the resolution of a different complaint relating to this subtitle.

SECTION 11. Amends Section 164.003, Occupations Code, by amending Subsections (b) and (f) and adding Subsection (f-1), as follows:

(b) Requires that rules adopted under this section require that:

(1) through (4) makes no changes to these subdivisions;

(5) makes a nonsubstantive change;

(6) makes a nonsubstantive change; and

(7) if the complaint includes an allegation that the license holder has violated the standard of care, the panel conducting the informal proceeding consider whether the physician was practicing complementary and alternative medicine.

(f) Requires that the notice required by Subsection (b)(2) be accompanied by a written statement of the nature of the allegations and the information TMB intends to use at the meeting. Authorizes the license holder, if TMB does not provide the statement or information at that time, to use that failure as grounds for rescheduling the informal meeting. Requires that the notice, if the complaint includes an allegation that the license holder has violated the standard of care, include a copy of each report prepared by an expert physician reviewer under Section 154.0561 (Procedures for Expert Physician Review). Requires the license holder to provide to TMB the license holder's rebuttal at least 15 business days before the date of the meeting in order for the information to be considered at the meeting.

(f-1) Requires TMB, before providing a report to a license holder under Subsection (f), to redact any identifying information of an expert physician reviewer other than the specialty of the expert physician reviewer.

SECTION 12. Amends Sections 164.005(a) and (c), Occupations Code, as follows:

(a) Redefines "formal complaint."

(c) Requires that a charge be filed with TMB's records custodian or assistant records custodian and detail the nature of the charge as required by this subtitle or other applicable law. Deletes existing text requiring that a charge be in the form of a written affidavit that is filed with TMB's records custodian or assistant records custodian and details the nature of the charge as required by this subtitle or other applicable law.

SECTION 13. Amends Subchapter A, Chapter 164, Occupations Code, by adding Section 164.0105, as follows:

Sec. 164.0105. MONITORING HARMFUL PRESCRIBING PATTERNS. (a) Requires TMB to periodically check the prescribing information submitted to TSBP as authorized by Section 481.076(a)(1) (relating to prohibiting TMB from permitting any person to have access to information submitted to TMB except certain investigators), Health and Safety Code, to determine whether a physician is engaging in potentially harmful prescribing patterns or practices.

(b) Requires TMB, in coordination with TSBP, to determine the conduct that constitutes a potentially harmful prescribing pattern or practice for purposes of Subsection (a). Requires TMB, in determining the conduct that constitutes a potentially harmful prescribing pattern or practice, to consider the number of times a physician prescribes a drug listed in Section 162.301(b), and for prescriptions described by Subdivision (1), patterns of prescribing combinations of those drugs and other dangerous combinations of drugs identified by TMB.

(c) Authorizes TMB, if TMB suspects that a physician may be engaging in potentially harmful prescribing patterns or practices, to notify the physician of the potentially harmful prescribing pattern or practice.

(d) Authorizes TMB to initiate a complaint against a physician based on information obtained.

SECTION 14. Amends Chapter 167, Occupations Code, by adding Sections 167.012 and 167.013, as follows:

Sec. 167.012. MEMORANDUM OF UNDERSTANDING WITH BOARD. Requires the governing board of the Texas Physician Health Program (governing board) and TMB to enter into a memorandum of understanding to better coordinate services and operations of the program. Requires that the memorandum of understanding be adopted by rule and establish performance measure for the program, including the number of participants who successfully complete the program, include a list of services TMB will provide for the program, and require that an internal audit of the program be conducted at least once every three years to ensure the program is properly documenting and referring all noncompliance to TMB.

Sec. 167.013. GIFTS, GRANTS, AND DONATIONS. Authorizes TMB, in addition to any fees paid to TMB or money appropriated to TMB for the program, to receive and accept a gift, grant, donation, or other thing of value from any source, including the United States or a private source, for the program.

SECTION 15. Amends Section 168.052, Occupations Code, as follows:

Sec. 168.052. INSPECTIONS. (a) Authorizes TMB to inspect a pain management clinic certified under this chapter, including the documents of a physician practicing at the clinic, as necessary to ensure compliance with this chapter.

(b) Authorizes TMB to inspect a clinic or facility that is not certified under this chapter to determine whether the clinic or facility is required to be certified under Section 168.101 (Certificate Required). Requires TMB by rule to establish the grounds for conducting an inspection under this subsection, including grounds based on the population of patients served by the clinic or facility, the volume or combination of drugs prescribed to patients served by the clinic or facility, and any other criteria TMB considers sufficient to require an inspection of the clinic or facility.

SECTION 16. Amends Section 168.201, Occupations Code, by adding Subsection (a-1), to provide that for purposes of this section, inappropriate prescribing includes nontherapeutic prescribing or other conduct as specified by TMB rule.

SECTION 17. Amends Subtitle B, Title 3, Occupations Code, by adding Chapter 170, as follows:

CHAPTER 170. INTERSTATE MEDICAL LICENSURE COMPACT

Sec. 170.001. INTERSTATE MEDICAL LICENSURE COMPACT. Provides that the Interstate Medical Licensure Compact (Compact) is enacted and entered into with all other jurisdictions that legally join in the Compact, which reads as follows:

INTERSTATE MEDICAL LICENSURE COMPACT

SECTION 1. PURPOSE

Provides that in order to strengthen access to health care, and in recognition of the advances in the delivery of health care, the member states of the compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, and provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients. Provides that the Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act. Provides that the Compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located. Provides that state medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the Compact.

SECTION 2. DEFINITIONS

In this Compact: Defines "bylaws," "commissioner," "conviction," "expedited license," "interstate commission," "license," "medical practice act," "member board," "member state," "practice of medicine," "physician," "offense," "rule," "state," and "state of principal license."

SECTION 3. ELIGIBILITY

(a) Requires a physician to meet the eligibility requirements as defined by Section 2(k) to receive an expedited license under the terms and provisions of the Compact.

(b) Authorizes a physician who does not meet the requirements of Section 2(k) to obtain a license to practice medicine in a member state if the individual complies with all laws and requirements, other than the Compact, relating to the issuance of a license to practice medicine in that state.

SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE

(a) Requires a physician to designate a member state as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses a full and unrestricted license to practice medicine in that state, and the state is:

(1) the state of primary residence for the physician, or

(2) the state where at least 25 percent of the practice of medicine occurs, or

(3) the location of the physician's employer, or

(4) if no state qualifies under Subsection (1), Subsection (2), or Subsection (3), the state designated as state of residence for purpose of federal income tax.

(b) Authorizes a physician to redesignate a member state as state of principal license at any time, as long as the state meets the requirements in Subsection (a).

(c) Provides that the Interstate Commission (IC) is authorized to develop rules to facilitate redesignation of another member state as the state of principal license.

SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

(a) Requires a physician seeking licensure through the Compact to file an application for an expedited license with the member board of the state selected by the physician as the state of principal license.

(b) Requires the member board within the state selected as the state of principal license, upon receipt of an application for an expedited license, to evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying or denying the physician's eligibility, to the IC.

(i) Prohibits static qualifications, which include verification of medical education, graduate medical education, results of any medical or licensing examination, and other qualifications as determined by the IC through rule, from being subject to additional primary source verification where already primary source verified by the state of principal license.

(ii) Requires the member board within the state selected as the state of principal license to, in the course of verifying eligibility, perform a criminal background check of an applicant, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with U.S. C.F.R. Section 731.202.

(iii) Requires that appeal on the determination of eligibility be made to the member state where the application was filed and be subject to the law of that state.

(c) Requires physicians eligible for an expedited license, upon verification in subsection (b), to complete the registration process established by the IC to receive a license in a member state selected pursuant to subsection (a), including the payment of any applicable fees.

(d) Requires a member board, after receiving verification of eligibility under subsection (b) and any fees under subsection (c), to issue an expedited license to the physician. Requires that this license authorize the physician to practice medicine in the issuing state consistent with the Medical Practice Act and all applicable laws and regulations of the issuing member board and member state.

(e) Requires that an expedited license be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

(f) Requires that an expedited license obtained through the Compact be terminated if a physician fails to maintain a license in the state of principal licensure for a non-disciplinary reason, without redesignation of a new state of principal licensure.

(g) Authorizes the IC to develop rules regarding the application process, including payment of any applicable fees, and the issuance of an expedited license.

SECTION 6. FEES FOR EXPEDITED LICENSURE

(a) Authorizes a member state issuing an expedited license authorizing the practice of medicine in that state to impose a fee for a license issued or renewed through the Compact.

(b) Authorizes the IC to develop rules regarding fees for expedited licenses.

SECTION 7. RENEWAL AND CONTINUED PARTICIPATION

(a) Requires a physician seeking to renew an expedited license granted in a member state to complete a renewal process with the IC if the physician maintains a full and unrestricted license in a state of principal license, has not been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction, has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license, and has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

(b) Requires physicians to comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state.

(c) Requires the IC to collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board.

(d) Requires a member board, upon receipt of any renewal fees collected in Subsection (c), to renew the physician's license.

(e) Provides that physician information collected by the IC during the renewal process will be distributed to all member boards.

(f) Authorizes the IC to develop rules to address renewal of licenses obtained through the Compact.

SECTION 8. COORDINATED INFORMATION SYSTEM

(a) Requires the IC to establish a database of all physicians licensed, or who have applied for licensure, under Section 5.

(b) Requires member boards, notwithstanding any other provision of law, to report to the IC any public action or complaints against a licensed physician who has applied or received an expedited license through the Compact.

(c) Requires member boards to report disciplinary or investigatory information determined as necessary and proper by rule of the IC.

(d) Authorizes member boards to report any non-public complaint, disciplinary, or investigatory information not required by Subsection (c) to the IC.

(e) Requires member boards to share complaint or disciplinary information about a physician upon request of another member board.

(f) Requires that all information provided to the IC or distributed by member boards be confidential, filed under seal, and used only for investigatory or disciplinary matters.

(g) Authorizes the IC to develop rules for mandated or discretionary sharing of information by member boards.

SECTION 9. JOINT INVESTIGATIONS

(a) Provides that licensure and disciplinary records of physicians are deemed investigative.

(b) Authorizes a member board, in addition to the authority granted to a member board by its respective Medical Practice Act or other applicable state law, to participate with other member boards in joint investigations of physicians licensed by the member boards.

(c) Requires that a subpoena issued by a member state be enforceable in other member states.

(d) Authorizes member boards to share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

(e) Authorizes any member state to investigate actual or alleged violations of the statutes authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine.

SECTION 10. DISCIPLINARY ACTIONS

(a) Requires that any disciplinary action taken by any member board against a physician licensed through the Compact be deemed unprofessional conduct which may be subject to discipline by other member boards, in addition to any violation of the Medical Practice Act or regulations in that state.

(b) Requires that if a license granted to a physician by the member board in the state of principal license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards automatically be placed, without further action necessary by any member board, on the same status. Requires that if the member board in the state of principal license subsequently reinstates the physician's license, a license issued to the physician by any other member board remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the Medical Practice Act of that state.

(c) Authorizes any other member board, if disciplinary action is taken against a physician by a member board not in the state of principal license, to deem the action conclusive as to matter of law and fact decided, and impose the same or lesser sanction(s) against the physician so long as such sanctions are consistent with the Medical Practice Act of that state or pursue separate disciplinary action against the physician under its respective Medical Practice Act, regardless of the action taken in other member states.

(d) Requires that, if a license granted to a physician by a member board is revoked, surrendered or relinquished in lieu of discipline, or suspended, then any license(s) issued to the physician by any other member board(s) be suspended, automatically and immediately without further action necessary by the other member board(s), for ninety (90) days upon entry of the order by the disciplining board, to permit the member board(s) to investigate the basis for the action under the Medical Practice Act of that state. Authorizes a member board to terminate the automatic suspension of license it issued prior to the completion of the ninety (90) day suspension period in a manner consistent with the Medical Practice Act of that state.

SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

(a) Provides that the member states hereby create the "Interstate Medical Licensure Compact Commission."

(b) Provides that the purpose of the IC is the administration of the Compact, which is a discretionary state function.

(c) Requires the IC to be a body corporate and joint agency of the member states and to have all the responsibilities, powers, and duties set forth in the Compact, and such additional powers as may be conferred upon it by a subsequent concurrent action of the respective legislatures of the member states in accordance with the terms of the Compact.

(d) Requires the IC to consist of two voting representatives appointed by each member state who shall serve as Commissioners. Requires the member state, in states where allopathic and osteopathic physicians are regulated by separate member boards, or if the licensing and disciplinary authority is split between multiple member boards within a member state, to appoint one representative from each member board. Requires a Commissioner to be a(n) allopathic or osteopathic physician appointed to a member board, executive director, executive secretary, or similar executive of a member board, or member of the public appointed to a member board.

(e) Requires the IC to meet at least once each calendar year. Requires that a portion of this meeting be a business meeting to address such matters as may properly come before the IC, including the election of officers. Authorizes the chairperson to call additional meetings and to call for a meeting upon the request of a majority of the member states.

(f) Authorizes the bylaws to provide for meetings of the IC to be conducted by telecommunication or electronic communication.

(g) Provides that each Commissioner participating at a meeting of the IC is entitled to one vote. Requires a majority of Commissioners to constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the IC. Prohibits a Commissioner from delegating a vote to another Commissioner. Authorizes a member state, in the absence of its Commissioner, to delegate voting authority for a specified meeting to another person from that state who shall meet the requirements of Subsection (d).

(h) Requires that IC provide public notice of all meetings and all meetings be open to the public. Authorizes the IC to close a meeting, in full or in portion, where it determines by a two-thirds vote of the Commissioners present that an open meeting would be likely to relate solely to the internal personnel practices and procedures of the IC, discuss matters specifically exempted from disclosure by federal statute, discuss trade secrets, commercial, or financial information that is privileged or confidential, involve accusing a person of a crime, or formally censuring a person, discuss information of a personal nature where disclosure

would constitute a clearly unwarranted invasion of personal privacy, discuss investigative records compiled for law enforcement purposes, or specifically relate to the participation in a civil action or other legal proceeding.

(i) Requires the IC to keep minutes to fully describe all matters discussed in a meeting and to provide a full and accurate summary of actions taken, including record of any roll call votes.

(j) Requires the IC to make its information and official records, to the extent not otherwise designated in the Compact or by its rules, available to the public for inspection.

(k) Requires the IC to establish an executive committee, to include officers, members, and others as determined by the bylaws. Requires the executive committee to have the power to act on behalf of the IC, with the exception of rulemaking, during periods when the IC is not in session. Requires the executive committee, when acting on behalf of the IC, to oversee the administration of the Compact including enforcement and compliance with the provisions of the Compact, its bylaws and rules, and other such duties as necessary.

(l) Authorizes the IC to establish other committees for governance and administration of the Compact.

SECTION 12. POWERS AND DUTIES OF THE INTERSTATE COMMISSION

Sets forth the powers and duties of the IC.

SECTION 13. FINANCE POWERS

(a) Authorizes the IC to levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the IC and its staff. Requires the total assessment to be sufficient to cover the annual budget approved each year for which revenue is not provided by other sources. Requires that the aggregate annual assessment amount to be allocated upon a formula to be determined by the IC, which is required to promulgate a rule binding upon all member states.

(b) Prohibits the IC from incurring obligations of any kind prior to securing the funds adequate to meet the same.

(c) Prohibits the IC from pledging the credit of any of the member states, except by, and with the authority of, the member state.

(d) Requires the IC to be subject to a yearly financial audit conducted by a certified or licensed public accountant and the report of the audit to be included in the annual report of the IC.

SECTION 14. ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION

(a) Requires the IC to, by majority of commissioners present and voting, adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes of the Compact within twelve (12) months of the first IC meeting.

(b) Requires the Interstate Commission to elect or appoint annually from among its Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom are required to have such authority and duties as may be specified in the bylaws. Requires the chairperson, or in the chairperson's absence or disability, the vice-chairperson, to preside at all meetings of the IC.

(c) Requires officers selected in Subsection (b) to serve without remuneration from the IC.

(d) Requires that the officers and employees of the IC be immune from suit and liability, either personally or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of IC employment, duties, or responsibilities; provided that such person shall not be protected from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person.

(1) Prohibits the liability of the executive director and employees of the IC or representatives of the IC, acting within the scope of such person's employment or duties for acts, errors, or omissions occurring within such person's state, from exceeding the limits of liability set forth under the constitution and laws of that state for state officials, employees, and agents. Provides that the IC is considered to be an instrumentality of the states for purposes of any such action. Requires that nothing in this subsection be construed to protect such person from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person.

(2) Requires that the IC defend the executive director, its employees, and subject to the approval of the attorney general or other appropriate legal counsel of the member state represented by an IC representative, defend such IC representative in any civil action seeking to impose liability arising out of an actual or alleged act, error or omission that occurred within the scope of IC employment, duties or responsibilities, or that the defendant had a reasonable basis for believing occurred within the scope of IC employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such person.

(3) Requires that the representatives or employees of the IC, to the extent not covered by the state involved, member state, or the IC, be held harmless in the amount of a settlement or judgment, including attorney's fees and costs, obtained against such persons arising out of an actual or alleged act, error, or omission that occurred within the scope of IC employment, duties, or responsibilities, or that such persons had a reasonable basis for believing occurred within the scope of IC employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such persons.

SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION

(a) Requires the IC to promulgate reasonable rules in order to effectively and efficiently achieve the purposes of the Compact. Requires that, notwithstanding the foregoing, in the event the IC exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such an action by the IC be invalid and have no force or effect.

(b) Requires that rules deemed appropriate for the operations of the IC be made pursuant to a rulemaking process that substantially conforms to the "Model State Administrative Procedure Act" of 2010, and subsequent amendments thereto.

(c) Authorizes any person, not later than thirty (30) days after a rule is promulgated, to file a petition for judicial review of the rule in the United States District Court for the District of Columbia or the federal district where the IC has

its principal offices, provided that the filing of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the court finds that the petitioner has a substantial likelihood of success. Requires that the court give deference to the actions of the IC consistent with applicable law and not find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the IC.

SECTION 16. OVERSIGHT OF INTERSTATE COMPACT

(a) Requires the executive, legislative, and judicial branches of state government in each member state to enforce the Compact and to take all actions necessary and appropriate to effectuate the Compact's purposes and intent. Requires that the provisions of the Compact and the rules promulgated hereunder have standing as statutory law but not override existing state authority to regulate the practice of medicine.

(b) Requires all courts to take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of the Compact which may affect the powers, responsibilities, or actions of the IC.

(c) Requires that IC be entitled to receive all service of process in any such proceeding, and have standing to intervene in the proceeding for all purposes. Requires that failure to provide service of process to the IC render a judgment or order void as to the IC, the Compact, or promulgated rules.

SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT

(a) Requires the IC, in the reasonable exercise of its discretion, to enforce the provisions and rules of the Compact.

(b) Authorizes IC to, by majority vote of the commissioners, initiate legal action in the United States District Court for the District of Columbia, or, at the discretion of the IC, in the federal district where the IC has its principal offices, to enforce compliance with the provisions of the Compact, and its promulgated rules and bylaws, against a member state in default. Authorizes the relief sought to include both injunctive relief and damages. Requires that the prevailing party, in the event judicial enforcement is necessary, be awarded all costs of such litigation including reasonable attorney's fees.

(c) Prohibits the remedies herein from being the exclusive remedies of the IC. Authorizes the IC to avail itself of any other remedies available under state law or the regulation of a profession.

SECTION 18. DEFAULT PROCEDURES

(a) Provides that the grounds for default include, but are not limited to, failure of a member state to perform such obligations or responsibilities imposed upon it by the Compact, or the rules and bylaws of the IC promulgated under the Compact.

(b) Requires the IC, if the IC determines that a member state has defaulted in the performance of its obligations or responsibilities under the Compact, or the bylaws or promulgated rules, to take certain actions.

(c) Requires that the defaulting state, if the defaulting state fails to cure the default, be terminated from the Compact upon an affirmative vote of a majority of the commissioners and all rights, privileges, and benefits conferred by the Compact terminate on the effective date of termination. Provides that a cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of the default.

(d) Requires that termination of membership in the Compact be imposed only after all other means of securing compliance have been exhausted. Requires that notice of intent to terminate be given by the IC to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

(e) Requires the IC to establish rules and procedures to address licenses and physicians that are materially impacted by the termination of a member state, or the withdrawal of a member state.

(f) Provides that the member state which has been terminated is responsible for all dues, obligations, and liabilities incurred through the effective date of termination including obligations, the performance of which extends beyond the effective date of termination.

(g) Requires that the IC not bear any costs relating to any state that has been found to be in default or which has been terminated from the Compact, unless otherwise mutually agreed upon in writing between the IC and the defaulting state.

(h) Authorizes the defaulting state to appeal the action of the IC by petitioning the United States District Court for the District of Columbia or the federal district where the IC has its principal offices. Requires that the prevailing party be awarded all costs of such litigation including reasonable attorney's fees.

SECTION 19. DISPUTE RESOLUTION

(a) Requires the IC to attempt, upon the request of a member state, to resolve disputes which are subject to the Compact and which may arise among member states or member boards.

(b) Requires the IC to promulgate rules providing for both mediation and binding dispute resolution as appropriate.

SECTION 20. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

(a) Provides that any state is eligible to become a member state of the Compact.

(b) Requires that the Compact become effective and binding upon legislative enactment of the Compact into law by no less than seven (7) states. Requires that it become effective and binding on a state upon enactment of the Compact into law by that state.

(c) Requires that the governors of non-member states, or their designees, be invited to participate in the activities of the IC on a non-voting basis prior to adoption of the Compact by all states.

(d) Authorizes the IC to propose amendments to the Compact for enactment by the member states. Prohibits any amendment from becoming effective and binding upon the IC and the member states unless and until it is enacted into law by unanimous consent of the member states.

SECTION 21. WITHDRAWAL

(a) Requires the Compact, once effective, to continue in force and remain binding upon each and every member state; provided that a member state is authorized to withdraw from the Compact by specifically repealing the statute which enacted the Compact into law.

(b) Requires that withdrawal from the Compact be by the enactment of a statute repealing the same, but not take effect until one (1) year after the effective date of such statute and until written notice of the withdrawal has been given by the withdrawing state to the governor of each other member state.

(c) Requires that the withdrawing state immediately notify the chairperson of the IC in writing upon the introduction of legislation repealing the Compact in the withdrawing state.

(d) Requires the IC to notify the other member states of the withdrawing state's intent to withdraw within sixty (60) days of its receipt of notice provided under Subsection (c).

(e) Provides that the withdrawing state is responsible for all dues, obligations and liabilities incurred through the effective date of withdrawal, including obligations, the performance of which extend beyond the effective date of withdrawal.

(f) Requires that reinstatement following withdrawal of a member state occur upon the withdrawing state reenacting the Compact or upon such later date as determined by the IC.

(g) Authorizes the IC to develop rules to address the impact of the withdrawal of a member state on licenses granted in other member states to physicians who designated the withdrawing member state as the state of principal license.

SECTION 22. DISSOLUTION

(a) Requires that the Compact to dissolve effective upon the date of the withdrawal or default of the member state which reduces the membership in the Compact to one (1) member state.

(b) Provides that, upon the dissolution of the Compact, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the IC be concluded and surplus funds be distributed in accordance with the bylaws.

SECTION 23. SEVERABILITY AND CONSTRUCTION

(a) Requires that the provisions of the Compact be severable, and if any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions of the Compact be enforceable.

(b) Requires that the provisions of the Compact be liberally construed to effectuate its purposes.

(c) Requires that nothing in the Compact be construed to prohibit the applicability of other interstate compacts to which the states are members.

SECTION 24. BINDING EFFECT OF COMPACT AND OTHER LAWS

(a) Provides that nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

(b) Provides that all laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

(c) Provides that all lawful actions of the IC, including all rules and bylaws promulgated by the IC, are binding upon the member states.

(d) Provides that all agreements between the IC and the member states are binding in accordance with their terms.

(e) Requires that the provision, in the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any member state, be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

Sec. 170.002. RULES. Authorizes the board to adopt rules necessary to implement this chapter.

SECTION 18. Amends Subchapter B, Chapter 204, Occupations Code, by adding Section 204.0585, as follows:

Sec. 204.0585. EXECUTIVE SESSION. Authorizes the Texas Physician Assistant Board (TPAB), after hearing all evidence and arguments in an open meeting, to conduct deliberations relating to a license application or disciplinary action in an executive session. Requires TPAB to vote and announce its decision in open session.

SECTION 19. Amends Section 204.059, Occupations Code, by amending Subsection (b) and adding Subsection (d), as follows:

(b) Requires that the training program provide the person with information regarding:

(1) the law governing TPAB operations;

(2) the programs, functions, rules, and budget of TPAB, rather than this chapter and the TPAB's programs, functions, rules and budget;

(3) the scope of limitations on the rulemaking authority of TPAB;

(4) redesignates existing Subdivision (2) as Subdivision (4);

(5) redesignates existing Subdivision (3) as Subdivision (5) and makes a nonsubstantive change:

(A) laws relating to open meetings, public information, administrative procedure, and disclosing conflicts of interest; and

(B) other laws applicable to members of TPAB in performing their duties; and

(6) redesignates existing Subdivision (4) as Subdivision (6).

(d) Requires the executive director to create a training manual that includes the information required by Subsection (b). Requires the executive director to distribute a copy of the training manual annually to each TPAB member. Requires each TPAB member, on receipt of the training manual, to sign and submit to the executive director a statement acknowledging receipt of the training manual.

SECTION 20. Amends Subchapter D, Chapter 204, Occupations Code, by adding Section 204.1525, as follows:

Sec. 204.1525. CRIMINAL HISTORY RECORD INFORMATION REQUIREMENT FOR LICENSE ISSUANCE. (a) Requires TPAB to require that an applicant for a license submit a complete and legible set of fingerprints, on a form prescribed by TPAB, to TPAB or the Texas Department of Public Safety (DPS) for the purpose of obtaining criminal history record information from DPS and the Federal Bureau of Investigation (FBI).

(b) Prohibits TPAB from issuing a license to a person who does not comply with the requirement of Subsection (a).

(c) Requires TPAB to conduct a criminal history record information check of each applicant for a license using certain information.

(d) Authorizes TPAB to enter into an agreement with DPS to administer a criminal history record information check required under this section and to authorize DPS to collect from each applicant the costs incurred by DPS in conducting the criminal history record information check.

SECTION 21. Amends Section 204.153(a), Occupations Code, by requiring an applicant, to be eligible for a license under this chapter, to meet certain criteria, including to meet any other requirement established by TPAB rule. Makes nonsubstantive changes.

SECTION 22. Amends Section 204.156, Occupations Code, by amending Subsection (a) and adding Subsection (a-1), as follows:

(a) Provides that a license issued under this chapter is valid for a term of one or two years, as determined by TPAB rule.

(a-1) Creates this subsection from existing text. Authorizes a person who holds a license under this chapter, on notification from TPAB, to renew the license by taking certain actions.

SECTION 23. Amends Subchapter D, Chapter 204, Occupations Code, by adding Section 204.1561, as follows:

Sec. 204.1561. CRIMINAL HISTORY RECORD INFORMATION REQUIREMENT FOR RENEWAL. (a) Requires an applicant for renewal of a license issued under this chapter to submit a complete and legible set of fingerprints for purposes of performing a criminal history record information check of the applicant as provided by Section 204.1525.

(b) Authorizes TPAB to administratively suspend or refuse to renew the license of a person who does not comply with the requirement of Subsection (a).

(c) Provides that a license holder is not required to submit fingerprints under this section for the renewal of the license if the holder has previously submitted fingerprints under Section 204.1525 for the initial issuance of the license or this section as part of a prior renewal of a license.

SECTION 24. Amends Subchapter D, Chapter 204, Occupations Code, by adding Section 204.158, as follows:

Sec. 204.158. REFUSAL FOR VIOLATION OF BOARD ORDER. Authorizes TPAB to refuse to renew a license issued under this chapter if the license holder is in violation of a TPAB order.

SECTION 25. Amends Subchapter E, Chapter 204, Occupations Code, by adding Section 204.210, as follows:

Sec. 204.210. DUTIES RELATED TO CERTAIN PRESCRIPTIONS. (a) Prohibits a physician assistant authorized to prescribe a drug from prescribing a drug listed in Subsection (b) to a patient unless the physician assistant has reviewed the patient's prescription history by accessing the prescription information submitted to TSBP as authorized by Section 481.076(a)(5), Health and Safety Code.

(b) Provides that Subsection (a) applies only to the prescribing of opioids, benzodiazepines, barbiturates, or carisoprodol.

(c) Provides that a physician assistant is not subject to the requirements of Subsection (a) if the patient has been diagnosed with cancer or the patient is receiving hospice care and the physician assistant clearly notes in the prescription record that the patient was diagnosed with cancer or is receiving hospice care, as applicable.

(d) Provides that failure by a physician assistant to comply with the requirements of this section is grounds for disciplinary action under Section 204.301 (Disciplinary Authority of Board).

SECTION 26. Amends Subchapter G, Chapter 204, Occupations Code, by adding Section 204.305, as follows:

Sec. 204.305. MONITORING HARMFUL PRESCRIBING PATTERNS. (a) Requires TPAB to periodically check the prescribing information submitted to TSBP as authorized by Section 481.076(a)(1), Health and Safety Code, to determine whether a physician assistant licensed under this chapter is engaging in potentially harmful prescribing patterns or practices.

(b) Requires TPAB, in coordination with TSBP, to determine the conduct that constitutes a potentially harmful prescribing pattern or practice for purposes of Subsection (a). Requires TPAB, in determining the conduct that constitutes a potentially harmful prescribing pattern or practice, to consider the number of times a physician assistant prescribes a drug listed in Section 204.210(b) and for prescriptions described by Subdivision (1), patterns of prescribing combinations of those drugs and other dangerous combinations of drugs identified by TPAB.

(c) Authorizes TPAB, if TPAB suspects that a physician assistant may be engaging in potentially harmful prescribing patterns or practices, to notify the physician assistant of the potentially harmful prescribing pattern or practice.

(d) Authorizes TPAB to initiate a complaint against a physician assistant based on information obtained under this section.

SECTION 27. Amends Section 204.313(a), Occupations Code, as follows:

(a) Requires at least two panelists, in an informal meeting under Section 204.312, to be appointed to determine whether an informal disposition is appropriate. Requires at least one of the panelists to be a licensed physician assistant.

SECTION 28. Amends Section 205.057, Occupations Code, by amending Subsection (b) and adding Subsection (d), as follows:

(b) Requires that the training program provide the person with certain information.

(d) Requires the executive director to create a training manual that includes the information required by Subsection (b). Requires the executive director to distribute a copy of the training manual annually to each acupuncture board member. Requires each board member, on receipt of the training manual, to sign and submit to the executive director a statement acknowledging receipt of the training manual.

SECTION 29. Amends Subchapter E, Chapter 205, Occupations Code, by adding Section 205.2025, as follows:

Sec. 205.2025. CRIMINAL HISTORY RECORD INFORMATION REQUIREMENT FOR LICENSE ISSUANCE. (a) Requires the Texas State Board of Acupuncture Examiners (TSBAE) to require that an applicant for a license submit a complete and legible set of fingerprints, on a form prescribed by TSBAE, to TSBAE or to DPS for the purpose of obtaining criminal history record information from DPS and the FBI.

(b) Prohibits TSBAE from issuing a license to a person who does not comply with the requirement of Subsection (a).

(c) Requires TSBAE to conduct a criminal history record information check of each applicant for a license using certain information.

(d) Authorizes TSBAE to enter into an agreement with DPS to administer a criminal history record information check required under this section and to authorize DPS to collect from each applicant the costs incurred by DPS in conducting the criminal history record information check.

SECTION 30. Amends the heading of Section 205.251, Occupations Code, to read as follows:

Sec. 205.251. RENEWAL REQUIRED.

SECTION 31. Amends Section 205.251(a), Occupations Code, to require TMB by rule to provide for the annual or biennial renewal of a license to practice acupuncture.

SECTION 32. Amends Subchapter F, Chapter 205, Occupations Code, by adding Section 205.2515, as follows:

Sec. 205.2515. CRIMINAL HISTORY RECORD INFORMATION REQUIREMENT FOR RENEWAL. (a) Requires an applicant for renewal of a license issued under this chapter to submit a complete and legible set of fingerprints for purposes of performing a criminal history record information check of the applicant as provided by Section 205.2025.

(b) Authorizes TSBAE to administratively suspend or refuse to renew the license of a person who does not comply with the requirement of Subsection (a).

(c) Provides that a license holder is not required to submit fingerprints under this section for the renewal of the license if the holder has previously submitted fingerprints under Section 205.2025 for the initial issuance of the license or this section as part of a prior renewal of a license.

SECTION 33. Amends Subchapter F, Chapter 205, Occupations Code, by adding Section 205.256, as follows:

Sec. 205.256. REFUSAL FOR VIOLATION OF BOARD ORDER. Authorizes TSBAE to refuse to renew a license issued under this chapter if the license holder is in violation of an TSBAE order.

SECTION 34. Amends Subchapter E, Chapter 206, Occupations Code, by adding Section 206.2025, as follows:

Sec. 206.2025. CRIMINAL HISTORY RECORD INFORMATION REQUIREMENT FOR LICENSE ISSUANCE. (a) Requires TMB to require that an applicant for a license submit a complete and legible set of fingerprints, on a form prescribed by TMB, to TMB or DPS for the purpose of obtaining criminal history record information from DPS and FBI.

(b) Prohibits TMB from issuing a license to a person who does not comply with the requirement of Subsection (a).

(c) Requires TMB to conduct a criminal history record information check of each applicant for a license using certain information.

(d) Authorizes TMB to enter into an agreement with DPS to administer a criminal history record information check required under this section and to authorize DPS

to collect from each applicant the costs incurred by DPS in conducting the criminal history record information check.

SECTION 35. Amends Section 206.203(a), Occupations Code, to require a person, except as provided by Section 206.206, to be eligible for a license, to meet certain criteria.

SECTION 36. Amends Subchapter E, Chapter 206, Occupations Code, by adding Section 206.2105, as follows:

Sec. 206.2105. CRIMINAL HISTORY RECORD INFORMATION REQUIREMENT FOR RENEWAL. (a) Requires an applicant for renewal of a license issued under this chapter to submit a complete and legible set of fingerprints for purposes of performing a criminal history record information check of the applicant as provided by Section 206.2025.

(b) Authorizes TMB to administratively suspend or refuse to renew the license of a person who does not comply with the requirement of Subsection (a).

(c) Provides that a license holder is not required to submit fingerprints under this section for the renewal of the license if the holder has previously submitted fingerprints under Section 206.2025 for the initial issuance of the license or this section as part of a prior renewal of a license.

SECTION 37. Amends Subchapter E, Chapter 206, Occupations Code, by adding Section 206.215, as follows:

Sec. 206.215. REFUSAL FOR VIOLATION OF BOARD ORDER. Authorizes TMB to refuse to renew a license issued under this chapter if the license holder is in violation of a medical board order.

SECTION 38. Amends Section 601.002, Occupations Code, by adding Subdivisions (10-a) and (10-b), to define "radiologist" and "radiologist assistant."

SECTION 39. Amends Section 601.030, Occupations Code, by amending Subsection (b) and adding Subsection (d), as follows:

(b) Requires that the training program provide the person with certain information.

(d) Requires the executive director to create a training manual that includes the information required by Subsection (b). Requires the executive director to distribute a copy of the training manual annually to each Texas Board of Medical Radiological Technology (TBMRT) member. Requires each board member, on receipt of the training manual, to sign and submit to the executive director a statement acknowledging receipt of the training manual.

SECTION 40. Amends Sections 601.102(b) and (c), Occupations Code, as follows:

(b) Authorizes TBMRT to issue to a person a general certificate to perform radiologic procedures, a limited certificate that authorizes the person to perform radiologic procedures only on specific parts of the human body, or a radiologist assistant certificate to a person who meets the requirements established under Section 601.1021.

(c) Authorizes TBMRT to issue to a person a temporary general certificate, a temporary limited certificate, or a temporary radiologist assistant certificate that authorizes the person to perform radiologic procedures for a period not to exceed one year.

SECTION 41. Amends Subchapter C, Chapter 601, Occupations Code, by adding Section 601.1021, as follows:

Sec. 601.1021. RADIOLOGIST ASSISTANT CERTIFICATE. (a) Requires the (TBMRT) by rule to establish the education and training required for a person to obtain a radiologist assistant certificate.

(b) Provides that a radiologist certificate holder may perform radiologic procedures only under the supervision of a radiologist and may not interpret images, make diagnoses, or prescribe any medication or therapy.

SECTION 42. Amends Subchapter C, Chapter 601, Occupations Code, as follows:

Sec. 601.113. REFUSAL FOR VIOLATION OF BOARD ORDER. Authorizes TBMRT to refuse to renew a certificate issued under this chapter if the certificate holder is in violation of a TBMRT order.

SECTION 43. Amends Section 601.155, Occupations Code, as follows:

Sec. 601.155. STUDENTS. Provides that a person is not required to hold a certificate issued under this chapter if the person meets certain criteria. Deletes existing text providing that a person is not required to hold a certificate issued under this chapter or to comply with the registration requirements adopted under Section 601.252 if the person meets certain requirements.

SECTION 44. Amends Section 601.156, Occupations Code, as follows:

Sec. 601.156. PROCEDURE PERFORMED AS PART OF CONTINUING EDUCATION PROGRAM. Provides that a person is not required to hold a certificate issued under this chapter if the person meets certain criteria. Deletes existing text providing that a person is not required to hold a certificate issued under this chapter or to comply with the registration requirements adopted under Section 601.252 if the person meets certain requirements.

SECTION 45. Amends Section 601.203(b), Occupations Code, as follows:

(b) Provides that the following conditions are considered to be a hardship for the purposes of Subsection (a):

(1) that the applicant:

(A) reports an inability to attract and retain medical radiologic technologists; and

(B) is located in a county with a population of less than 50,000;

(2) through (5) makes no changes to these subdivisions.

SECTION 46. Amends Subchapter E, Chapter 602, Occupations Code, by adding Section 602.214, as follows:

Sec. 602.214. REFUSAL FOR VIOLATION OF BOARD ORDER. Authorizes TMB to refuse to renew a license issued under this chapter if the license holder is in violation of TMB order.

SECTION 47. Amends Section 603.252(a), Occupations Code, to require an applicant for a perfusionist license to submit an application, rather than a sworn application, accompanied by the application fee.

SECTION 48. Amends Subchapter G, Chapter 603, Occupations Code, by adding Section 603.306, as follows:

Sec. 603.306. REFUSAL FOR VIOLATION OF BOARD ORDER. Authorizes TMB to refuse to renew a license issued under this chapter if the license holder is in violation of a TMB order.

SECTION 49. Amends Section 604.030, Occupations Code, by amending Subsection (b) and adding Subsection (d), as follows:

(b) Requires that the training program provide the person with certain information.

(d) Requires the executive director to create a training manual that includes the information required by Subsection (b). Requires the executive director to distribute a copy of the training manual annually to each TBMRT member. Requires each board member, on receipt of the training manual, to sign and submit to the executive director a statement acknowledging receipt of the training manual.

SECTION 50. Amends Subchapter D, Chapter 604, Occupations Code, by adding Section 604.158, as follows:

Sec. 604.158. REFUSAL FOR VIOLATION OF BOARD ORDER. Authorizes TBMRT to refuse to renew a certificate or temporary permit issued under this chapter if the certificate or permit holder is in violation of an TBMRT order.

SECTION 51. Repealer: Sections 601.252 (c) (relating to the requirements of rules adopted) and (d) (relating to authorizing certain agencies, in adopting rules, to take into account whether the procedure will be performed by a registered nurse).

SECTION 52. (a) Provides that, except as provided by Subsection (b) of this section, Section 152.010, 204.059, 205.057, 601.030, and 604.030, Occupations Code, as amended by this Act.

(b) Provides that a member of a board who, before the effective date of this Act, completed the training program required by Section 152.010, 204.059, 205.057, 601.030, or 604.030, Occupations Code, as the applicable law existed before the effective date of this Act, is only required to complete additional training on the subjects added by this Act to the training program required by Section 152.010, 204.059, 205.057, 601.030, or 604.030, Occupations Code, as applicable. Prohibits a board member described by this subsection from voting, deliberating, or being counted as a member in attendance at a meeting of the applicable board held on or after December 1, 2017, until the member completes the additional training.

SECTION 53. Makes application of Section 162.301 and 204.210, Occupations Code, prospective to September 1, 2018.

SECTION 54. Requires TMB, not later than March 1, 2018, to adopt rules necessary to implement Section 164.003(b), Occupations Code, as amended by this Act.

SECTION 55. Requires TMB and the governing board of the Texas Physician Health Program, not later than January 1, 2018, by rule to adopt the memorandum of understanding required by Section 167.012, Occupations Code, as added by this Act.

SECTION 56. Requires TPAB, TSBAE, and TMB, not later than September 1, 2019, to obtain criminal history record information on each person who, on the effective date of this Act, holds a license issued under Chapter 204, 205, or 206, Occupations Code, as applicable, and did not undergo a criminal history record information check based on the license holder's fingerprints on the initial application for the license. Authorizes a board to suspend the license of a license holder who does not provide the criminal history record information as required by TMB and this section.

SECTION 57. Requires TMB, not later than January 1, 2018, to approve the rules required by Section 601.1021, Occupations Code, as added by this Act.

SECTION 58. Effective date: September 1, 2017.