

BILL ANALYSIS

S.B. 2695
By: Kolkhorst
Higher Education
Committee Report (Unamended)

BACKGROUND AND PURPOSE

The bill sponsor has informed the committee that there is a lack of doctors and advanced practice registered nurses (APRNs) willing to train, practice, and serve in rural settings. S.B. 2695, the Texas Critically Underserved Relief and Enhancement Act (Texas Cure Act), seeks to provide academic opportunities for medical students from underserved areas in Texas and to encourage health care providers to focus their talents in these areas by establishing programs to guarantee the admission of qualifying students to participating medical schools and provide internship and mentoring programs to these students and to provide for physicians to enter into delegation and supervision agreements with APRNs practicing in underserved areas.

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 3.001 of this bill and to the Texas Higher Education Coordinating Board in SECTION 4.001 of this bill.

ANALYSIS

S.B. 2695 sets out provisions relating to an education program to enable certain students to practice medicine in certain rural counties and to physician delegation of certain medical acts to advanced practice registered nurses, including in certain rural counties.

Rural Admission Medical Program

S.B. 2695 amends the Education Code to establish the Rural Admission Medical Program (RAMP) as a program administered by the Rural Admission Medical Program Council, as established under the bill, to do the following:

- provide services to support and encourage highly qualified students from counties in Texas with populations of less than 25,000 who are pursuing a medical education;
- award undergraduate and graduate scholarships and summer stipends to those students; and
- guarantee the admission of those students to at least one participating medical school, subject to the conditions under statutory provisions governing eligibility to continue participation in the joint admission medical program and conditions under the bill.

For purposes of the bill's provisions, "participating medical school" has the meaning assigned to that term under statutory provisions governing the joint admission medical program.

Rural Admission Medical Program Council

S.B. 2695 requires the participating medical schools to jointly establish the Rural Admission Medical Program Council consisting of one faculty member employed by and representing each of the schools and requires the council to select one of its members to serve as council chair for a term of two years. The bill requires the council to do the following:

- recruit eligible undergraduate students for admission to RAMP;
- establish an application process for admitting eligible undergraduate students to RAMP;
- evaluate applications for admission to RAMP according to the procedures the council establishes for selecting participating students, defined as eligible undergraduate students who are admitted to the program and who maintain eligibility for continued participation in RAMP;
- monitor the implementation of RAMP;
- assist in developing services to support and encourage the pursuit of a medical education by participating students and, as applicable, nontraditional students described by the bill;
- establish a process for participating students to:
 - be matched to an internship program in accordance with the bill's provisions;
 - be matched to any required undergraduate mentoring program in accordance with the bill's provisions;
 - apply for admission to participating medical schools;
 - be matched to a participating medical school in accordance with the bill's provisions; and
 - enroll in that school;
- award to participating students undergraduate scholarships and summer stipends, including a summer stipend for a student who is required to participate in an internship program in the summer immediately following the student's senior year;
- award graduate scholarships to participating students and, as applicable, nontraditional students;
- enter into an agreement with each student admitted to RAMP, each participating medical school, and each general academic teaching institution or private or independent institution of higher education as required by the bill's provisions; and
- take any other action necessary to implement RAMP.

S.B. 2695 further requires the council to do the following:

- match each participating student with appropriate internship programs offered by participating medical schools during the summers immediately following the student's sophomore and junior years;
- match each participating student with any appropriate undergraduate mentoring program required of the student by the council; and
- during a participating student's senior year, match the student with an appropriate participating medical school as necessary to fill the percentage of enrollment capacity set aside by each medical school under RAMP.

Eligibility

S.B. 2695 requires an undergraduate student to satisfy the following criteria to be eligible for admission to RAMP:

- have enrolled at a general academic teaching institution or a private or independent institution of higher education not later than the first fall semester following the student's graduation from high school;
- be a Texas resident for purposes of determining resident tuition under applicable state law;
- successfully complete at least 15 semester credit hours during the fall semester of the student's freshman year at the applicable institution;

- apply for admission to RAMP not later than a date, as designated by the council, that occurs at the beginning of the spring semester of the student's freshman year at the applicable institution; and
- meet criteria established by the council regarding the following:
 - minimum high school and undergraduate grade point averages;
 - location in a county in Texas with a population of less than 25,000; and
 - any other matter the council considers appropriate.

The bill establishes that, for purposes of the Texas residency requirement for determining resident tuition under applicable state law, a student is not a Texas resident for purposes of tuition solely because the student is eligible to pay tuition at the resident tuition rate.

S.B. 2695 requires an undergraduate student who is admitted to RAMP to meet the following requirements to be eligible to continue participation in RAMP:

- meet criteria established by the council regarding the following:
 - courses taken and the minimum grade point average for those courses during enrollment at the applicable institution;
 - progress in those courses;
 - achievement of an acceptable score on the Medical College Admission Test or any equivalent examination taken as a precondition for enrollment in or admission to a participating medical school; and
 - any other matter the council considers appropriate;
- participate in the following:
 - applicable internship programs in the summers immediately following the student's freshman, sophomore, and junior years, and, if required, the summer immediately following the student's senior year; and
 - any undergraduate or graduate mentoring program required by the council; and
- exhibit intelligence, integrity, and personal and emotional characteristics that are considered necessary for the student to become an effective physician.

The bill authorizes the council, if an undergraduate student who is admitted to RAMP fails to meet these requirements without good cause as determined by the council, to terminate that student's participation in RAMP at the end of the semester during which the student failed to meet the requirements. A student's participation in RAMP is automatically terminated if the student fails to meet the requirements for two consecutive semesters without good cause.

Council Agreement With Participating Student

S.B. 2695 requires a student admitted to RAMP to enter into an agreement with the council under which the student agrees to maintain eligibility for continued participation in RAMP and repay any scholarship or stipend received under RAMP if the student enrolls in a public or private medical school in another state, other than temporary enrollment occurring as a result of an exchange program. At the time the student enters into such an agreement, the council must provide the student with information regarding the following:

- available RAMP benefits, including undergraduate and graduate scholarships and summer stipends; and
- repayment of scholarship and stipend benefits received under RAMP.

Council Agreement With Participating Medical Schools

S.B. 2695 requires each participating medical school to enter into an agreement with the council under which the medical school agrees to do the following:

- select a faculty member employed by the medical school to serve on the council;
- commit faculty and administrative resources to RAMP;
- set aside for participating students or, if necessary, nontraditional students, at least 10 percent of the medical school's enrollment capacity for each entering class, except as otherwise provided by the bill;

- admit participating students who are matched to the medical school under RAMP;
- provide internship programs for participating students who have been matched to or are required to participate in those programs in accordance with the bill's provisions and coordinate the administration of those programs with general academic teaching institutions or private or independent institutions of higher education as necessary;
- provide for participating students any mentoring programs required by the council at the undergraduate level and coordinate the administration of those programs with general academic teaching institutions or private or independent institutions of higher education as necessary; and
- provide support services, including postbaccalaureate mentoring programs required by the council, to participating students and, as applicable, nontraditional students who enroll in the medical school.

The bill requires the Baylor College of Medicine, for purposes of satisfying the requirement to agree to set aside for participating students or nontraditional students at least 10 percent of the applicable school's enrollment capacity for each entering class, to agree to set aside not less than 10 percent of its enrollment capacity otherwise set aside for students who are entitled to pay resident tuition at the rate provided by applicable state law.

Council Agreement With Teaching Institutions

S.B. 2695 requires each general academic teaching institution to enter into an agreement with the council under which the institution agrees to do the following:

- provide academic counseling to a participating student enrolled at that institution;
- as soon as practicable after entering into the agreement, implement or expand appropriate degree programs as necessary to provide participating students with sufficient preparation for enrollment in participating medical schools; and
- select a faculty director or an academic or health professions advisor to assist in implementing RAMP at the institution and in implementing or expanding the institution's degree programs as necessary.

S.B. 2695 requires each private or independent institution of higher education to enter into an agreement with the council under which the institution agrees to do the following:

- provide academic counseling to a participating student enrolled at the institution;
- as soon as practicable after entering into the agreement, implement or expand appropriate degree programs as necessary to provide participating students with sufficient preparation for enrollment in participating medical schools;
- select a faculty director or an academic or health professions advisor to assist in implementing RAMP at the institution and in implementing or expanding the institution's degree programs as necessary; and
- provide, in addition to any other scholarship money awarded to the student, a scholarship to a participating student in an amount equal to the amount awarded a participating student attending a general academic teaching institution, except that the amount of a scholarship award is capped at the amount of tuition and fees that the student is charged.

Nontraditional Students

S.B. 2695 requires a participating medical school that, for any reason does not fill the percentage of enrollment capacity set aside for participating students under RAMP, to fill the remaining openings with economically disadvantaged students who satisfy the following criteria:

- are 25 years of age or older;
- have been admitted to the medical school independently of RAMP;
- are referred by the medical school to the council and admitted to RAMP by the council; and
- are entitled to pay tuition at the resident rate provided by applicable state law.

The bill establishes that a nontraditional student admitted to RAMP under this requirement is subject only to RAMP benefits and requirements applicable to a participating student after enrollment in a participating medical school. The bill requires a nontraditional student to sign an agreement to that effect.

Funding

S.B. 2695 authorizes the council to accept a gift, grant, devise, or bequest of money, securities, service, or property to carry out any purpose of provisions relating to RAMP, including funds raised or services provided by a volunteer or volunteer group to promote the work of the council. The bill establishes the legislature may appropriate money for the purposes of provisions relating to RAMP.

Report

S.B. 2695 requires the council to deliver a report on RAMP to the governor, the lieutenant governor, and the speaker of the house of representatives not later than December 31 of each even-numbered year. The bill requires the report to contain detailed information regarding the following:

- any problems the council identifies in implementing RAMP, with recommended solutions for those problems;
- the expenditure of any money received under provisions relating to RAMP, including legislative appropriations; and
- the number of students who are admitted to RAMP and who are enrolled in each year of a baccalaureate, graduate, or professional degree program offered by a general academic teaching institution, a private or independent institution of higher education, or a participating medical school, as applicable.

Records of Delegation and Supervision Agreements

S.B. 2695 amends the Occupations Code to require the Texas Medical Board (TMB) to maintain records of all delegation and supervision agreements entered into between a physician and an advanced practice registered nurse, including the following:

- the amount of any fee a physician charges an advanced practice registered nurse to enter into a delegation and supervision agreement; and
- the county in which the advanced practice registered nurse is practicing under a delegation and supervision agreement.

The bill requires the TMB to adopt rules to implement this requirement.

S.B. 2695 revises the supervision requirement for a prescriptive authority agreement to specify methods for documenting the implementation of a prescriptive authority quality assurance and improvement plan that include chart review, as follows:

- sets the minimum percentage of charts to be reviewed by a physician under an agreement with an advanced practice registered nurse at five percent of the advanced practice registered nurse's charts; and
- further specifies that such chart review of an advanced practice registered nurse's chart includes the authority to review the charts electronically from a remote location.

Rural Advanced Practice Registered Nurse Delegation and Supervision Program

S.B. 2695 requires the Texas A&M University System Health Science Center College of Medicine to establish and administer a program under which the college contracts with or otherwise retains a physician to enter into a delegation and supervision agreement with an advanced practice registered nurse practicing in a county with a population of not more than 30,000 and in one of the following population foci:

- adult-gerontology primary care;

- family/individual across the lifespan;
- pediatrics primary care;
- psychiatric/mental health; or
- women's health/gender-related.

The bill defines "advanced practice registered nurse" by reference to applicable Nursing Practice Act provisions and specifies that the term "delegation and supervision agreement" includes a prescriptive authority agreement under provisions relating to delegation to advanced practice registered nurses and physician assistants.

S.B. 2695 authorizes the college to remove from participation in the program a physician who does not satisfy the supervision requirement of a prescriptive authority agreement relating to chart review. The bill establishes that, except as otherwise provided by the bill, a delegation and supervision agreement entered into under the program is subject to general provisions relating to the authority of a physician to delegate certain medical acts and provisions relating to delegation to advanced practice registered nurses and physician assistants, as applicable. The bill authorizes the college, in establishing and administering the program, to collaborate with similar institutions, agencies, and programs affiliated with a medical and dental unit, defined by reference to Education Code provisions governing higher education.

S.B. 2695 prohibits a physician from charging a fee to an advanced practice registered nurse to enter into a delegation and supervision agreement under the program. The bill caps the number of advanced practice registered nurses with whom a physician may enter into delegation and supervision agreements under the program at 10 or the full-time equivalent of 10 advanced practice registered nurses.

S.B. 2695 requires the college to do the following:

- maintain records of the delegation and supervision agreements entered into under the program; and
- collect data on delegation and supervision interactions under the program and the impact the program has on access to health care.

The bill establishes that the records maintained and data collected under that requirement are confidential and privileged, are not subject to subpoena or discovery, and are excepted from disclosure under state public information law. The bill prohibits the introduction of such records and data into evidence in any administrative, civil, or criminal proceeding against a patient, a patient's family member, a physician, or a health care provider.

S.B. 2695 requires the college, not later than September 1 of each even-numbered year, to submit a report on the records and data to the governor, lieutenant governor, speaker of the house of representatives, and appropriate committees of the legislature that meets the following criteria:

- contains only aggregated and anonymized information;
- does not identify or include any information that could be used to identify a patient or the patient's family;
- does not identify or include any information that could be used to identify a physician or health care provider; and
- complies with all state and federal laws relating to the transmission of health information, including the federal Health Insurance Portability and Accountability Act of 1996 and rules adopted under that act.

S.B. 2695 requires the college to adopt policies as necessary to implement the program. The bill requires such a policy to prioritize delegation and supervision agreements with advanced practice registered nurses to practice in mental health and primary care in locations designated as health professional shortage areas by the Department of State Health Services.

Transition Provision

S.B. 2695 requires the Texas Higher Education Coordinating Board and the TMB, not later than February 1, 2026, to adopt rules necessary to implement the bill's provisions.

EFFECTIVE DATE

September 1, 2025.