

BILL ANALYSIS

Senate Research Center
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C.S.S.B. 2695
By: Kolkhorst
Health & Human Services
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Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

The Texas Critically Underserved Relief and Enhancement Act ("The CURE Act") delivers a targeted solution to improve healthcare access in rural communities by removing financial barriers faced by advanced practice registered nurses (APRNs). S.B. 2695 establishes a rural delegation model, empowering more APRNs to serve in underserved areas by eliminating costly delegation fees and expanding the capacity for physician collaboration.

Under the Texas CURE Act, APRNs who choose to practice in rural counties with populations of 25,000 or fewer will no longer be required to pay delegation fees to partnering physicians. To increase coverage and flexibility, the bill allows the Texas Medical Board (TMB) to contract with licensed physicians to delegate authority, with each physician being able to oversee up to ten APRNs. TMB will also be granted the authority to ensure oversight standards are maintained, along with the ability to discipline or remove participating physicians who fail to uphold the Act's requirements.

Recognizing that long-term solutions require workforce development, S.B. 2695 also establishes the Rural Admission Medical Program (RAMP), a new educational initiative designed to recruit students from rural areas and support their journey into medical school. Building on the foundation of the Joint Admission Medical Program (JAMP), RAMP invests in the next generation of healthcare providers who are already rooted in their communities and more likely to return home to practice.

With a focus on primary care and mental health services, the Texas CURE Act targets the most critically underserved healthcare needs in the state. With 88 percent of Texas counties facing primary care shortages, and 98 percent lacking adequate mental health professionals, this bill introduces a practical way to expand access.

S.B. 2695 aims to reduce unnecessary financial burdens, streamlining physician delegation structures, and investing in homegrown medical talent, all within counties of less than 25,000 people. The Texas CURE Act represents a bold, innovative step toward ensuring that Texans in rural areas receive the care they need, when and where they need it most.

Key Provisions:

- Rural Admission Medical Program (RAMP): Establishes a comprehensive pipeline to support students from rural Texas counties (population less than 25,000) with services including scholarships, summer stipends, guaranteed medical school admission, and mentoring. A governing council manages recruitment, eligibility, and agreements with participating institutions.
- MEGA Nurse-to-Physician Pathway Program: As filed, this section of the bill creates a new pathway for experienced APRNs in rural areas to become physicians. Includes eligibility criteria, academic advancement opportunities, licensing support, and loan repayment incentives for rural service.
- Expanded Support and Oversight: Authorizes funding through TMB, upholds regular reporting, limits physician fees for delegation agreements, and expands the number of APRNs that can be supervised by one physician in rural areas.

Committee Substitute Changes:

- For counties of 25,000 or less the following will be done for APRNs:

- Remove the delegation fee in its entirety.
- To ensure physician delegation, allow the medical board to employ/contract/retain with physicians to delegate to these APRNs who are willing to work in these areas.
 - These could even be retired physicians, if they have a current license.
 - Goal is to not REQUIRE Texas Medical Board to hire new FTE's if there are physicians who are interested in serving in the delegatory relationship.
- For this population a physician may oversee 10 APRNs.
- The physician would not have to be onsite or in the same county but would rather be a safety net for the patients that an APRN is treating under delegation. (This is the current rule for delegatory agreements).
 - The physician would have to do at least one monthly review of charts as currently required under delegation agreements.
- The TMB may fire or discipline a physician who is not adequately delegating.
- This ensures that there is no financial barrier to APRNs practicing in these rural areas.
- Limit this rural changes to primary care and mental health.
- TMB could promulgate rules to administer this program.

- Data Collection:
 - Requires TMB to track delegation agreements under these rural arrangements and collect data on delegation interactions as well as access impact.

C.S.S.B. 2695 amends current law relating to an education program to enable certain students to practice medicine in certain rural areas and to encourage physician delegation of certain medical acts to advanced practice registered nurses in certain rural counties.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the Texas Medical Board in SECTION 3.001 (Sections 157.152 and 157.156, Occupations Code) of this bill.

Rulemaking authority is expressly granted to the Texas Higher Education Coordinating Board in SECTION 4.001 of this bill.

SECTION BY SECTION ANALYSIS

ARTICLE 1. SHORT TITLE

SECTION 1.001. Authorizes this Act to be cited as the Texas Critically Underserved Relief and Enhancement Act (Texas Cure Act).

ARTICLE 2. RURAL ADMISSION MEDICAL PROGRAM (RAMP)

SECTION 2.001. Amends Chapter 51, Education Code, by adding Subchapter X, as follows:

SUBCHAPTER X. RURAL ADMISSION MEDICAL PROGRAM

Sec. 51.851. **DEFINITIONS.** Defines "council," "general academic teaching institution," "private or independent institution of higher education," "participating medical school," "participating student," and "program."

Sec. 51.852. **RURAL ADMISSION MEDICAL PROGRAM.** Provides that the Rural Admission Medical Program (program) is a program administered by the Rural Admission Medical Program Council (council) to provide services to support and encourage highly qualified students from counties in this state 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 Section 51.827 and under other provisions of this subchapter.

Sec. 51.853. COMPOSITION OF COUNCIL. (a) Requires the participating medical schools to jointly establish the council consisting of one faculty member employed by and representing each of the participating medical schools.

(b) Requires the council to select one of its members to serve as council chair for a term of two years.

Sec. 51.854. COUNCIL DUTIES. (a) Requires the council to take certain actions.

(b) Requires the council to 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.

(c) Requires the council to match each participating student with any appropriate undergraduate mentoring program required of the student by the council.

(d) Requires the council, during a participating student's senior year, to 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 the program.

Sec. 51.855. ELIGIBILITY FOR ADMISSION TO PROGRAM. (a) Requires an undergraduate student, to be eligible for admission to the program, to meet certain requirements.

(b) Provides that, for purposes of Subsection (a)(2) (relating to requiring an undergraduate student to be a resident of this state for purposes of tuition), a student is not a Texas resident as described by that subdivision solely because the student is eligible to pay tuition at the resident tuition rate.

Sec. 51.856. ELIGIBILITY TO CONTINUE PARTICIPATION IN PROGRAM. (a) Requires an undergraduate student who is admitted to the program, to be eligible to continue participation in the rural program, to meet certain requirements.

(b) Authorizes the council, if an undergraduate student who is admitted to the program fails to meet the requirements of Subsection (a) without good cause as determined by the council, to terminate that student's participation in the program at the end of the semester during which the student failed to meet the requirements of that subsection. Provides that a student's participation in the program is automatically terminated if the student fails to meet the requirements of Subsection (a) for two consecutive semesters without good cause.

Sec. 51.857. COUNCIL AGREEMENT WITH STUDENT ADMITTED TO PROGRAM. (a) Requires a student admitted to the program to enter into an agreement with the council under which the student agrees to take certain actions.

(b) Requires the council, at the time the student enters into an agreement under this section, to provide the student with information regarding available program benefits, including undergraduate and graduate scholarships and summer stipends and repayment of scholarship and stipend benefits received under the program.

Sec. 51.858. COUNCIL AGREEMENT WITH PARTICIPATING MEDICAL SCHOOL. (a) Requires each participating medical school to enter into an agreement with the council under which the medical school agrees to take certain actions.

(b) Requires the Baylor College of Medicine to agree under Subsection (a) to set aside under Subsection (a)(3) (relating to requiring each participating medical school to agree to set aside for certain students at least 10 percent of the enrollment capacity) not less than 10 percent of its enrollment capacity set aside

for students who are entitled to pay tuition at the rate provided by Chapter 54 (Tuition and Fees) for resident students.

Sec. 51.859. COUNCIL AGREEMENT WITH GENERAL ACADEMIC TEACHING INSTITUTION. Requires each general academic teaching institution to enter into an agreement with the council under which the institution agrees to take certain actions.

Sec. 51.860. COUNCIL AGREEMENT WITH PRIVATE OR INDEPENDENT INSTITUTION OF HIGHER EDUCATION. Requires each private or independent institution of higher education to enter into an agreement with the council under which the institution agrees to take certain actions.

Sec. 51.861. NONTRADITIONAL STUDENTS. (a) Requires a participating medical school, if for any reason the medical school does not fill the percentage of enrollment capacity set aside for participating students under the program, to fill the remaining openings with economically disadvantaged students who meet certain requirements.

(b) Provides that a nontraditional student admitted to the program under this section is subject only to program benefits and requirements applicable to a participating student after enrollment in a participating medical school. Requires the nontraditional student to sign an agreement to that effect.

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

(b) Authorizes the legislature to appropriate money for the purposes of this subchapter.

Sec. 51.863. REPORT. (a) Requires the council to deliver a report on the program to the governor, the lieutenant governor, and the speaker of the house of representatives not later than December 31 of each even-numbered year.

(b) Requires that the report contain detailed information regarding certain subjects.

ARTICLE 3. RURAL ADVANCED PRACTICE REGISTERED NURSE DELEGATION PROGRAM

SECTION 3.001. Amends Chapter 157, Occupations Code, by adding Subchapter D, as follows:

SUBCHAPTER D. RURAL ADVANCED PRACTICE REGISTERED NURSE DELEGATION PROGRAM

Sec. 157.151. DEFINITIONS. Defines "advanced practice registered nurse" and "delegation agreement."

Sec. 157.152. RURAL ADVANCED PRACTICE REGISTERED NURSE DELEGATION PROGRAM. (a) Requires the Texas Medical Board (TMB) by rule to establish a program under which TMB contracts with or otherwise retains a physician to enter into a delegation agreement with an advanced practice registered nurse practicing in primary care or mental health and in a county with a population of 25,000 or less.

(b) Provides that a physician who participates in the program under this section is not required to be actively engaged in the practice of medicine.

(c) Authorizes TMB to remove from participation in the program established under this section a physician who does not enter into a sufficient number of

delegation agreements with advanced practice registered nurses, as determined by TMB.

Sec. 157.153. DELEGATION AGREEMENT FEE PROHIBITED. Prohibits a physician from charging a fee to an advanced practice registered nurse to enter into a delegation agreement under the program established under Section 157.152.

Sec. 157.154. NUMBER OF DELEGATION AGREEMENTS. Prohibits a physician, notwithstanding Section 157.0512(c) (relating to prohibiting a physician from entering into a prescriptive authority agreement with more than seven advanced practice registered nurses and physicians assistants), from entering into delegation agreements under the program established under Section 157.152 with more than 10 advanced practice registered nurses or the full-time equivalent of 10 advanced practice registered nurses.

Sec. 157.155. RECORDS. Requires TMB to maintain records of the delegation agreements entered into under the program established under Section 157.152 and collect data on certain topics.

Sec. 157.156. RULES. Requires TMB to adopt rules as necessary to implement this subchapter.

ARTICLE 4. TRANSITION AND EFFECTIVE DATE

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

SECTION 4.002. Effective date: September 1, 2025.