AN ACT
relating to the Texas Physician Assistant Board and the licensing
and regulation of physician assistants.

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

SECTION 1. Section 157.0512, Occupations Code, is amended
by amending Subsections (e) and (f) and adding Subsection (f-1) to
read as follows:

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

1. be in writing and signed and dated by the parties
to the agreement;
2. state the name, address, and all professional
license numbers of the parties to the agreement;
3. state the nature of the practice, practice
locations, or practice settings;
4. identify the types or categories of drugs or
devices that may be prescribed or the types or categories of drugs
or devices that may not be prescribed;
5. provide a general plan for addressing consultation
and referral;
6. provide a plan for addressing patient emergencies;
7. state the general process for communication and
the sharing of information between the physician and the advanced
practice registered nurse or physician assistant to whom the
physician has delegated prescriptive authority related to the care
and treatment of patients;

(8) if alternate physician supervision is to be utilized, designate one or more alternate physicians who may:
   (A) provide appropriate supervision on a temporary basis in accordance with the requirements established by the prescriptive authority agreement and the requirements of this subchapter; and
   (B) participate in the prescriptive authority quality assurance and improvement plan meetings required under this section; and

(9) describe a prescriptive authority quality assurance and improvement plan and specify methods for documenting the implementation of the plan that include the following:
   (A) chart review, with the number of charts to be reviewed determined by the physician and advanced practice registered nurse or physician assistant; [and]
   (B) if the agreement is between a physician and an advanced practice registered nurse, periodic face-to-face meetings between the advanced practice registered nurse [or physician assistant] and the physician at a location determined by the physician and the advanced practice registered nurse; and
   (C) if the agreement is between a physician and a physician assistant, periodic meetings between the physician assistant and the physician [or physician assistant].

(f) The periodic face-to-face meetings described by Subsection (e)(9)(B) must:
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1 (1) include:
2 (A) the sharing of information relating to
3 patient treatment and care, needed changes in patient care plans,
4 and issues relating to referrals; and
5 (B) discussion of patient care improvement; and
6 (2) be documented and occur:
7 (A) except as provided by Paragraph (B):
8 (i) at least monthly until the third
9 anniversary of the date the agreement is executed; and
10 (ii) at least quarterly after the third
11 anniversary of the date the agreement is executed, with monthly
12 meetings held between the quarterly meetings by means of a remote
13 electronic communications system, including videoconferencing
14 technology or the Internet; or
15 (B) if during the seven years preceding the date
16 the agreement is executed the advanced practice registered nurse
17 [or physician assistant] for at least five years was in a practice
18 that included the exercise of prescriptive authority with required
19 physician supervision:
20 (i) at least monthly until the first
21 anniversary of the date the agreement is executed; and
22 (ii) at least quarterly after the first
23 anniversary of the date the agreement is executed, with monthly
24 meetings held between the quarterly meetings by means of a remote
25 electronic communications system, including videoconferencing
26 technology or the Internet.
27 (f-1) The periodic meetings described by Subsection
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(e)(9)(C) must:

(1) include:

(A) the sharing of information relating to patient treatment and care, needed changes in patient care plans, and issues relating to referrals; and

(B) discussion of patient care improvement;

(2) be documented; and

(3) take place at least once a month in a manner determined by the physician and the physician assistant.

SECTION 2. Subchapter B, Chapter 204, Occupations Code, is amended by adding Section 204.0585 to read as follows:

Sec. 204.0585. EXECUTIVE SESSION. After hearing all evidence and arguments in an open meeting, the physician assistant board may conduct deliberations relating to a license application or disciplinary action in an executive session. The board shall vote and announce its decision in open session.

SECTION 3. Section 204.059, Occupations Code, is amended by amending Subsection (b) and adding Subsection (d) to read as follows:

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

(1) the law governing physician assistant board operations;

(2) the [this chapter and the physician assistant board's] programs, functions, rules, and budget of the physician assistant board;

(3) the scope of and limitations on the rulemaking
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authority of the physician assistant board;

(4) [4] the results of the most recent formal audit of the physician assistant board;

(5) [4] 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 the physician assistant board in performing their duties; and

(6) [4] any applicable ethics policies adopted by the physician assistant board or the Texas Ethics Commission.

(d) The executive director of the medical board shall create a training manual that includes the information required by Subsection (b). The executive director shall distribute a copy of the training manual annually to each physician assistant board member. On receipt of the training manual, each board member shall sign and submit to the executive director a statement acknowledging receipt of the training manual.

SECTION 4. Subchapter D, Chapter 204, Occupations Code, is amended by adding Section 204.1525 to read as follows:

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

(b) The physician assistant board may not issue a license to a person who does not comply with the requirement of Subsection (a).

(c) The physician assistant board shall conduct a criminal history record information check of each applicant for a license using information:

(1) provided by the individual under this section; and
(2) made available to the board by the Department of Public Safety, the Federal Bureau of Investigation, and any other criminal justice agency under Chapter 411, Government Code.

(d) The physician assistant board may:

(1) enter into an agreement with the Department of Public Safety to administer a criminal history record information check required under this section; and
(2) authorize the Department of Public Safety to collect from each applicant the costs incurred by the Department of Public Safety in conducting the criminal history record information check.

SECTION 5. Section 204.153(a), Occupations Code, is amended to read as follows:

(a) To be eligible for a license under this chapter, an applicant must:

(1) successfully complete an educational program for physician assistants or surgeon assistants accredited by the Committee on Allied Health Education and Accreditation or by that committee's predecessor or successor entities;
(2) pass the Physician Assistant National Certifying
Examination administered by the National Commission on Certification of Physician Assistants;
(3) hold a certificate issued by the National Commission on Certification of Physician Assistants;
(4) be of good moral character;
(5) meet any other requirement established by physician assistant board rule; and
(5) pass a jurisprudence examination approved by the physician assistant board as provided by Subsection (a-1).

SECTION 6. Section 204.156, Occupations Code, is amended by amending Subsection (a) and adding Subsection (a-1) to read as follows:
(a) A license issued under this chapter is valid for a term of two or more years, as determined by physician assistant board rule.
(a-1) On notification from the physician assistant board, a person who holds a license under this chapter may renew the license by:
(1) paying the required renewal fee;
(2) submitting the appropriate form; and
(3) meeting any other requirement established by board rule.

SECTION 7. Subchapter D, Chapter 204, Occupations Code, is amended by adding Section 204.1561 to read as follows:
Sec. 204.1561. CRIMINAL HISTORY RECORD INFORMATION REQUIREMENT FOR RENEWAL. (a) An applicant for renewal of a license issued under this chapter shall submit a complete and
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1 legible set of fingerprints for purposes of performing a criminal
2 history record information check of the applicant as provided by
3 Section 204.1525.
4
5 (b) The physician assistant board may administratively
6 suspend or refuse to renew the license of a person who does not
7 comply with the requirement of Subsection (a).
8
9 (c) A license holder is not required to submit fingerprints
10 under this section for the renewal of the license if the holder has
11 previously submitted fingerprints under:
12
13 (1) Section 204.1525 for the initial issuance of the
14 license; or
15
16 (2) this section as part of a prior renewal of a
17 license.
18
19 SECTION 8. Subchapter D, Chapter 204, Occupations Code, is
20 amended by adding Section 204.158 to read as follows:
21
22 Sec. 204.158. REFUSAL FOR VIOLATION OF BOARD ORDER. The
23 physician assistant board may refuse to renew a license issued
24 under this chapter if the license holder is in violation of a
25 physician assistant board order.
26
27 SECTION 9. Subchapter E, Chapter 204, Occupations Code, is
28 amended by adding Section 204.210 to read as follows:
29
30 Sec. 204.210. PROTECTION FOR REFUSAL TO ENGAGE IN CERTAIN
31 CONDUCT. (a) A person may not suspend, terminate, or otherwise
32 discipline, discriminate against, or retaliate against:
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34 (1) a physician assistant who refuses to engage in an
35 act or omission as provided by Subsection (b); or
36
37 (2) a person who advises a physician assistant of the
physician assistant's rights under this section.

(b) A physician assistant may refuse to engage in an act or omission relating to patient care that would constitute grounds for reporting the physician assistant to the physician assistant board under Section 204.208 or that violates this chapter or a rule adopted under this chapter if the physician assistant notifies the person at the time of the refusal that the reason for refusing is that the act or omission:

(1) constitutes grounds for reporting the physician assistant to the physician assistant board; or

(2) is a violation of this chapter or a rule adopted under this chapter.

(c) An act by a person under Subsection (a) does not constitute a violation of this section if a medical peer review committee determines:

(1) that the act or omission the physician assistant refused to engage in was not:

(A) conduct reportable to the physician assistant board under Section 204.208; or

(B) a violation of this chapter or a rule adopted under this chapter; or

(2) that:

(A) the act or omission in which the physician assistant refused to engage was conduct reportable to the physician assistant board or a violation of this chapter or a rule adopted under this chapter; and

(B) the person:
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(i) rescinds any disciplinary or discriminatory action taken against the physician assistant;

(ii) compensates the physician assistant for any lost wages; and

(iii) restores to the physician assistant any lost benefits.

(d) A physician assistant's rights under this section may not be nullified by a contract.

(e) An appropriate licensing agency may take action against a person who violates this section.

SECTION 10. Section 204.313(a), Occupations Code, is amended to read as follows:

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

SECTION 11. Section 157.0512, Occupations Code, as amended by this Act, applies only to a prescriptive authority agreement entered into on or after the effective date of this Act. An agreement entered into before the effective date of this Act is governed by the law in effect on the date the agreement was entered into, and the former law is continued in effect for that purpose.

SECTION 12. (a) Except as provided by Subsection (b) of this section, Section 204.059, Occupations Code, as amended by this Act, applies to a member of the Texas Physician Assistant Board appointed before, on, or after the effective date of this Act.

(b) A member of the Texas Physician Assistant Board who,
before the effective date of this Act, completed the training program required by Section 204.059, Occupations Code, as that 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 204.059, Occupations Code. A board member described by this subsection may not vote, deliberate, or be counted as a member in attendance at a meeting of the board held on or after December 1, 2017, until the member completes the additional training.

SECTION 13. Not later than September 1, 2019, the Texas Physician Assistant Board shall obtain criminal history record information on each person who, on the effective date of this Act, holds a license issued under Chapter 204, Occupations Code, and did not undergo a criminal history record information check based on the license holder's fingerprints on the initial application for the license. The Texas Physician Assistant Board may suspend the license of a license holder who does not provide the criminal history record information as required by the board and this section.

SECTION 14. Section 204.210, Occupations Code, as added by this Act, applies only to an act or omission that occurs on or after the effective date of this Act. An act or omission that occurs before the effective date of this Act is governed by the law in effect on the date the act or omission occurred, and the former law is continued in effect for that purpose.

SECTION 15. This Act takes effect September 1, 2017.
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President of the Senate

I hereby certify that S.B. No. 1625 passed the Senate on May 10, 2017, by the following vote: Yeas 30, Nays 0; May 25, 2017, Senate refused to concur in House amendments and requested appointment of Conference Committee; May 26, 2017, House granted request of the Senate; May 28, 2017, Senate adopted Conference Committee Report by the following vote: Yeas 31, Nays 0.

Speaker of the House

I hereby certify that S.B. No. 1625 passed the House, with amendments, on May 23, 2017, by the following vote: Yeas 145, Nays 0, two present not voting; May 26, 2017, House granted request of the Senate for appointment of Conference Committee; May 28, 2017, House adopted Conference Committee Report by the following vote: Yeas 117, Nays 29, two present not voting.

Secretary of the Senate

Chief Clerk of the House

Approved:

6 - 10 - 2017

Date

Governor

Secretary of State
TO: Honorable Dan Patrick, Lieutenant Governor, Senate  
Honorable Joe Straus, Speaker of the House, House of Representatives

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: SB1625 by Uresti (Relating to the Texas Physician Assistant Board and the licensing and regulation of physician assistants.), Conference Committee Report

No significant fiscal implication to the State is anticipated.

The bill would amend the Occupations Code relating to the Texas Physician Assistant Board and the licensing and regulation of physician assistants. The bill would permit the physician assistant board to conduct deliberations relating to a license application or disciplinary action in an executive session. The bill would amend the training requirements of the physician assistant board members and would require the executive director of the Texas Medical Board (TMB) to create a training manual.

The bill would amend the eligibility requirements for a physician assistant license. Under the provisions of the bill, the physician assistant board would be permitted to refuse to renew a license if the license holder was in violation of a board order. The bill would prohibit suspending or discriminating against certain individuals under the provisions of the bill. The bill would modify requirements of an informal meeting to include at least one licensed physician assistant as a panelist. The bill would permit the board to extend the validity of a physician assistant license issued by the TMB for a term of two or more years through board rule.

The bill would require that certain applicants for licensure submit fingerprints to the board or the Department of Public Safety (DPS) for the purpose of a criminal history record check from the Department of Public Safety and Federal Bureau of Investigation. The bill would allow the board to enter into an agreement with DPS to administer the criminal history check and authorize DPS to collect from applicants an amount to cover the costs incurred by the agency in conducting the criminal history check. The bill would require all current licensees who have not undergone a criminal history check to do so by September 1, 2019.

The bill would add minimum contents of a prescriptive authority agreement and would specify the frequency and contents of certain periodic meetings.

If the TMB interprets the provisions of the bill as allowing physician assistants to prescribe Schedule II controlled substances under delegation on an outpatient basis, there could be additional costs if there were an overall increase in prescriptions; however, it is assumed any increased costs would be offset by the lower reimbursement for physician assistants and avoidance of higher cost services.
The Comptroller of Public Accounts estimates that the change in timing of renewals could affect the timing of fee collections; however, since a renewal schedule would be determined by TMB rule the effect on revenue over the biennium cannot be determined.

Due to the provisions of the bill requiring finger-print based background checks of licensees, it is assumed there would be revenue gain in Appropriated Receipts at the Department of Public Safety, however the revenue gain is not anticipated to be significant.

The Department of Public Safety, the Health and Human Services Commission, Department of State Health Services, Texas Medical Board and the Board of Pharmacy anticipate any additional work resulting from the passage of the bill could be reasonably absorbed within current resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 304 Comptroller of Public Accounts, 405 Department of Public Safety, 503 Texas Medical Board, 515 Board of Pharmacy, 529 Health and Human Services Commission, 537 State Health Services, Department of

LBB Staff: UP, KCA, EH, EK
TO: Honorable Dan Patrick, Lieutenant Governor, Senate

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: SB1625 by Uresti (Relating to the Texas Physician Assistant Board and the licensing and regulation of physician assistants.), As Passed 2nd House

No significant fiscal implication to the State is anticipated.

The bill would amend the Occupations Code relating to the Texas Physician Assistant Board and the licensing and regulation of physician assistants. The bill would permit the physician assistant board to conduct deliberations relating to a license application or disciplinary action in an executive session. The bill would amend the training requirements of the physician assistant board members and would require the executive director of the Texas Medical Board (TMB) to create a training manual.

The bill would amend the eligibility requirements for a physician assistant license. Under the provisions of the bill, the physician assistant board would be permitted to refuse to renew a license if the license holder was in violation of a board order. The bill would prohibit suspending or discriminating against certain individuals under the provisions of the bill. The bill would modify requirements of an informal meeting to include at least one licensed physician assistant as a panelist. The bill would permit the board to extend the validity of a physician assistant license issued by the TMB for a term of two or more years through board rule.

The bill would amend the Occupations Code relating to the prescribing and ordering of Schedule II controlled substances by certain physician assistants. The bill would provide authority for a physician to delegate to a physician assistant the prescribing or ordering of a Schedule II controlled substance at the practice site.

The bill would add minimum contents of a prescriptive authority agreement and would specify the frequency and contents of certain periodic meetings.

If the TMB interprets the provisions of the bill as allowing physician assistants to prescribe Schedule II controlled substances under delegation on an outpatient basis, there could be additional costs if there were an overall increase in prescriptions; however, it is assumed any increased costs would be offset by the lower reimbursement for physician assistants and avoidance of higher cost services.

The Comptroller of Public Accounts estimates that the change in timing of renewals could affect the timing of fee collections; however, since a renewal schedule would be determined by TMB rule the effect on revenue over the biennium cannot be determined.
The Department of Public Safety, the Health and Human Services Commission, Department of State Health Services, Texas Medical Board and the Board of Pharmacy anticipate any additional work resulting from the passage of the bill could be reasonably absorbed within current resources.

**Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 304 Comptroller of Public Accounts, 405 Department of Public Safety, 503 Texas Medical Board, 515 Board of Pharmacy, 529 Health and Human Services Commission, 537 State Health Services, Department of

**LBB Staff:** UP, KCA, EH, EK
TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: SB1625 by Uresti (Relating to the Texas Physician Assistant Board and the licensing and regulation of physician assistants.), Committee Report 1st House, Substituted

No significant fiscal implication to the State is anticipated.

The bill would amend the Occupations Code relating to the Texas Physician Assistant Board and the licensing and regulation of physician assistants. The bill would permit the physician assistant board to conduct deliberations relating to a license application or disciplinary action in an executive session. The bill would amend the training requirements of the physician assistant board members and would require the executive director of the Texas Medical Board (TMB) to create a training manual.

The bill would amend the eligibility requirements for a physician assistant license. Under the provisions of the bill, the physician assistant board would be permitted to refuse to renew a license if the license holder was in violation of a board order. The bill would prohibit suspending or discriminating against certain individuals under the provisions of the bill. The bill would modify requirements of an informal meeting to include at least one licensed physician assistant as a panelist. The bill would permit the board to extend the validity of a physician assistant license issued by the TMB from one year to two years through board rule.

The bill would require that certain applicants for licensure submit fingerprints to the board or the Department of Public Safety (DPS) for the purpose of a criminal history record check from the Department of Public Safety and Federal Bureau of Investigation. The bill would allow the board to enter into an agreement with DPS to administer the criminal history check and authorize DPS to collect from applicants an amount to cover the costs incurred by the agency in conducting the criminal history check. The bill would require all current licensees who have not undergone a criminal history check to do so by September 1, 2019.

The Comptroller of Public Accounts assumes that the adoption of a biennial license renewal schedule would affect the timing of revenue collection, but would have minimal effect on the amount of revenue collected for the biennium.

Due to the provisions of the bill requiring finger-print based background checks of licensees, it is assumed there would be revenue gain in Appropriated Receipts at the Department of Public Safety, however the revenue gain is not anticipated to be significant.

The Department of Public Safety and the Texas Medical Board anticipate any additional work resulting from the passage of the bill could be reasonably absorbed within current resources.
Local Government Impact

- No fiscal implication to units of local government is anticipated.

Source Agencies: 304 Comptroller of Public Accounts, 405 Department of Public Safety, 503 Texas Medical Board

LBB Staff: UP, KCA, EH, EK
TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: SB1625 by Uresti (Relating to protection for physician assistants who refuse to engage in certain conduct.), As Introduced

No significant fiscal implication to the State is anticipated.

The bill would amend the Occupations Code relating to protection for physician assistants who refuse to engage in certain conduct. Based on the analysis of the Texas Medical Board, duties and responsibilities associated with implementing the provisions of the bill could be accomplished by utilizing existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 503 Texas Medical Board
LBB Staff: UP, KCA, EK, EH, AO