



Highlights

- ★ Texas Department of Health proposes the repeal and simultaneous adoption of a replacement section concerning required and recommended emergency ambulance equipment; proposed date of adoption September 11, 1982......page 2933
- ★ Texas State Board of Pharmacy proposes repeals of, amendments to, and adoption of new sections concerning the licensing of and general requirements for pharmacies; proposed date of adoption September 10, 1982......page 2913
- ★ Also included in this issue is the monthly guide to agency activity for the month of July. Along with this guide the *Texas Register* also begins publishing a list of TAC titles affected by agency activity in the month of July. This list will be published in the second issue of each month in addition to the Agency Guide. page 2958

How To Use the Texas Register

Texas Register

The Texas Register (ISN 0362-4781) is published twice a week at least 100 times a year. Issues will be published on every Tuesday and Friday in 1982 with the exception of January 5, April 27, November 16, November 30, and December 28, by the Office of the Secretary of State, 201 East 14th Street, P.O. Box 13824, Austin, Texas 78711-3824, (512) 475-7886.

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POSTMASTER: Please send Form 3579 changes to the Texas Register, P.O. Box 13824, Austin, Texas 78711-3824.

Information Available: The nine sections of the Register represent various facets of state government. Documents contained within them include:

Governor-appointments, executive orders, and proclamations

Secretary of State - summaries of opinions based on election laws

Attorney General - summaries of requests for opinions, opinions, and open records decisions

Emergency Rules - rules adopted by state agencies on an emergency basis

Proposed Rules-rules proposed for adoption

Withdrawn Rules - rules withdrawn by state agencies from consideration for adoption, or automatically withdrawn by the Texas Register six months after proposal publication date

Adopted Rules - rules adopted following a 30-day public comment period

Open Meetings—notices of open meetings

In Addition-miscellaneous information required to be published by statute or provided as a public service

Specific explanations on the contents of each section can be found on the beginning page of the section. The division also publishes monthly, quarterly, and annual indexes to aid in researching material published.

How To Cite: Material published in the Texas Register is referenced by citing the volume in which a document appears, the words "TexReg," and the beginning page number on which that document was published. For example, a document

published on page 2402 of Volume 6 (1981) is cited as follows: 6 TexReg 2402.

In order that readers may cite material more easily, page numbers are now written as citations. Example: page 2 in the lower left-hand corner of this page is written: "7 TexReg 2 issue date," while on the opposite page, in the lower right-hand corner, page 3 is written "issue date 7 TexReg 3"

How To Research: The public is invited to research rules and information of interest between 8 a.m. and 5 p.m. weekdays at the Texas Register office, 503E Sam Houston Building, Austin. Material can be found by using Register indexes, the Texas Administrative Code (explained below), rule number, or TRD number.

Texas Administrative Code

The Texas Administrative Code (TAC) is the approved, collected volumes of Texas administrative rules currently being published by Shepard's/McGraw-Hill, in cooperation with this

How To Cite: Under the TAC scheme, each agency rule is designated by a TAC number. For example, in the citation 1 TAC §27.15:

1 indicates the title under which the agency appears in the Texas Administrative Code (a listing of all the titles appears below);

TAC stands for the Texas Administrative Code; §27.15 is the section number of the rule (27 indicates that the rule is under Chapter 27 of Title 1; 15 represents the individual rule within the chapter).

Latest Texas Code Reporter (Master Transmittal Sheet): No. 8, February 1982

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Texas Register Staff Charlotte Scroggins, Director

Gail Myrick Dee Wright Paula Pritchard Virginia Gregory Don Hollyfield Dave Harrell

Sue Bumpous Donna Peacock Catherine Turpin Roberta Knight Elise Karem

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The Secretary of State

Under provisions of the Texas Election Code (Article 1.03), the secretary of state, as chief elections officer, is responsible for maintaining uniformity in the application, operation, and interpretation of the election laws, and for advising the state's election officers in this regard. In carrying out this responsibility, the secretary of state is ruthorized to issue opinions based on the election laws.

These opinions are summarized for publication in the Register.

Questions on particular submissions should be addressed to the Office of the Secretary of State, Elections Division, P. O. Box 12887, Austin, Texas 78711, 1 (800) 252-9602 or (512) 475-3091.

Opinion Issued July 29

Election Law Opinion DAD-43. Request from Mrs. Wayne A. Rath, San Antonio, concerning when a state convention delegate must meet a political party's membership requirements.

Summary. The party membership qualification for state delegate selection purposes must have been satisfied at the time of the county/senatorial conventions. It is satisfied when the individual votes in the elections of the party. The only election of the party held before the conventions is the general primary election, therefore, in order to qualify as a party member for state delegate selection, one must have voted in the general primary election. Voting in the runoff primary election would not suffice.

TRD-826152

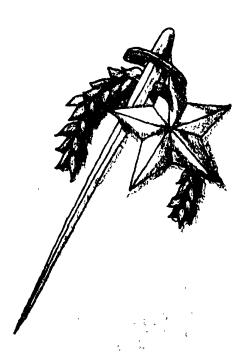
Opinion Issued July 30

Election Law Opinion DAD-44. Request from Gene Seaman, Corpus Christi, concerning eligibility of individual to run as independent or party nominee at the general to fill a vacancy.

Summary.

- (1) An individual who participated as a voter in the primary of a party, who is otherwise qualified, may run as an independent candidate to fill a vacancy in an office for which the party made no nomination at the primary election.
- (2) An individual may not accept the nomination of a political party as a candidate at the general election to fill a vacancy in an office if he participated in the primary of another party as a voter or candidate.

TRD-826164



Thirty days before an agency intends to permanently adopt a new or amended rule, or repeal an existing rule, it must submit a proposal detailing the action in the *Register*. The 30-day time period gives interested persons an opportunity to review and make oral or written comments on the rule. A public hearing on the proposal may also be granted if such a procedure is requested by a governmental subdivision or agency, or by an association consisting of at least 25 members.

Unless a later date is specified or unless a federal statute or regulation requires implementation of the action on shorter notice, the proposal may not be adopted until 30 days after publication. The document, as published in the *Register*, must include a brief explanation of the proposed action; a fiscal statement indicating effect on state or local government; a statement explaining anticipated public benefits and possible economic costs to individuals required to comply with the rule; a request for public comments; a statement of legal authority under which the proposed rule is to be adopted (and the agency's interpretation of the legal authority); the text of the proposed action; and a certification statement. The certification information which includes the earliest possible date that the agency may file notice to adopt the proposal, and a telephone number to call for further information, follows each submission.

Symbology in amended rules. New language added to an existing rule is indicated by the use of **bold text**. [Brackets] indicate deletion of existing material within a rule.

Proposed Rules

TITLE 22. EXAMINING BOARDS Part XV. Texas State Board of Pharmacy

The following proposals submitted by the Texas State Board of Pharmacy will be serialized beginning in the August 13, 1982, issue of the *Texas Register*. Proposed date of adoption for the documents is September 10, 1982.

Chapter 291. Pharmacies
Nuclear Pharmacy (Class B)
\$291.53 (amendment)

Institutional Pharmacy (Class C) §291.74 (amendment)

Clinic Pharmacy (Class D) §291.93 (amendment)

Chapter 295. Pharmacists \$295.5 (amendment)

Chapter 301. Fraud, Deceit, and
Misrepresentation in the Practice of Pharmacy.
\$\$301.1, 301.2 (repeal)
\$301.1 (new)

Chapter 283. Licensing Requirements for Pharmacists

22 TAC §283.12, §283.13

The Texas State Board of Pharmacy proposes amendments to \$283.12 and \$283.13 concerning fee re-

quirements for licensure by examination and by reciprocity. The amendments provide consistency with the language contained in §281.14 (entitled Fee Requirements) which details the fees required for licensure by examination and by reciprocity.

Fred S. Brinkley, Jr., R.Ph., executive director/ secretary, has determined that for the first five-year period the rules will be in effect, there will be no fiscal implications to state or local government as a result of enforcing or administering the rules.

Mr. Brinkley has also determined that for each year of the first five years the rules as proposed are in effect the public benefit anticipated as a result of enforcing the rules as proposed will be to provide clarification within the rules, as language contained in §281.14 (Fee Requirements) details the fees required for licensure by examination and by reciprocity.

There is no economic cost to individuals who are required to comply with the rules as proposed.

Comments on the proposal may be submitted to Fred S. Brinkley, Jr., R.Ph., Executive Director/Secretary 211 East Seventh Street St., Suite 1121, Austin, Texas 78701.

The amendments are proposed under House Bill 1628, Acts of the 67th Legislature, Regular Session, 1981, Texas Pharmacy Act, §16, which provides Texas State Board of Pharmacy with the authority to adopt rules for the proper administration and enforcement of this Act, consistent with this Act.

§283.12. Examination Requirements. Effective October 1, 1979, each applicant for licensure by examination must pass the Texas jurisprudence examination and the NABLEX. The examination requirements shall be as follows:

(1)-(8) (No change.)

[(9) The fee for the examination shall be \$75. Payment of the fee shall include two examination administrations, in the event the applicant retakes the examinations(s) (NAPLEX, Texas jurisprudence, or both).]

§283.13. Reciprocity Requirements.

(a)-(d) (No change.)

[(e) The fee for licensure by reciprocity is \$250, which includes the fee for the Texas jurisprudence examination.]

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's authority to adopt.

Issued in Austin, Texas, on July 30, 1982.

TRD-826126

Fred S. Brinkley Jr., R.Ph. Executive Director/Secretary Texas State Board of Pharmacy

Proposed date of adoption: September 10, 1982 For further information, please call (512) 478-9827.

22 TAC §283.14

The Texas State Board of Pharmacy proposes amendments to §283.14, concerning fee requirements. These proposed amendments will increase the fee for the examination an applicant must take for licensure. This rule will also address fee and application requirements for the new candidate for licensure.

Fred S. Brinkley, Jr., R.Ph., executive director/secretary, has determined that for the first five-year period the rule will be in effect there will be no fiscal implications as a result of enforcing or administering the rule.

Mr. Brinkley has also determined that for each year of the first five years the rule as proposed is in effect the public benefit anticipated as a result of enforcing the rule as proposed will be that the licensure examination process will be efficient, cost effective, and in the best interest of the public welfare. The cost to individuals who are required to comply with the rule as proposed will be examination fees of \$125 each year in 1983-1987, and licensure fees of \$60 each year for the same time period.

Comments on the proposal may be submitted to Fred S. Brinkley, Jr., R.Ph., Executive Director/Secretary, 211 East Seventh Street, Suite 1121, Austin, Texas 78701.

The amendments are proposed under House Bill 1628, Acts of the 67th Legislature, 1981, Texas Pharmacy Act, §§16, 21, and 39 which provides the Texas State Board of Pharmacy with the following authority: §16(a) states that the board shall adopt rules for the proper administration and enforcement of the Act, consistent with the Act; §21(a) states that to qualify

for a license to practice pharmacy, an applicant for licensing by examination must submit to the board a license fee as determined by the board; §39 states that the board may not charge more than \$150 for processing application and administration of examination for licensure.

§283.14. Fee Requirements.

- (a) Effective October 1, 1979, the fee for the examination shall be \$125 [\$75]. Payment of the fee shall include one exam administration. In the event the applicant retakes the examination(s) (NABPLEX, Texas jurisprudence, or both) the applicant shall be required to pay the exam fee.
 - (b) (No change.)
- (c) Application and fee requirements for new candidates for licensure are as follows: [All applicants for licensure shall, after showing proof that they have successfully met all criteria for licensure, whether such licensure is by examination or reciprocity, pay one pharmacist renewal fee before being granted authority to practice pharmacy in Texas.]
- (1) A candidate for pharmacist licensure, whether such licensure is by examination or reciprocity, who receives a notice letter from the board stating he or she has passed the required licensure examinations, may practice pharmacy for a period of 30 days from the date of the notification letter from the board. The applicant shall have 30 days from the date of the notification letter to make application to the board for licensure. If application and payment of \$60 license fee are not received by the board within 30 days from date of the notification letter, the candidate may not practice pharmacy in Texas until a pharmacy license has been granted.
- (2) If the person does not apply for licensure before the next renewal date, the person may become licensed by making application and paying to the board, one license fee of \$60 and a fee that is equal to the examination fee (\$125).
- (3) If the candidate fails to become licensed within two years from the date of the notification letter, the person may not make further application for licensure without submitting to reexamination and complying with the requirements and procedures for obtaining a new license.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's authority to adopt.

Issued in Austin, Texas, on July 30, 1982.

TRD-826124

Fred S. Brinkley, Jr., R.Ph. Executive Director/Secretary Texas State Board of Pharmacy

Proposed date of adoption: September 10, 1982 For further information, please call (512) 478-9827.

Chapter 291. Pharmacies All Classes of Pharmacy

22 TAC §§291.2, 291.3, 291.9, 291.12, 291.13

(Editor's note: The text of the following rules proposed for repeal will not be published. The rules may be ex-

amined in the offices of the Texas State Board of Pharmacy, Suite 1121, 211 East Seventh Street, Austin, or in the Texas Register office, 503E Sam Houston Building, Austin.)

The Texas State Board of Pharmacy proposes the repeal of §§291.2, 291.3, 291.9, 291.12, and 291.13, concerning regulations governing pharmacies. Sections 291.2, 291.3, 291.12, and 291.13 are being repealed and are replaced by proposed rules governing a Class A Pharmacy (§§291.31-291.35). Section 291.9 is being repealed and has been replaced by §281.24, concerning grounds for discipline for a pharmacist license, subsection (a)(16).

Fred S. Brinkley, Jr., R.Ph., executive director/secretary, has determined that for the first five-year period the proposal will be in effect there will be no fiscal implications to state or local government.

Mr. Brinkley has also determined that for each year of the first five years the proposal is in effect the public benefit anticipated as a result of enforcing the proposal will be the regulation and control of the practice of pharmacy to protect the public health and welfare. There is no economic cost to individuals who are required to comply with the proposal.

Cómments on the proposal may be submitted to Fred S. Brinkley, Jr., R.Ph., Exeuctive Director/Secretary, Texas State Board of Pharmacy, 211 East Seventh Street, Suite 1121, Austin, Texas 78701.

The repeal is proposed under House Bill 1628, Acts of the 67th Legislature, 1981, §16, which provides the Texas State Board of Pharmacy with the authority to adopt rules for the proper administration and enforcement of this Act, consistent with this Act.

§291.2. Person in Charge.

§291.3. Appearance of Applicant Not a Registered Pharmacist.

§291.9. Sharing Money Received for Prescriptions.

§291.12. Annual Pharmacy Permit Fees.

§291.13. Operational Standards.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's authority to adopt.

Issued in Austin, Texas, on July 30, 1982.

TRD-826127

Fred S. Brinkley, Jr., R.Ph. Executive Director/Secretary Texas State Board of Pharmacy

Proposed date of adoption: September 10, 1982 For further information, please call (512) 478-9827.

22 TAC §§291.5, 29I.6, 29I.10

The Texas State Board of Pharmacy proposes to amend §§291.5, 291.6, and §291.10, for fee requirements concerning regulations governing pharmacies. These amendments will increase the fee requirements charged for the issuance of a new license in the cases of a change of owner-closed pharmacies, change of a name of a pharmacy, and the annual renewal of all pharmacy licenses.

Fred S. Brinkley, Jr., R.Ph., executive director/secretary, has determined that for the first five-year period the rule will be in effect, there will be fiscal implications as a result of enforcing or administering the rule. The effect on state government will be an estimated increase in revenue of \$271,400 for each year for 1983-1987. There will be no effect on local government.

Mr. Brinkley has also determined that for each year of the first five years the rule as proposed is in effect, the public benefits anticipated as a result of enforcing the rule as proposed will be to insure that pharmacies licensed in the State of Texas are operating within the laws and rules governing the practice of pharmacy. The economic cost to individuals who are required to comply with the rule as proposed will be a pharmacy license fee of \$100 for each year of 1983-1987.

Comments on the proposal may be submitted to Fred S. Brinkley, Jr., R.Ph., Executive Director/Secretary, 211 East Seventh Street, Suite 1121, Austin, Texas 78701.

The amendments are proposed under House Bill 1628, Acts of the 67th Legislature, Regular Session, 1981, Texas Pharmacy Act, §§30, 31, and 39, which provides Texas State Board of Pharmacy with the following authority: §30(a): the board shall specify by rule. the licensing procedures to be followed, including specification of forms for use in applying for a license and fees for filing an application. Section 30(b) states in part: "to qualify for a pharmacy license, the applicant must submit to the board a license fee as determined by the board and a completed application on a form prescribed by the board that shall include the following information and be given under oath." §31(b): "A license may be renewed by payment of a renewal fee as determined by the board." Section 39 states in part: "The board may not charge more than \$150 for processing of an application and issuance of a pharmacy license or renewal of a pharmacy license."

§291.5. Change of Owner-Closed Pharmacies. When a pharmacy changes ownership, a new/completed application must be filed with the board and old license [permit] returned to the board's office. A fee not to exceed \$100 [\$50] will be charged for issuance of a new license [permit]. Closed pharmacies must remit their pharmacy license [permit] to the board's office within 10 days.

§291.6. Change of Name. When a pharmacy changes name, a new completed application must be filed with the board and old license [permit] returned to the board's office. A fee not to exceed \$100 [\$50] will be charged for issuance of a new license [permit].

§291.10. License [Permits]. The board shall require annual renewal of all licenses [permits] provided under §31 [§17] of the Texas Pharmacy Act [Law]. The board may, for just cause, revoke, cancel, or suspend a pharmacy license, [(store), manufacturers' permitl, upon showing that there has been a violation of any provision of Texas Civil Statutes, Article 4542a-1 [4542a]. Phar-

macy licenses [(store), and manufacturers' permit] shall expire on May 31st of each year. The license fee shall be \$100 per year.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's authority to adopt.

Issued in Austin, Texas, on July 30, 1982.

TRD-826168

Fred S. Brinkley, Jr., R.Ph. Executive Director/Secretary Texas State Board of Pharmacy

Proposed date of adoption: September 10, 1982 For further information, please call (512) 478-9827.

22 TAC §291.9

The Texas State Board of Pharmacy proposes new \$291.9, concerning prescription pick up locations. This proposed rule would prohibit any person from participating in or permitting an arrangement whereby prescriptions are solicited, collected, picked up, or advertised to be picked up, from or at any location other than a pharmacy which is licensed and in good standing with the board.

Fred S. Brinkley, Jr., R.Ph., executive director/secretary, has determined that for the first five-year period the rule will be in effect there will be no fiscal implications to state or local government as a result of enforcing or administering the rule.

Mr. Brinkley has also determined that for each year of the first five years the rule as proposed is in effect the public benefit anticipated as a result of enforcing the rule as proposed will be to ensure the proper storage, handling, and delivery of prescription drugs to the ultimate consumer. There is no anticipated economic cost to individuals who are required to comply with the rule as proposed.

Comments on the proposal may be submitted to Fred S. Brinkley, Jr., R.Ph., Executive Director/Secretary, 211 East Seventh, Suite 1121, Austin, Texas 78701.

The new section is proposed under House Bill 1628, Acts of the 67th Legislature, 1981, Texas Pharmacy Act, §17, which provides the Texas State Board of Pharmacy with the authority to regulate the delivery or distribution of prescription drugs and devices, including the right to seize, after notice and hearing, any prescription drugs or devices posing a hazard to the public health and welfare, and to specify minimum standards for drug storage, maintenance of prescription drug records, and procedures for the delivery, dispensing in a suitable container appropriately labeled, or providing of prescription drugs or devices within the practice of pharmacy.

§291.9. Prescription Pick Up Locations. No person, firm, or business establishment may have, participate in, or permit an arrangement, branch, connection or affiliation whereby prescriptions are solicited, collected, picked up, or advertised to be picked up, from or at any location other than a pharmacy which is licensed and in good standing with the board. Provided, however, that nothing in this regulation shall prohibit a pharmacist or pharmacy

by means of its employee or by use of a common carrier or the U.S. Mails, at the request of the patient, from picking up prescription orders or delivering prescription drugs at the office or home of the prescriber, at the residence or place of employment of the person for whom the prescription was issued, or at the hospital or medical care facility in which the patient is confined.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's authority to adopt.

Issued in Austin, Texas, on July 30, 1982.

TRD-826121

Fred S. Brinkley, Jr., R.Ph. Executive Director/Secretary Texas Board of Pharmacy

Proposed date of adoption: September 10, 1982 For further information, please call (512) 478-9827.

Community Pharmacy (Class A) 22 TAC §§291.31-291.35

The Texas State Board of Pharmacy proposes new §§291.31-291,35, concerning the practice of a community pharmacy. These rules establish the standards that each community pharmacy must meet to qualify for licensing or relicensing as a community pharmacy.

Fred S. Brinkley, Jr., R.Ph., executive director/secretary, has determined that for the first five-year period the rules will be in effect there will be fiscal implications as a result of enforcing or administrating the rules. The effect on state government will be an increase in revenue of \$140,400 in each year of years 1983-1987. There will be no effect on local government.

Mr. Brinkley has also determined that for each year of the first five years the rules as proposed are in effect the public benefit anticipated as a result of enforcing the rule as proposed will be regulation and control of community pharmacy practice to protect the public health, safety, and welfare. The economic cost to individuals who are required to comply with the rules as proposed will be a pharmacy license fee of \$100 for each yéar of years 1982-1986.

Comments on the proposal may be submitted to Fred S. Brinkley, Jr., R.Ph., Executive Director/Secretary, Texas State Board of Pharmacy, 211 East Seventh Street, Suite 1121, Austin, Texas 78701.

The new sections are proposed under House Bill 1628, Acts of the 67th Legislature, Regular Session, 1981, §§5, 17, 29, and 30, which provides the Texas State Board of Pharmacy with the authority to govern the practice of community pharmacy and community pharmacists and the standards that each community pharmacy and its employees or personnel involved in the practice of community pharmacy must meet to qualify for licensing or relicensing as a community pharmacy.

§291.31. Definitions. The following words and terms, when used in this subchapter, shall have the following

meanings unless the context clearly indicates otherwise:

Act.—The Texas Pharmacy Act, House Bill 1628, Acts of the 67th Legislature, 1981.

Board—The Texas State Board of Pharmacy.

Controlled substance—A drug, immediate precursor, or other substance listed in Schedules I-V or Penalty Groups 1-4 of the Texas Controlled Substances Act, as amended (Texas Civil Statutes, Article 4476-15), or a drug, immediate precursor, or other substance included in Schedule I, II, III, IV, or V of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended (Public Law 91-513).

Dangerous drug—Any drug or device that is not included in Penalty Groups 1-4 of the Controlled Substances Act and that is unsafe for self-medication or any drug or device that bears or is required to bear the legend:

- (A) "Caution: federal law prohibits dispensing without prescription;" or
- (B) "Caution: federal law restricts this drug to use by or on the order of a licensed veterinarian."

Dispense—Preparing, packaging, compounding, or labeling for delivery a prescription drug or device in the course of professional practice to an ultimate user or his agent by or pursuant to the lawful order of a practitioner.

Distribute—the delivery of a prescription drug or device other than by administering or dispensing.

Medication order—A written order from a practitioner or a verbal order from a practitioner or his authorized agent for administration of a drug or device.

Pharmacist-in-charge—The pharmacist designated on a pharmacy license as the pharmacist who has the authority or responsibility for a pharmacy's compliance with laws and rules pertaining to the practice of pharmacy.

Practitioner—A physician, dentist, podiatrist, veterinarian, or other person licensed or registered to distribute or dispense a prescription drug or device in the course of professional practice in this state or a person licensed by another state in a health field in which, under Texas law, licensees in this state may legally prescribe dangerous drugs. "Practitioner" does not include a person licensed under this Act.

Prepackaging—The act of repackaging and relabeling quantities of drug products from a manufacurer's original commercial container into a prescription container for dispensing by a pharmacist to the ultimate consumer.

Prescription drug order—A written order from a practitioner or a verbal order from a practitioner or his authorized agent to a pharmacist for a drug or device to be dispensed.

Supportive personnel—Those individuals utilized in pharmacies whose responsibility it shall be to provide nonjudgmental technical services concerned with the preparation and distribution of drugs under the direct supervision of and responsible to a pharmacist.

§291.32. Personnel.

- (a) Pharmacist-in-charge.
- (1) Each Class A pharmacy shall have one fulltime pharmacist-in-charge, who may be pharmacist-in-

charge for only one such pharmacy.

- (2) The pharmacist-in-charge shall comply with §291.17(c) and (e) of this title (relating to Controlled Substances Inventory Requirements).
- (3) The pharmacist-in-charge shall ensure that the pharmacy is in compliance with all state and federal laws or rules governing the practice of pharmacy.
 - (b) Pharmacists.
- (1) The pharmacist-in-charge shall be assisted by a sufficient number of additional pharmacists as may be required to operate the Class A pharmacy competently, safely, and adequately to meet the needs of the patients of the facility.
- (2) All pharmacists shall assist the pharmacistin-charge in meeting his or her responsibilities in ordering, dispensing, and accounting for prescription drugs.
- (3) Each pharmacist shall be responsible for any delegated act performed by supportive personnel under his or her supervision.
- (4) All pharmacists while on duty, shall be responsible for complying with all state and federal laws or rules governing the practice of pharmacy.
 - (c) Supportive personnel.
- (1) Supportive personnel must be qualified and trained to perform the tasks assigned to them.
 - (2) Prepackaging by supportive personnel.
- (A) Drugs may be prepackaged in quantities suitable for internal distribution only by a pharmacist or by supportive personnel under the direction and direct supervision of a pharmacist.
- (B) The label of a prepackaged unit shall indicate:
 - (i) the drug;
 - (ii) strength of drug;
- (iii) lot number and appropriate ancillary label or labels; and
 - (iv) expiration date, where applicable.
- (C) Control records shall be maintained to show:
 - (i) the name of the drug;
 - (ii) the facility's control number;
 - (iii) manufacturer;
 - (iv) manufacturer's lot number;
 - (v) expiration date on the original container;
 - (vi) quantity per package;
 - (vii) number of packages;
 - (viii) date packaged;
 - (ix) name or initials of prepacker; and
 - (x) signature of the responsible pharmacist.
- (D) Prepackaging procedures shall be in writing to specify that stock packages, repackaged units, and control records shall be quarantined together until checked and released by the pharmacist.
- (2) Prescription refill authorization. Supportive personnel may initiate and receive a refill authorization request; however, only a pharmacist may directly communicate with the physician concerning judgmental matters.
- (3) Preparing prescription labels. Supportive personnel may prepare prescription labels. When the prescription label is prepared by electronic means or device, supportive personnel may data enter a written prescription from a practitioner, or a telephonic prescrip-

tion order that has been reduced to writing by the pharmacist.

(4) Maintaining pharmacy records. Supportive personnel may perform only those duties related to maintaining records (filing, typing) under the direction of a pharmacist on duty.

§291.33. Operational Standards.

- (a) Licensing requirements.
- (1) All Class A pharmacies shall register annually with the board on an application provided by the board.
- (2) The owner/managing executive officer of the pharmacy shall sign the application and shall agree to comply with the board regulations governing Class A pharmacies.
- (3) The application shall state whether the Class A pharmacy is a sole ownership and give the name of the owner, or if a partnership, name all the managing partners, or if a corporation, name and title all the managing officers.
- (4) In addition, all Class A pharmacies shall be required to comply with §291.17(a) and (b) of this title (relating to Controlled Substances Inventory Requirements).
- (5) When a Class A pharmacy changes ownership, a new and separate license application must be filed with the board and the previously issued license returned to the board's office with the application for a new license
- (6) In addition, when a Class A pharmacy changes ownership, the pharmacy shall comply with §291.17(c) of this title (relating to Controlled Substances Inventory Requirements).
- (7) A fee of \$100 will be charged for issuance of a license.
 - (b) Environment.
 - (1) General requirements.
- (A) The pharmacy shall be arranged in an orderly fashion and kept clean.
- (B) A sink with running water shall be available to all pharmacy personnel and maintained in a sanitary condition.
- (C) The pharmacy shall be properly lighted and ventilated.
- (D) The temperature of the pharmacy shall be maintained within a range compatible with the proper storage of drugs; the temperature of the refrigerator shall be maintained within a range compatible with the proper storage of drugs requiring refrigeration.
- (2) Drug dispensing and storage. Any drug bearing an expiration date may not be dispensed beyond the expiration date of the drug.
 - (3) Security requirements.
- (A) The pharmacist-in-charge and each pharmacist on duty shall be responsible for the security of the prescription department including provisions for adequate safeguards against theft or diversion of prescription drugs, and records for such drugs.
- (B) When a pharmacist is not on duty, the prescription department shall be secured to prevent entry.
- (C) Prescription drugs and devices and nonprescription Schedule V controlled substances shall be stored within the prescription department or a secured storage area.

- (c) Equipment.
- (1) Class A pharmacies dispensing prescription drug orders shall have the following equipment:
 - (A) typewriter or comparable equipment;
 - (B) refrigerator;
- (C) adequate supply of child-resistant, moisture-proof, and light-proof containers; and
- (D) adequate supply of prescription, poison, and other applicable identification labels.
- (2) Special equipment according to the requirements set out below shall be maintained:
- (A) Class A prescription balance or equivalent, analytical balance (with weights) is required. Such balance shall be properly maintained and inspected at least once every three years by the appropriate authority as prescribed by local, state, or federal law or regulations.
- (d) Library. A reference library shall be maintained which includes the following:
 - (1) Current copies of the following laws:
 - (A) Texas Pharmacy Act and Rules;
 - (B) Texas Dangerous Drug Law;
- (C) Texas Controlled Substances Act and Rules; and
- (D) Federal Controlled Substances Act and Regulations (or official publication describing the requirements of the Federal Controlled Substances Act and Regulations);
- (2) At least three of the following current reference books:
 - (A) Remington's Pharmaceutical Sciences;
 - (B) Facts and Comparisons;
 - (C) American Hospital Formulary Service;
- (D) United States Pharmacopeia or National Formulary;
 - (E) Physician's Desk Reference;
 - (F) American Drug Index;
- (G) United States Pharmacopeia Dispensing Information;
 - (H) Approved Prescription Drug Products; or
- (I) appropriate reference text in one of the following subjects: toxicology, pharmacology or drug interactions, or pharmaceutical mathematics.

§291.34. Records.

- (a) Prescriptions. The term "prescription drug order" means a written order from a practitioner or verbal order from a practitioner or his authorized agent to a pharmacist for a drug or device to be dispensed.
 - (1) Written prescription drug orders.
- (A) A pharmacist may not dispense a written prescription issued in Texas unless it is ordered on a form containing two signature lines of equal prominence, side by side, at the bottom of the form. Under either signature line shall be printed clearly the words "product selection permitted," and under the other signature line shall be printed clearly the words "dispense as written."
- (B) The two signature line requirement does not apply to dangerous drug prescriptions issued in another state by a practitioner.
 - (2) Oral prescription drug orders.
- (A) If a prescription is transmitted to a pharmacist orally, the pharmacist shall note any dispensing instructions by the practitioner or practitioner's agent,

- on the file copy of the prescription. Such file copy may follow the two line format indicated in paragraph (1) of this subsection, or any other that clearly indicates the dispensing instructions.
- (B) A telephonic prescription order may only be taken by a pharmacist or a pharmacist-intern under the direct supervision of a pharmacist.
 - (3) All prescriptions shall bear:
- (A) name and address of the patient and, if such drug is for an animal, the species of such animal;
- (B) name, and if for a controlled substance, the address and DEA registration number of the practitioner. (A practitioner may sign a prescription in the same manner as he would sign a check or legal document, e.g., J. H. Smith or John H. Smith).
- (i) If an oral order is not permitted, prescriptions shall be reduced to writing with ink or indelible pencil or typewriter and shall be manually signed by the practitioner.
- (u) The prescription may be prepared by a secretary or agent for the signature of a practitioner, but the prescribing practitioner is responsible in case the prescription does not conform in all essential respects to the law and regulations.
- (iii) A corresponding liability rests upon the pharmacist who fills a prescription not prepared in the form prescribed by these rules;
- (C) name, quantity, and strength of the controlled substance or dangerous drug prescribed, and quantity dispensed if different from the quantity prescribed.
- (D) directions for use of such controlled substance or dangerous drug; and
 - (E) date of issue.
 - (b) Original prescription records.
- (1) Original prescriptions written or telephonically ordered by a practitioner shall be maintained by the pharmacy in numerical order for a period of two years from the date of filling or the date of the last refill dispensed.
- (2) If a pharmacy maintains prescription records in a data processing system, the original written prescription or a hard-copy of an oral prescription shall be retained on file in numerical order for a period of two years from the date of dispensing or the date of the last refill dispensed. Hard-copy prescription orders as used in this paragraph means the original written prescription order or original oral prescription order reduced to writing by the pharmacist and shall include the following:
 - (A) original prescription number;
- (B) date of issuance of the original prescription order by the practitioner;
 - (C) name and address of the patient;
- (D) name, and if for a controlled substance, the address and DEA registration number of the practitioner;
- (E) name, strength, dosage form, quantity of the controlled substance or dangerous drug prescribed (and quantity dispensed if different from the quantity prescribed);
- (F) total number of refills authorized by the prescribing practitioner; and
 - (G) directions for use.
 - (3) Original hard-copy prescription records shall

be filed in the following manner:

- (A) records of controlled substances listed in Schedules I and II shall be maintained separately from all records of the pharmacy;
- (B) records of controlled substances listed in Schedules III-V shall be maintained separately from all other records of the pharmacy; and
- (C) records of dangerous drugs and nonprescription drugs shall be maintained separately from all other records of the pharmacy.
- (c) Refills of prescriptions maintained in a manual system.
- (1) Each time a prescription is refilled, a record of such refill shall be made:
- (A) On the back of the prescription, initialed, and dated by the pharmacist as of the date of dispensing, and shall state the amount dispensed. If the pharmacist merely initials and dates the back of the prescription, he shall be deemed to have dispensed a refill for the full face amount of the prescription.
- (B) As an alternative, on another appropriate uniformly maintained, readily retrievable record, such as medication records, which indicates by the number of the prescription the following information:
- (i) name and dosage form of the controlled substance, dangerous drug, or nonprescription drug;
 - (11) date of each refilling;
 - (iii) the quantity dispensed;
- $(i\bar{\nu})$ the identity or initials of the dispensing pharmacist in each refilling; and
- (v) the total number of refills for that prescription.
- (C) If refill records are maintained in accordance with subsection (c)(1)(B) of this section, such refill records of controlled substances shall be maintained separately from refill records of dangerous drugs and non-prescription drugs.
- (2) In this and any other subsections, if initials or an identification code of a pharmacist is used, a permanent log shall be maintained by the pharmacy of the initials or identification code which will identify the pharmacist by name. The initials or identification code shall be unique to ensure that each pharmacist can be identified, i.e., identical initials or identification codes cannot be used.
- (d) Refills of prescriptions maintained in a data processing system.
- (1) In this and any other subsections, "hard-copy" means a physical document that is readable without the use of a special device (i.e., cathode ray tube, microfiche reader, etc.).
- (2) Each time a prescription is refilled, a record of such refill shall be entered into the data processing system.
- (3) A hard-copy printout of all original or refill prescriptions dispensed shall be produced daily.
 - (A) The hard-copy printout shall include:
 - (i) prescription number;
- (ii) date of initial dispensing if an original prescription or if a refill, the date of refilling;
- (iii) total number of refills dispensed to date for that prescription, or such refill history may be retrievable in a CRT display as an alternative to appear-

ing on the hard copy printout;

- (iv) name of the patient;
- (v) the prescribing practitioner's name;
- (vi) the name, strength, dosage form, and quantity of the controlled substance or dangerous drug dispensed; and
- (vii) the initials or identification code of the dispensing pharmacist.
- (B) If not immediately retrievable via CRT display, the following shall also be included on the hard-copy printout:
 - (i) patient's address;
 - (ii) prescribing practitioner's address; and
- (iii) prescribing practitioner's DEA registration number if the prescription is for a controlled substance.
- (C) Each individual pharmacist who fills or refills a prescription order shall verify that the data indicated on the daily hard-copy printout is correct, by dating and signing such document within seven days from the date of dispensing.
- (D) The daily hard-copy printout shall be available for inspection within 72 hours of the date on which the original prescription or refill was dispensed, and shall be maintained in a separate file at the pharmacy for a period of two years from the date of dispensing.
- (4) Such data processing system must be capable of producing a hard-copy printout of all original prescriptions and refill data required to be maintained under these rules (e.g., original prescriptions and a refill-by-refill audit trail for any specified strength and dosage form of any controlled substance or dangerous drug by either brand or generic name or both).
- (A) Such hard-copy printout shall include the following:
 - (i) the prescription number;
 - (ii) date of dispensing;
 - (iii) name and address of the patient;
 - (iv) name of the practitioner;
- (v) if the prescription is for a controlled substance, the DEA registration number of the practitioner;
- (vi) the name, strength, dosage form, and quantity of controlled substance or dangerous drug dispensed; and
- (vii) the initials or identification code of the dispensing pharmacist.
- (B) The address of the patient and DEA number of the prescribing practitioner is not required on the hard-copy printout if such information is immediately retrievable from the data processing system.
- (C) The document required in paragraph (4)(B) of this subsection must be supplied by the central record keeping location to the pharmacy within 48 hours, if requested by an authorized agent of the Texas State Board of Pharmacy, Department of Public Safety, or Drug Enforcement Administration.
- system experiences system down-time, an auxiliary procedure must ensure that refills are authorized by the original prescription order, that the maximum number of refills has not been exceeded, and that all of the appropriate data is retained for on-line data entry as soon

- as the data processing system is available for use again.
- (e) Authorization of refills of prescriptions maintained in a manual system and in a data processing system.
- (1) Prescription refills may be dispensed only in accordance with the prescriber's authorization as indicated on the original prescription.
- (2) If there are no refill instructions on the original prescription (which shall be interpreted as no refills authorized) or if all refills authorized on the original prescription have been dispensed, authorization from the prescribing practitioner shall be obtained prior to dispensing any refills.
- (A) If a manual system is used, any such authorization obtained shall be noted on the original prescription.
- (B) If a data processing system is used, any such authorization obtained shall be noted as follows:
 - (i) on the original prescription;
 - (ii) on the daily hard-copy printout; or
 - (iii) via the CRT display.
- (3) If a prescription for a Schedule III, IV, or V controlled substance has been refilled a total of five times or if six months have expired from the date of issuance of the original prescription, whichever occurs first, a new and separate prescription shall be obtained from the prescribing practitioner prior to dispensing any additional quantities of such controlled substances. Additional quantities over what was originally prescribed may only be authorized by the prescribing practitioner, which shall then be a new and separate prescription.
- (f) Limitation to one type of record keeping system. When filing refill information for original prescription orders for Schedule III, IV, or V controlled substances or dangerous drugs, a pharmacy may use only one of the three systems described in subsections (c)(1)(A), (c)(1)(B), or (d) of this section.
 - (g) Other records to be maintained by a pharmacy.
- (1) Copy 3 of DEA order form (DEA 222C) which has been properly dated, initialed, and filed, and all copies of each unaccepted or defective order form and any attached statements or other documents.
- (2) suppliers' invoices of dangerous drugs and controlled substances upon which is clearly recorded the actual date of receipt of the controlled substances by the pharmacist or other responsible individual.
- (3) suppliers' credit memos for controlled substances and dangerous drugs.
- (4) biennial inventory of controlled substances required by the Drug Enforcement Administration and inventory records required by §291.17 of this title (relating to Controlled Substances Inventory Requirements).
- (5) Drug Enforcement Administration and/or Department of Public Safety and Texas State Board of Pharmacy reports of theft or significant loss of controlled substances.
- (6) reports of surrender or destruction of controlled substances and/or dangerous drugs to an appropriate state or federal agency.
 - (7) Schedule V nonprescription register book.
- (8) If a pharmacy distributes controlled substances to another pharmacy or a practitioner, the following records shall also be maintained by a pharmacy:
 - (A) if for Schedule III, IV, or V controlled

- substances, invoices showing the actual date of distribution; the name, strength, and quantity of controlled substances distributed; the name, address, and DEA registration number of the distributing pharmacy; and the name, address, and DEA registration number of the pharmacy or practitioner to whom the controlled substances are distributed;
- (B) if for Schedule I or II controlled substances, Copy I of DEA order form (DEA 222C), furnished by the pharmacy or practitioner to whom the controlled substances are distributed, shall be maintained by the distributing pharmacy showing the quantity of controlled substances distributed and the actual date of distribution.
- (9) The records required by paragraphs (1)-(8) of this subsection shall be maintained for a period of two years; records of controlled substances listed in Schedules I and II shall be maintained separately from all records of the pharmacy; records of controlled substances listed in Schedules III-V shall be maintained separately from all other records of the pharmacy. If controlled substances, dangerous drugs, and/or nonprescription items are listed on the same record, the controlled substances shall be asterisked, redlined, or in some other manner readily identifiable apart from all other items appearing on the record.
- (h) Permission to maintain central records. Any pharmacy that uses a centralized record keeping system provided in subsection (d)(2) of this section must first submit written notification by registered or certified mail to the regional director of the Drug Enforcement Administration as required by Code of Federal Regulations, Title 21, §1304.(a), and submit a copy of this written notification to the Texas State Board of Pharmacy. Unless the registrant is informed by the regional director that permission to keep central records is denied, the pharmacy may maintain central records commencing 14 days after receipt of notification by the regional director. A copy of the above mentioned notification shall be maintained by the pharmacy.
- (i) Transfer of prescription information. The transfer of original prescription information for dangerous drugs and controlled substances listed in Schedules III, IV, or V for the purpose of refill dispensing, is permissible between pharmacies on a one time basis, subject to the following requirements:
- (1) The transfer is communicated directly between two licensed pharmacists.
- (2) Both the original and transferred prescription are maintained for a period of two years from the date of last refill.
- (3) The pharmacist transferring the prescription information shall:
- (A) Reduce to writing the following information for dangerous drug prescriptions.
- (i) Write the word "VOID" on the face of the invalidated prescription.
- (n) Record on the reverse of the invalidated dangerous drug prescription, the following information:
- (I) the name of the pharmacy to which such prescription is transferred;
- (II) the initials of the pharmacist receiving the prescription information;

- (III) the date of the transfer; and
- (IV) the initials of the pharmacist transferring the information.
- (B) Reduce to writing the following information for controlled substance prescriptions.
- (i) Write the word "VOID" on the face of the invalidated prescription.
- (ii) Record'on the reverse of the invalidated controlled substances prescription, the following information:
- (I) the name, address, and DEA registration number of the pharmacy to which such prescription is transferred;
- (II) the name of the pharmacist receiving the prescription information;
 - (III) the date of the transfer; and
- (IV) the name of the pharmacist transferring the information.
- (4) The pharmacist receiving the transferred prescription information shall:
- (A) Reduce to writing the following information for dangerous drug prescriptions.
- (i) Write the word "transfer" on the face of the transferred prescription.
- (ii) Record on the transferred prescription, the following information:
- (I) date of issuance of original prescription;
- (II) original number of refills authorized on original prescription;
 - (III) date of original dispensing;
- (IV) number of valid refills remaining and date of last refill;
- (V) pharmacy's name, address, and original prescription number from which the prescription information was transferred; and
 - (VI) initials of transferer pharmacist.
- (B) Reduce to writing the following information for controlled substance prescriptions.
- (i) Write the word "transfer" on the face of the transferred prescription.
- (ii) Record on the transferred prescription the following:
- (I) date of issuance of original prescription;
- (II) original number of refills authorized on original prescription;
 - (III) date of original dispensing;
- (IV) number of valid refills remaining and date of last refill;
- (V) pharmacy's name, address, DEA registration number, and original prescription number from which such prescription information is transferred; and
 - (VI) name of transferer pharmacist.
- (5) Pharmacies electronically accessing the same prescription record must satisfy all information requirements of a manual mode for prescriptions transferred.
- §291.35. Triplicate Prescription Records.
- (a) Definitions. The following words and terms, when used in this section, shall have the following mean-

ings unless the context clearly indicates otherwise.

- (1) Designated agent or authorized agent—An individual under the supervision of a practitioner, designated in writing by the practitioner, and for whom the practitioner assumes responsibility, who communicates the practitioner's instructions to the pharmacist. The written designation of an agent authorized to communicate prescriptions shall be maintained in the usual place of business of the practitioner and shall be available for inspection by investigators for the Texas State Board of Medical Examiners, the State Board of Veterinary Medical Examiners, or the Department of Public Safety.
- (2) Emergency rule—For the purpose of authorizing an oral prescription for a Schedule II substance, the term "emergency situation" means those situations in which the prescribing practitioner determines that:
- (A) immediate administration of the controlled substance is necessary for proper treatment of the intended ultimate user;
- (B) no appropriate alternative treatment is available, including administration of a drug which is not a controlled substance under Schedule II; and
- (C) it is not reasonably possible for the prescribing practitioner to provide a written prescription to a pharmacist prior to the dispensing.

(3) Hospital-

- (A) General hospital—Any establishment offering services, facilities, and beds for use beyond 24 hours for two or more nonrelated individuals requiring diagnosis, treatment, or care for illness, injury, deformity, abnormality, or pregnancy, and regularly maintaining at least clinical laboratory services, diagnostic x-ray services, treatment facilities which would include surgery and/or obstetrical care, and other definitive medical or surgical treatment of similar extent.
- (B) Special hospital—Any establishment offering services, facilities, and beds for use beyond 24 hours for two or more nonrelated individuals who are regularly admitted, treated, and discharged and require services more intensive than room, board, personal services, and general nursing care and which has clinical laboratory facilities, diagnostic x-ray facilities, treatment facilities, and/or other definitive medical treatment and has a medical house staff in regular attendance, and maintains records of the clinical work performed for each patient.
- (C) Ambulatory surgical centers—Approved surgical centers licensed by the State Hospital Licensing Board and approved by Medicaid to do day surgery when patient is not admitted beyond a 24-hour period.
 - (4) Institutional practitioner—
- (A) An individual who meets each of the following qualifications:
- (i) not yet licensed by the appropriate state professional licensing board;
- (ii) enrolled in a bona fide professional training program;
- (iii) in a base hospital or institutional training facility registered by the Federal Drug Enforcement Administration; and
- (iv) authorized by the base hospital or training institution to administer, dispense, or prescribe con-

trolled substances.

- (B) Institutional practitioner shall be limited to interns, residents, fellows, or their equivalent.
- (5) Medical purpose—The utilization of controlled substances for the purpose of relieving or curing mental or physical diseases or infirmities.
- (6) Possession—The actual care, custody, control, or management.
- (7) Prescribe—A direction or authorization, by prescription, permitting an ultimate user lawfully to obtain controlled substances from any person authorized by law to dispense such substances.
- (8) Triplicate prescription—The official Texas Department of Public Safety prescription form utilized to administer, dispense, prescribe, or deliver a Schedule II narcotic and/or Schedule II-N nonnarcotic controlled substance to an ultimate user.
- (9) Ultimate user—A person who has lawfully obtained and possesses a controlled substance for his own use or for the use of member of his household or for administering to an animal owned by him or a member of his household.
- (b) Special instructions. Information and special instruction information regarding procedures under these rules and regulations will be furnished upon request by writing to the Triplicate Prescription Section, Texas Department of Public Safety, P.O. Box 4087, Austin, Texas 78773.
 - (c) Purpose of issuing triplicate prescriptions.
- (1) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription not issued in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of §3.08 of the Texas Controlled Substance Act, and the person knowingly filling such a purported prescription, as well as the person issuing it, may be subject to the penalties provided for violations of the provisions of law or rules relating to controlled substances.
- (2) Prescriptions for Schedule II controlled substances shall be issued on the triplicate prescription form only and may not be refilled.
- (d) Emergency dispensing of Schedule II controlled substances.
- (1) No controlled substance in Schedule II may be administered, dispensed, prescribed, or delivered without the written prescription of a practitioner on a triplicate prescription form, except that in emergency situations, as defined as follows:
- (A) Schedule II controlled substances may be dispensed upon oral or telephonically communicated prescription of a practitioner or a practitioner's designated agent reduced promptly to writing by the pharmacy and filed by the pharmacy. Within 72 hours after authorizing an emergency oral prescription, the prescribing individual practitioner shall cause a written triplicate prescription, with the "Check if Emergency" block

- marked and indicating the emergency quantity prescribed to be delivered to the dispensing pharmacist. In addition to other requirements of the Code of Federal Regulations, Title 21, Chapter 2, Part 1306.05, the prescription shall have written on its face "Authorization for Emergency Dispensing" and the date of the oral order. The federal regulation will be deemed satisfied by marking the block at the bottom of the triplicate prescription form indicating "Check if Emergency" and filling in "Date Issued" space at top of form.
- (B) The written prescription may be delivered to the pharmacist in person or by mail, but if delivered by mail, it must be postmarked within the 72-hour period. Upon receipt, the dispensing pharmacist shall attach Copy 2 of the triplicate prescription to the oral emergency prescription which has earlier been reduced to writing.
- (C) The dispensing pharmacist shall send Copy 1 of the triplicate prescription to the Department of Public Safety within 30 days from the date the prescription is filled. Copy 2 of the triplicate prescription, along with the copy of the oral emergency prescription, will be retained by the pharmacy for two years for inspection purposes. No prescription for a Schedule II controlled substance may be refilled.
 - (e) Exceptions to use of triplicate prescriptions.
- (1) A medication order written for a patient who is admitted to a hospital at the time the medication order is written and filled, is not required to be on a triplicate prescription.
- (A) Medication order, as used in this subsection, will mean a drug order issued for administration to a patient admitted to a hospital.
- (B) Admitted to a hospital, as used in this subsection, will include the following:
- (i) general hospitals, special hospitals, ambulatory surgical centers, and surgical duties in dental schools;
- (ii) hospital clinics and emergency room admittance, if the clinic and/or emergency room is under the control, direction, and administration as an integral part of the general or special hospital.
- (2) A prescription written and filled for a patient who is admitted to a hospital at the time the prescription is written and filled, is not required to be on a triplicate prescription; however, such prescription shall comply with the requirements of the Texas Pharmacy Act, Texas Civil Statutes, Article 4542a-1, §40(g).
- (A) Schedule II controlled substances may be dispensed by a practitioner or pharmacy of the hospital, to a patient who has been admitted to a hospital and who will require an emergency quantity of controlled substances upon release from the hospital. These Schedule II controlled substances may only be dispensed to a patient while such patient is still admitted to and a resident of the hospital.
- (B) The amount of Schedule II controlled substances dispensed under this subsection may only be the amount needed for proper treatment of the patient until access to a pharmacy other than the hospital pharmacy, is possible, but in no event may exceed a sevenday supply. However, when an emergency supply is dispensed from the emergency room of the hospital, the amount dispensed may not exceed a 72-hour supply.

- (C) The Schedule II controlled substances dispensed under the situations outlined in subparagraph (B) of this paragraph must be in a properly labeled container.
 - (f) Pharmacist responsibilities.
- (1) Upon receipt of Copy 1 and Copy 2 of a properly completed triplicate prescription from a practitioner, each dispensing pharmacist shall utilize the "Pharmacy Use Only" section and record the following:
- (A) Pharmacy name, address, area code/telephone number, and Drug Enforcement Administration number. This information may be printed, typed, or rubber stamped, or the pharmacist may use a label that is securely affixed in this area.
- (B) The dispensing pharmacist's signature shall be entered in a space located directly below the pharmacy information.
- (C) Enter in the spaces provided the date filled and the pharmacy prescription number.
- (D) Ensure that the drug prescribed and/or its substitute is legible on Copy 1 and Copy 2 of the triplicate prescription.
- (2) No Schedule II prescription may be dispensed after the end of the second day following the date of issuance.
- (3) A pharmacist may dispense a prescription that is orally or telephonically communicated by a practitioner or his designated agent, for a Schedule II controlled substance in "emergency situations," as defined by subsection (a)(2) of this section.
- (A) In such emergency situations the dispensing pharmacist shall reduce promptly to writing the following:
- (i) name, address, and Federal Drug Enforcement Administration number of the dispensing practitioner;
- (ii) drug prescribed, the dosage, and instructions for use;
- (iii) name, address, and age of the person for whom the controlled substance is prescribed (or if an animal, the species and owner's name and address).
- (B) The pharmacist shall file the recorded information as set out in subsection (d) of this section in the pharmacy's Schedule II prescription files.
- (C) Within the 72 hours from the time the emergency oral or telephonic communication was received, the practitioner must provide the dispensing pharmacy with the triplicate prescription corresponding to the oral prescription order. If such triplicate prescription is not provided, the pharmacist shall contact the Department of Public Safety and the Drug Enforcement Administration.
- (D) The practitioner is required to place the date issued on the triplicate prescription and such date shall be the date the practitioner or his designated agent communicated the emergency oral or telephonic prescription to the pharmacy.
- (E) The practitioner shall check the block at the bottom of the triplicate prescription which indicates the prescription is an emergency order. If the practitioner fails to check such block, the pharmacist should do so.
- (F) The pharmacist shall attach Copy 2 to the oral emergency prescription which was reduced to writing

upon receipt from the practitioner or practitioner's designated agent.

- (4) Within 30 days from the date a pharmacist fills a triplicate prescription; the pharmacy is required to mail Copy 1 of the form to the Texas Department of Public Safety, Triplicate Prescription Section, P.O. Box 4087, Austin, Texas 77873.
- (5) Should a prescription be written on a triplicate prescription by a practitioner for a controlled substance other than a Schedule II, the pharmacist may dispense the prescription but shall mark the prescription in such a way as to clearly indicate that the drug dispensed is not a Schedule II controlled substance.
- (6) Pharmacists receiving triplicate prescriptions that create questions or doubts should communicate with the practitioner (when practical) prior to or in addition to utilizing the Texas Crime Information Center (TCIC). Stolen or lost triplicate prescriptions control numbers will be entered into the stolen or wanted file. This control number is the printed number appearing on the lower right hand corner of the triplicate prescription; do not confuse with the red number in the upper right hand corner.
- (A) Should a question arise in regard to the authenticity of a triplicate prescription, a pharmacist should contact the local police department, sheriff's department, or Department of Public Safety office with communication facilities.
- (B) The pharmacist should state, "I need to have a check made of the stolen or wanted file on a triplicate prescription number" (giving the control number on the prescription).
- (C) If the number has been reported stolen or lost, the pharmacist may assume it is a forged prescription and should coordinate with the law enforcement agency as to what course of action to follow.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's authority to adopt.

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Fred S. Brinkley, Jr., R.Ph. Executive Director/Secretary Texas State Board of Pharmacy

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TITLE 25. HEALTH SERVICES
Part I. Texas Department of Health
Chapter 1. Texas Board of Health
Petition for the Adoption of a Rule
25 TAC §1.81

The Texas Department of Health proposes new §1.81, concerning petitions for the adoption of a rule. This

rule will prescribe the procedure a person may use to petition the department to adopt a rule.

Stephen Seale, chief accountant III, has determined that for the first five-year period the rule will be in effect there will be no fiscal implications to state or local government as a result of enforcing or administering the rule.

Mr. Seale has also determined that for each year of the first five years the rule as proposed is in effect the public benefit anticipated as a result of enforcing the rule as proposed will be to enable interested persons to know how to petition the department for the adoption of a rule. There is no economic cost to individuals who are required to comply with the rule as proposed.

Comments on the proposal may be submitted to Hal L. Nelson, Chief, Office of General Counsel, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756. Comments will be received for 30 days after publication of this rule in the *Texas Register*.

The new section is proposed under Texas Civil Statutes, Article 6252-23a, §11, which provides the department with the authority to prescribe by rule the procedure for the submission, consideration, and disposition of petitions for the adoption of rules.

§1.81. Petition for the Adoption of a Rule.

- (a) Purpose. The rule's purpose is to delineate the department's procedures for the submission, consideration, and disposition of a petition to the department to adopt a rule.
 - (b) Submission of the petition.
- (1) Any person may petition the department to adopt a rule.
- (2) No special form is required but the petition must be in writing and specify the rule and the reasons for it. The petitioner may submit his or her version of the rule with the petition.
- (3) The petition shall be mailed to the Texas Commissioner of Health, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756.
 - (c) Consideration and disposition of the petition.
- (1) The commissioner shall submit the petition to the Texas Board of Health for its consideration and disposition.
- (2) Within 60 days after the postmark date of the petition, the board shall deny or accept the petition.
- (A) If the board denies the petition, the commissioner shall give the petitioner written notice of the board's denial, including the board's reasons for the denial.
- (B) If the board accepts the petition, the board shall initiate rulemaking procedures in accordance with the requirements of the Administrative Procedure and Texas Register Act. The commissioner shall notify the petitioner in writing of the board action.
- (C) If the petitioner submits his or her version of the rule, the board may approve a different version.

If so, the commissioner shall notify the petitioner in writing of this action and the board's reasons for it.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's authority to adopt.

Issued in Austin, Texas, on August 3, 1982.

TRD-826180

Robert A. MacLean, M.D. Deputy Commissioner Professional Services Texas Department of Health

Proposed date of adoption: September 11, 1982 For further information, please call (512) 458-7236.

Chapter 37. Maternal and Child Health Services Crippled Children's Services Program

The Texas Department of Health proposes the repeal of §§37.81-37.91, and new §§37.81-37.106, concerning the Crippled Children's Services Program.

Stephen Seale, chief accountant III, has determined that for the first five-year period the proposed repeals will be in effect, there will be no fiscal implications to state or local government. In addition, Mr Seale has determined that for the first five-year period the new rules will be in effect, there will be fiscal implications as a result of enforcing or administering the rules. The effect on state government will be an estimated additional cost of \$35.4 million in 1983, \$40.5 million in 1984, \$45.2 million in 1985, \$49.7 million in 1986, and \$54.7 million in 1987. The new rules will not effect local government.

Mr. Seale has also determined that for each year of the first five years the proposal is in effect the public benefit anticipated as a result of enforcing the proposal will be that the existing rules will be repealed and replaced by an updated and clarified version which expands the existing rules; makes them more specific; and makes them more understandable to the public. There is no economic cost anticipated for individuals as a result of this proposal.

Comments on the proposal may be submitted to Punam Myer, M.D., M.P.H., Chief, Bureau of Crippled Children's Services, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756. Public comments will be received for 30 days after these proposed rules have been published in the *Texas Register*.

25 TAC §§37.81-37.91

(Editor's note. The text of the following rules being proposed for repeal will not be published. The rules may be examined in the officer of the Texas Department of Health, 1100 West 49th Streat, Austin, or in the Texas Register office, 503E Sam Houston Building, Austin.)

The repeal and new rules are proposed under Texas Civil Statutes, Article 4419c, §3, which provides the Texas Board of Health with the authority to adopt the necessary rules to implement the Crippled Children's Services Program.

- §37.81. Introduction and Brief Description of Program Operation.
- §37.82. Establishment of Technical Advisory Committees.
- §37.83. Approval Process for Participating Physicians.
- §37.84. Approval Process for Participating Hospitals.
- §37.85. Application Procedures.
- §37.86. Patient Eligibility.
- §37.87. Authorization of Services.
- §37.88. Payment for Program-Authorized Services.
- §37.89. Termination or Modification of Patient Eligibility.
- §37.90. Confidentiality of Information.
- §37.91. Nondiscrimination Statement.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's authority to adopt.

Issued in Austin, Texas, on August 3, 1982.

TRD-826184

Robert A. MacLean, M.D. Deputy Commissioner Professional Services Texas Department of Health

Proposed date of adoption: September 11, 1982 For further information, please call (512) 458-7241.

25 TAC §§37.81-37.106

§37.81. Purpose. The crippled Children's Services Program of the Texas Department of Health administers physical restoration services for medically and financially eligible persons who are under the age of 21, and for eligible persons, regardless of age, who have cystic fibrosis. To be eligible for service, the disability must be such that it is reasonable to expect that the medical condition can be improved as a result of the services and/or equipment provided by the program.

§37.82. Definitions. The following words and terms, when used in these sections, shall have the following meanings unless the context clearly indicates otherwise:

Advisory committee—Those persons appointed by the board to serve in an advisory capacity to the program staff.

Approved hospital—Hospitals approved by the board to provide services to persons covered by the program.

Approved providers—Physicians or dentists approved by the board to provide services to persons covered by the program.

Board-Texas Board of Health.

Cancer—A malignant disease characterized by unrestricted growth of abnormal cells, the natural course of which is fatal; it includes but is not limited to leukemia, lymphoma, and histocytosis.

Central office—The administrative staff of the program in the Texas Department of Health building located in Austin.

Commissioner—The commissioner of health.

Crippled child—Any person under 21 years of age whose physical functions, movements, or sense of hearing are impaired by reason of a joint, bone, ossicular chain, muscle, neurological defect or deformity, or

cancer, to the extent that the person is or may be expected to be totally or partially incapacitated for education or remunerative occupation. Person with cystic fibrosis, regardless of age, are covered by the legislation.

Department—Texas Department of Health. Program—Crippled Children's Services.

Rehabilitation—The process of attempting to restore the functions(s) of the body destroyed or impaired by congenital defect, disease, or injury.

State-The State of Texas.

§37.83 The program is authorized by the provisions of Texas Civil Statutes, Article 4419c, to take census, make surveys, and establish any permanent records needed to administer the program in an efficient and effective manner. The program is also empowered to procure medical, dental, and surgical services for any eligible applicant and may take other steps necessary to fulfill the purposes of the legislation. The program may provide other services such as transportation, appliances, braces, and other materials necessary for proper treatment and care of conditions covered under the program.

§37.84. Introduction.

- (a) The following rules are set forth to conduct the work of the program in accordance with the intent of the crippled children's legislation (Texas Civil Statutes, Article 4419c).
- (b) The program is to serve eligible persons under the age of 21 whose physical functions, movements, or sense of hearing are impaired by reasons of a joint, bone, ossicular chain, muscle, or neurological defect or deformity, or by cancer or cystic fibrosis, to the extent that the person is or may be expected to be totally or partially incapacitated for education or remunerative occupation. To be eligible for rehabilitation services, the person's disability must be such that it is reasonable to expect that the condition can be improved through medical, dental, or surgical care and related services. Persons over the age of 21 with cystic fibrosis may be eligible for program services.
- (c) There are two medical conditions covered by the program which have special procedures established:
- (1) Persons with cardiovascular problems are diagnozed and treated at pediatric cardiology diagnostic and treatment centers that have been approved by the board. These centers are located statewide and must be utilized for diagnostic and surgical services paid for by the program. Follow-up care, other than at the centers, may be provided by local pediatric cardiologists, pediatricians, or other appropriate specialists approved by the board. Such care should be in conjunction with the treatment plan established by the pediatric cardiologist at the center.
- (2) Persons with cystic fibrosis are diagnosed and treated at centers approved by the board and recognized by the National Cystic Fibrosis Foundation or affiliated with a medical school in Texas. Follow-up care other than at the centers, may be provided by local pediatricians or other appropriate specialists approved by the board. Such care should be in conjunction with the treatment plan, established by the physician at the center.
- (d) The program may restrict or prioritize services to meet budgetary limitations.

- §37.85. Conditions Covered. The program covers the following conditions:
 - (1) orthopedically crippling conditions;
 - (2) neurological disorders including epilepsy;
 - (3) cardiovascular conditions;
- (4) cleft lip and/or palate and other severe craniofacial conditions;
- (5) congenital anomalies of the gastrointestinal tract;
 - (6) cystic fibrosis;
 - (7) cancer:
- (8) chronic otological conditions threatening the ossicular chain or mastoid;
- (9) congenital anomalies of the external genitalia and genitourinary tract, excluding kidneys;
 - (10) hemophilia;
- (11) orthopedic complications of sickle cell anemia;
 - (12) neurofibromatosis; and
 - (13) severe burns.

§37.86. Conditions Not Covered. The program does not cover:

- (1) prematurity;
- (2) hyaline membrane disease and respiratory distress syndrome;
 - (3) failure to thrive;
 - (4) apnea;
 - (5) acute infectious diseases;
 - (6) digestive, metabolic, or endocrine disorders;
- (7) fractures not requiring surgery or extensive hospitalization;
 - (8) opthalmologic conditions;
 - (9) cases requiring only custodial care;
 - (10) cases requiring cosmetic surgery;
- (11) cases requiring life support systems without potential for rehabilitation; and
 - (12) emotional and psychological conditions.

§37.87. Application Process.

- (a) Applications are available to anyone seeking assistance from the program. An application may be obtained from any local or regional health department or the central office in Austin. Many hospitals and physicians have application forms available. The completed application is sent to the central office in Austin, Bureau of Crippled Children's Services, for eligibility determination.
- (b) In an emergency situation, application information may be telephoned to the central office and a provisional eligibility decision can be obtained. The application form must follow as quickly as possible, and if the information thereon does not substantiate eligibility, the program may deny payment for services.
- §37.88. Eligibility Criteria. The following criteria will be utilized to determine an applicant's initial and subsequent eligibility for services under the program:
- (1) Age. The applicant must be under the age of 21; persons with cystic fibrosis, regardless of age, may apply.
 - (2) Residency.
- (A) The person must be a bona fide resident of Texas. A bona fide resident means a person who:

- (i) is lawfully present in the United States,
- (ii) is physically present within the geographic boundaries of the state,
- (iii) has an intent to remain within the state, either permanently or for an indefinite period, and
- (iv) is a legal resident of no other state or country.
- (B) A minor assumes the residency status of the parent, guardian, or conservator, with the exception that a child, born in the United States of illegal alien parents residing in Texas, is eligible for Program services. The child must be physically present in Texas.
- (C) The statement of legal residency on the application form will be accepted unless there is a valid reason to question the person's residency status. Under such circumstances, documentation of residency will be requested in the form of alien registration, a valid driver's license, voter registration, motor vehicle registration, rent or utility receipts for two months prior to the date of application, the sworn statements of two bona fide residents of the state who know the person to be a resident of the state, or other verifiable proof of residency.
 - (3) Financial need. Factors considered are:
- (A) Family income and assets. The program financial eligibility guidelines are maintained on a current basis and may be obtained from the central office.
 - (B) Projected cost of treatment.
- (C) Current medical indebtedness of the family.
- (D) Insurance or other third party payment resources available.
- (4) Expectation of improvement. The person's disability must be such that it is reasonable to expect that significant improvement will occur through the provision of services.
- §37.89. Eligibility Determination. The final determination of eligibility is made by central office personnel after careful consideration of the facts available. Additional information may be requested from families or providers to supplement inadequate data.

§37.90. Authorization of Services.

- (a) Prior authorization. Prior authorization assures the provider of the program's intent to pay for specific services, if the information regarding the patient and the service is correct. The central office must be notified prior to the delivery of the service in order to encumber funds to guarantee payment. Emergency cases should be reported to the program as soon as possible, preferably by the next working day by telephone.
 - (b) Unauthorized claims.
- (1) The program may cosider unauthorized claims from approved providers if submitted within 90 days of the date of delivery of services under the following circumstances:
- (A) If the patient's eligibility for services had previously been determined but prior authorization was not obtained.
- (B) If the patient's financial and medical eligibility had not been determined but the patient would have met eligibility criteria.
- (C) If the patient is eligible for both Medicaid and Crippled Children's Services and a claim is rejected

- by Medicaid, the program will consider payment if the claim is submitted within 90 days of the rejection. (Claims rejected by Medicaid on the basis of late billing will not be considered.)
- (2) The program is under no obligation to pay unauthorized claims and payment can be made only if accurate information is provided and if funds are available.
- (c) Out-of-state services. Under no circumstance will any authorization be made for out-of-state services for medical, dental, or hospital care.

§37.91. Service Providers.

- (a) Participating physicians and dentists.
- (1) Qualifications. Persons approved by the board for participation of the program shall:
- (A) have a valid license to practice medicine or dentistry in Texas.
- (B) have been board certified in a recognized specialty of the American Board of Medical Specialities, or certification by other specialty boards as approved by the department. (In exceptional situations, this requirement may be waived.)
- (C) have an established practice located within the state.
- (D) have practiced their specialty in Texas for at least one year. (In exceptional situations, this requirement may be waived.)
- (E) have agreed to accept the fees allocated by the program as payment in full for services.
- (F) have agreed to abide by the rules and regulations of the program.
- (2) Application process. A physician or dentist wishing to participate in the program must complete an application form and submit it to the central office in Austin. Three of the applicant's peers, knowledgeable of the applicant's capabilities, including one in his specialty but not sharing a private practice with the applicant, must submit letters in support of the application directly to the central office. The materials are reviewed by program staff for completeness and then referred to the appropriate advisory committee. Each member of the committee receives application materials for review and obtains any additional information deemed necessary to evaluate the qualifications of the applicant. The committee as a whole reviews the application and submits recommendations to the commissioner.
- (3) Board approval. The commissioner presents the recommendations of the committees to the board for final action. Notification of the board's disposition is sent to the applicant by the commissioner.
- (4) Removal from participation. Any provider may withdraw from program participation at any time. In the event that a program participant has repeatedly failed to observe the policies established under the rules and regulations of the program, or has failed to maintain proficiency and professional competence as judged by his peers, the appropriate committee may review and investigate these breaches and make recommendations to the board for removal from further program participation.
- (b) Participating hospitals. In keeping with the program's objective of providing care of the highest

reasonable quality, participating hospitals should be equipped and staffed to meet the special needs of handicapped children and adolescents. Hospitals desiring to participate must be approved by the board as stipulated by law.

- (1) Requirements. Hospitals approved for program participation shall:
- (A) have current approval by the Joint Commission on Accreditation of Hospitals.
 - (B) be located within the state.
- (C) have program approved medical staff sufficient to meet anticipated program case load.
- (D) have a definable pediatric unit or facilities, equipment, and qualified staff necessary to meet the special needs of program eligible patients.
- (E) have a recent history of treating significant numbers of patients between the ages 0-21 for conditions covered by the program.
- (F) have an occupancy rate during the previous two years which was not less than the statewide average for that period.
 - (2) Procedures for approval.
- (A) The hospital administrator submits a completed application to the program. Applications may be obtained from the central office.
- (B) The application is reviewed by program staff; aditional information is obtained if necessary.
- (C) The application is reviewed by the appropriate advisory committee and their recommendations are submitted with the application through the commissioner to the board for final action.
- (3) Conditional approval. In considering the approval of an applying hospital, the needs of the program and the possible benefits to children served by the program are of paramount importance. In order to facilitate the availability of medical treatment in all areas of the state, while retaining the asurance of quality care, approval of some hospitals may be conditional, with restrictions limiting the hospital to treatment of only certain specific conditions.
- (4) Removal from participation. Any hospital may withdraw from program participation at any time. In the even that a hospital previously approved for program participation repeatedly fails to observe the policies established under these rules and regulations, a description of the circumstances will be presented to the appropriate advisory committee. After review and investigation, the committee will submit a report on its findings and recommendations to the commissioner, who will forward the report to the board for disposition.
- (c) Cardiovascular centers. At the recommendation of the cardiovascular advisory committee and the approval of the board, the program has recognized centers in various localities in the state which are designated for program use for diagnosis and treatment of cardiovascular problems. This policy was established in order to assure the quality of care for patients served by the program. The procedure for appproval for program participation is the same as for hospitals (see subsection (b) of this section). The cardiovascular advisory committee reviews center applications and makes recommendations to the board through the commissioner. In making their recommendations, the committee follows as far as prac-

tical the Guidelines for Pediatric Cardiology Diagnostic and Treatment Centers, established by the section on cardiology of the American Academy of Pediatrics.

- (d) Non-approved providers.
 - (1) Emergencies
- (A) In an emergency, program eligible recipients with conditions covered by the program may be attended by a physician or dentist who has not been approved for participation. Although most patients receiving benefits from this program will be treated in approved hospitals, an emergency may necessitate the admission of an eligible recipient to a nonapproved hospital.
- (B) The nonapproved physician or dentist attending the patient in an approved or nonapproved hospital may provide the initial medical, dental, or surgical treatment necessary. Transfer to an approved hospital should be made when medically feasible. The professional responsibility for continuing care should be transferred to an approved provider when feasible.
- (2) Consultants. An approved provider may request a consultation by a nonapproved provider. Consent for utilizing a consultant must be obtained from the central office. Fees paid will be those as established by the program. The consultant will evaluate the patients and make recommendations to the approved provider who requested the consultation. The approved provider remains the primary provider for the patient.
- (3) Areas of geographic need. There may be some areas of the state in which there are no approved providers and it is not realistic to transport the patient to an approved provider. Consent for utilizing a non-approved provider must be obtained from the central office. Nonapproved physicians and dentists should be board certified in their specialty and must agree to accept established program fees.
- (4) Other health-related disciplines. The services of other disciplines such as physical therapy, occupational therapy, or speech pathology may be required for proper care and follow-up, as directed by the patient's program approved physician or dentist. Any providers of health-related services must meet state licensing, registration, or certification laws.
- (e) Contracts. In order to conserve funds and effectively administer the program, the central office may contract for treatment, equipment, medications, supplies, and other services.
- (f) Special clinics. In order to provide quality specialty services in some areas of the state, the program may arrange for specialty clinics for diagnostic and treatment purposes. Clinic providers must be approved for program participation.
- §37.92. Consultants. The program may request the use of consultants from any medical or dental specialty or other discipline to address specific issues and problems in their area of expertise. These consultants will be eligible for compensation in accordance with the department's policies and procedures for such services.

§37.93. Services Provided.

(a) Initial examinations. With prior authorization, an initial office examination by a program approved physician or dentist will be paid by the program if such examination is to diagnose or evaluate the presence of

- a condition coverable by the program. Program eligibility does not need to be established for the initial examination. For any treatment of conditions, eligibility must be established prior to an authorization to approved providers.
- (b) Medical evaluation and treatment. These services must be provided by physicians approved to participate in the program, except in emergency situations.
- (c) Dental evaluation and treatment. Dental care is limited to correction of conditions related to cleft palate and other severe craniofacial anomalies, and to treatment which is essential to prevent bacterial endocarditis prior to cardiac surgery.
- (d) Hospitalization. Hospital care must be provided in facilities approved for program participation, except in emergency cases. The length of stay is limited according to diagnosis and condition of the patient.
- (e) Orthotic and prosthetic devices. These devices must be prescribed by an approved provider whose specialty is related to the devices requested.
- (f) Medications. Medications must be prescribed by an approved provider. Payment is made only after delivery of the medications. The provider must submit proof of delivery.
- (g) Durable medical equipment. Equipment must be ordered by an approved provider whose specialty is related to the equipment requested. Some of the equipment may be supplied on a contract basis and therefore ordered from a specific supplier. The provider must submit proof of delivery.
- (h) Medical supplies. Supplies must be necessary in the treatment of a program covered condition and prescribed by an approved physician or dentist. The provider must submit proof of delivery.
- (i) Speech-language pathology. Services must be provided by a pathologist with a certificate of clinical competency (C.C.C.) from the National Association of Speech, Language, and Hearing, and prescribed by a physician approved for Program participation. Periodic reports at least every 6 months should be submitted to the Program to substantiate the need for continuing services.
- (j) Occupational therapy. Services must be provided by an occupational therapist registered (O.T.R.) by the American Occupational Therapy Association and prescribed by a physician approved for Program participation. Periodic reports at least every six months should be submitted to the program to substantiate the need for continuing services.
- (k) Physical therapy. Services must be provided by a licensed physical therapist (L.P.T.) licensed by the State of Texas and prescribed by a physician approved from program participation. Periodic reports at least every six months should be submitted to the program to substantiate the need for continuing services.
- (l) Transportation. The program may provide transportation of the patient and, if needed, a responsible adult, to the nearest appropriate facility. The lowest cost appropriate commercial carrier should be used. The program can not assist if the patient is eligible for transportation through Medicaid.
- (m) Meals and lodging. The program may provide meals and lodging. The purpose is to enable a parent to

- obtain inpatient or outpatient care for a child at a center located away from their home. No meals or lodging are available if the visit is not overnight or if the patient's home town is within a 50-mile radius of the treatment center. The reason for the inpatient or outpatient visit must be directly related to a condition covered by the program.
- (n) Transporting of deceased patient. The following services may be provided in cases of extreme financial need:
- (1) Transportation cost for the remains of a patient who expires while receiving authorized treatment, if the patient was not in the family's city of residence.
- (2) Expenses incidental to embalming of the deceased, as required for transportation.
- (3) A casket purchased at a minimum price as required for transportation.
- §37.94. Service Limitations. The program may limit or restrict services to remain within available funding and to provide effective and efficient administration.
- (1) Payment of hospital charges is limited to 60 days during a 12-month period. Any extension will be determined on an individual case basis by review of the medical condition, plan of medical treatment, and substantiation of satisfactory medical progress, not to exceed an additional 30 days.
- (2) Payment of rehabilitation center charges is limited to 90 days. Any extension will be dependent on the patient's medical condition, plan of treatment, and substantiation of satisfactory progress regarding the patient's rehabilitation, not to exceed an additional 90 days.
- (3) Elective Friday or weekend admissions will not be authorized.

§37.95. Payment for Authorized Services.

- (a) General information. Payment for any service authorized by the program may be made only after the delivery of the service; that is, no payment in advance can be made by the program, according to state law. If a service has been authorized by the program for payment, the family must not be billed for the service or be required to make a pre-admission or pre-treatment payment or deposit. Providers participating in the program agree to accept established fees as payment in full although such fees may be below usual and customary charges.
- (b) Fee schedules. The program has adopted fee schedules which apply to all authorized services. Fee schedules are revised as needed by the staff and are adjusted in relation to available funding and customary charges. Fees are established for:
- (1) Approved physicians and dentists. Fees are established for initial office visits, continuing office visits (follow-up), surgical procedures (based on complexity of the procedure), and diagnostic procedures. The program requires that documentation of diagnostic and treatment procedures be submitted with the payment voucher. A periodic report should be submitted at least every six months to provide the program with current information regarding the patient's need for continuing outpatient services.
- (2) Approved hospitals. Inpatient charges will be adjusted by the hospital's most recent ratio of costs to

- charges (RCC) This ratio cannot exceed 100%. All hospitals are required to submit within 90 days after the close of their fiscal year a sworn statement of costs allowable under the provisions of Title XVIII and charges used to determine their current RCC. Hospitals may request revision of their RCC during the year by submitting the required statement of allowable costs and charges. When requested, hospital records supporting these statements will be made available for examination by duly authorized representatives of the program. All claims submitted to the program for inpatient hospitalization must be reduced by the estimated amount that will be provided by the insurance covering the patient. The ratio of costs to charges must be applied to the total bill, excluding personal items, before deducting the estimated insurance payment. If there is an adjustment after the actual insurance payment(s), a supplemental billing or a refund should be submitted to the program. A patient discharge summary or an abstract summary must be submitted with the payment voucher.
- (3) Outpatient services. Charges will be adjusted by the hospital's most recent RCC for outpatient services, determined in the same manner as required for determination of the inpatient RCC. A periodic evaluative report should be submitted at least every six months to determine the medical necessity for the patient to continue receiving services.
- (4) Non-approved providers. Miscellaneous services are reimbursed in accordance with fees established by the program staff for services such as occupational therapy, physical therapy, speech pathology, laboratory, pathology, chemotherapy, radiology.
- (c) Usual and customary charges. Charges can not be more than would be charged to other governmental agencies. The program pays for the following types of services prescribed by approved providers:
 - (1) medications;
- (2) braces, appliances, durable medical equipment; and
 - (3) medical supplies.
- (d) Contracts. Program contracts for services will be made in compliance with state law, taking into consideration geographic location, quality of service, and low bid.
- (e) Family contribution. The person legally responsible for the medical care of the applicant is obligated to bear a portion of the expense of medical or dental care if financially able. The program, after assessing family resources, may agree to be responsible for certain expenses and expect the family to pay for other expenses. Such an understanding will be in writing, with the family provided a statement of the services for which the programs will be responsible.
- (f) Special clinics. The need for special clinics will be determined by the program. Payment for such services will be on a per child or per clinic cost basis.

§37.96. Third Party Resources.

(a) Reimbursement. If program payment is made to a medical care provider or supplier who then receives payment from another resource (usually an insurance carrier), a refund to the program is required. Providers must accept program payment as payment in full for covered

- services and may not use payment by another source to make up the difference between the amount billed and the program payment. The following guidelines should be used to determine the amount to be refunded to the program:
- (1) When the program pays more than insurance or other third party payment, the amount of the third party payment must be refunded to the program.
- (2) When the program pays less than the third party payment, the amount paid by the program must be refunded.
 - (b) Payment resources.
- (1) Medical insurance (including Medicare). Under the provisions of the program legislation, any private medical insurance or other benefits available to the patient must be utilized prior to the use of program funds.
- (2) Medicaid. Medicaid benefits must be utilized before program funds can be expended. The program will not supplement Medicaid payments; however, services beyond Medicaid coverage will be considered.
- (c) Other benefits available. Any other resource available to the patient, or the parent/guardian if the patient is a minor, must be utilized prior to the use of program funds. This includes benefits from a legal cause of action, settlement, or judgment in behalf of the patient.
- §37.97. Service Modification, Suspension, or Termination.
- (a) Reasons. Any person requesting or receiving benefits from the program may be notified that such benefits may be nullified, modified, suspended, or terminated if:
- (1) Application information is erroneous or falsified.
 - (2) The person is no longer a resident of Texas.
- (3) Pertinent information is not provided when requested.
- (4) The medical condition is no longer considered rehabilitative.
- (5) The medical condition is improved to the degree that the person no longer qualifies for services.
- (6) Obligated reimbursement is not provided the program.
- (7) The patient attains the age of 21 (Cystic fibrosis patients are excepted).
 - (8) Program funds are curtailed.
- (b) Procedure. The program will notify the parent/guardian or the patient, if an adult, of the action taken and the reasons for such action in writing. The right of appeal is available. (See appeal procedure.)
- §37.98. Payment Suspension or Termination/Quality Assurance. The program may suspend or terminate payment for services if false or fraudulent claims are submitted by a provider or supplier. Any provider or supplier failing to provide and maintain quality services or medically acceptable standards is subject to review, fraud referral, and/or administrative sanctions.
- §37.99. Utilization Review. Utilization review activities may be accomplished through monitoring systems developed to ensure that services are appropriate to need and of appropriate quality and quantity. Utilization review will focus on the medical necessity of all services and the quality of care as reflected by the choice of ser-

vices provided and the type of provider involved, to ensure an efficient and cost effective administration of the program.

§37.100. Rights and Responsibilities of Parents/Guardians or the Adult Patient.

- (a) Rights.
 - (1) To apply for eligibility determination.
- (2) Of free choice of providers within program limitations of approved providers.
- (3) Of notification of modification, suspension, or termination of service.
- (4) To refuse entry into the home to any employee, agent, or representative of the department.
 - (5) To appeal program decisions.
 - (b) Responsibilities.
- (1) To provide accurate information regarding any change of circumstance which might affect eligibility, within 60 days of such change.
- (2) To reimburse the program if third party payments are made directly to the patient or parent/guardian for services or equipment purchased by the program.
- (3) To assist the provider in obtaining prior authorization of service.
- (4) To utilize provided services appropriately; especially to keep appointments and to use supplies and equipment judiciously.
- (5) To utilize insurance and other assets and to inform service providers of such benefits/assets.
- (6) To notify the program of any other benefits available to the patient at the time of application or thereafter.
- (7) To bear a portion of the expense of medical or dental care if deemed financially able by the program.
- §37.101. Advisory Committees. The department has established advisory committees to assist the staff with programmatic recommendations. The two committees which serve in advisor capacity are:
 - (1) General Advisory Committee.
- (A) Composition. The Committee will be composed of no more than seventeen members, two of whom will be public members. The remaining membership will include medical and dental specialists approved for program participation.
- (B) Selection. The commissioner solicits nominations and provisionally selects the members. Actual appointment to serve on the committee requires approval of the board.
- (C) Officers. A chairman and vice-chairman will be selected by a majority vote of the membership from nominations made at the first meeting of the committee in the fiscal year. The duties of the chairman will be to preside at the meetings of the committee. The vice-chairman will preside in the absence of the chairman.
- (D) Quorum. A simple majority of the membership will constitute a quorum.
- (E) Term of office. Appointments will be for a period of three years, with a third of the membership rotating every year to provide continuity.
- (F) Reappointment. A member must express the desire to continue participation on the committee for an additional term by notifying the program staff two

months before the end of a term of office. It will be the responsibility of program staff to keep each member apprised of the date of expiration of his/her term of office to comply with this provision. A member may serve two full consecutive terms. Reappointment will require provisional appointment by the commissioner with approval by the board.

- (G) Vacancies. If a vacancy occurs, a new member will be selected provisionally by the commissioner as outlined under the selection section. The new member will fill the unexpired term to which appointed.
- (H) Meeting site. The meetings will be held at a time and place designated by program staff with the concurrence of the commissioner and the chairman of the committee.
- (I) Frequency of meetings. There is no fixed schedule of meetings but the committee usually meets three or four times each year. Special meetings may be called by the commissioner, program staff, the chairman, or at the request of three members of the committee through the chairman.
- (J) Compensation. Members will receive compensation in accordance with the policies set by the board for payment to advisory committee members.
- (K) Attendance. Membership may be terminated if a member has three consecutive absences, or for other valid reasons.
 - (L) Functions. The committee will:
- (i) Function as a professional technical advisory committee for the program but can not assume responsibilities which are legally placed with the board.
- (ii) Make recommendations on technical matters related to standards of care, fee schedules, and other matters related to program operation.
- (iii) Review applications and supporting documents from physicians and dentists who apply for participation in the program. Members should familiarize themselves with the competence of the applicant, recommend approval or disapproval of the application, and submit their recommendations to the board through the commissioner.
- (iv) Review applications from hospitals seeking approval for participation in the program. The committee will recommend approval or disapproval of an application and submit their recommendations to the board through the commissioner.
- (v) Serve as the technical advisory committee to the Cystic Fibrosis Program.
 - (2) Cardiovascular Advisory Committee.
- (A) Composition. The committee will be composed of nine members and will include two members of the general public and physicians who are board certified in the specialty of pediatric cardiology or thoracic surgery, and who are approved to participate in the program.
- (B) Selection. The commissioner solicits nominations and provisionally selects the members. Actual appointment to serve on the committee requires approval of the board.
- (C) Officers. A chairman and vice-chairman will be selected by a majority vote of the membership from nominations made at the first meeting of the committee in each fiscal year. The duties of the chairman will be to preside at the meetings of the committee. The vice-

- chairman will preside in the absence of the chairman.
- (D) Quorum A simple majority of the membership will constitute a quorum
- (E) Ferm of office. Appointments will be for a period of three years, with a third of the membership rotating every year to provide continuity.
- (F) Reappointment. A member must express the desire to continue participation on the committee for an additional term by notifying the program staff two months before the end of a term of office. It will be the responsibility of program staff to keep each member apprised of the date of the expiration of term of office to comply with this provision. Reappointment will require provisional appointment by the commissioner with approval by the board.
- (G) Vacancies. If a vacancy occurs, a new member will be selected provisionally by the commissioner as outlined under selection section. The new member will fill the unexpired term to which appointed.
- (H) Meeting site. The meetings will be held at a time and place designated by program staff with the concurrence of the commissioner and the chairman of the committee.
- (I) Frequency of meetings. There is no fixed schedule of meetings but he committee usually meets three or four times each year. Special meetings may be called by the commissioner, program staff, the chairman, or at the request of three members of the committee through the chairman.
- (J) Compensation. Members will receive compensation in accordance with the policies set by the Board for payment to advisory committee members.
 - (K) Functions. The committee will:
- (i) Function as a professional technical advisory committee for the program, but can not assume responsibilities which are legally placed with the board.
- (ii) Make recommendations on technical matters related to standards of care, fee schedules, and other matters related to program operation.
- (ui) At the request of program staff, may make on-site evaluations of the provider.
- (iv) Review applications and supporting documents from physicians who apply for participation in the program. Members shall familiarize themselves with the competence of the applicant, recommend approval or disapproval of the application, and submit their recommendations to the board through the commissioner.
- (v) Review applications from hospitals seeking approval as participating cardiovascular centers for the program. The committee will recommend approval or disapproval of an application and submit their recommendations to the board through the commissioner.
- §37.102. Gifts and Donations. The department may receive gifts and donations in behalf of the program, which are deposited in the state treasury and reappropriated to the program.
- §37.103. Cooperation with Other Agencies. The department is directed by the legislation to cooperate with public agencies, federal, state, and local, and with private agencies and individuals interested in the welfare of crippled children.

- §37.104 Confidentiality of Information.
- (a) All information as to personal facts and circumstances obtained by the program staff or the staff of cooperative agencies at the state, regional, or local level will constitute privileged communications, will be held confidential, and will not be divulged without the consent of the patient or the parent/guardian if a minor, except as may be necessary to provide services. Information may be disclosed in summary, statistical, or other forms which does not identify particular individuals.
- (b) Information as to personal facts and circumstances will be safeguarded as follows:
- (1) All cooperating agencies and providers of services will be notified that no information is to be released about individual patients receiving services under the program, without written consent.
- (2) Non-profit organizations which solicit funds for the treatment of disabled persons will be informed that the names of patients whose treatment is being financed by the program are not to be included in any publicity which may be released, without written consent.
- (3) Information will be released if requested by duly constituted courts of the state.
- (4) All statements made herein with reference to the confidentiality of information must conform to the state law of Texas and will be administered in conformity with such laws.
- §37.105. Appeal Procedure. Any person aggrieved by a program decision to modify, suspend, or terminate benefits or participation rights may appeal the decision in the following manner:
- (1) Within 10 working days after receiving the above notice, the person aggrieved must respond to, or question, the program's reason(s) in a written response to the program by certified mail.
- (2) Upon receipt of this response, the program will affirm or reverse its proposed action in writing to the person, giving the reason(s) for the decision.
- (3) Any person aggrieved by the program's decision is entitled to appeal the decision to the Texas Department of Health. The appeal procedure, at minimum, will include the following:
- (A) Within 10 working days after receiving the program's decision, the person must send a notice to the program by certified mail requesting a hearing.
- (B) The program will set a date and time at the Texas Department of Health Central Office in Austin, Texas, for an administrative hearing before the department.
- (C) The administrative hearing will be conducted under the Administrative Procedure and Texas Register Act, Texas Civil Statutes, Article 6252-13a, (relating to Formal Hearing Procedures) and to §§1.21-1.32 of this title. A copy of the hearing rules will be provided to the person or his representative.
- (D) In the event of a decision adverse to the person's interest, the person may appeal to the District Court of Travis County.
- §37.106. Nondiscrimination Statement. The Texas Department of Health operates in compliance with Title VI, Civil Rights Act of 1964 (PL 88-352) and Part 80 of Title 45, Code of Federal Regulations, so that no person

will be excluded from participation in, or otherwise subjected to discrimination on the grounds of race, color, or national origin.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's authority to adopt.

Issued in Austin, Texas, on July August 3, 1982.

TRD-826181

Robert A. MacLean, M.D. Deputy Commissioner Professional Services Texas Department of Health

Proposed date of adoption: September 11, 1982 For further information, please call (512) 458-7236.

Chapter 157. Emergency Medical Care

Emergency Ambulance

The Texas Department of Health proposes the repeal of §157.11, and the adoption of new §157.11 and §157.12. The old §157.11 concerns the application form for a permit to operate an emergency ambulance, and new §157.11 and §157.12 concern required and recommended ambulance equipment.

Stephen L. Seale, chief accountant III, has determined that for the first five-year period the proposed repeal and the new rules will be in effect there will be no fiscal implications to state or local government.

Mr. Seale has also determined that for each year of the first five years the proposed repeal and new rules are in effect the public benefit anticipated as a result of enforcing the proposals will be to delete unnecessary language and make way for new rules simultaneously being submitted. The new rules will describe the minimum required ambulance equipment for vehicle permitting and also a supplemental list of recommended equipment.

There is no anticipated economic cost for individuals as a result of the proposed repeal. The anticipated economic cost to individuals who are required to comply with the proposed new rules will be the cost required to upgrade an ambulance, depending on the equipment currently carried on that ambulance, and may range from \$0 to \$1,100. This would be a one-time cost at the time of upgrade.

Comments on the proposals may be submitted to Charles H. Gregory, M.D., Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756. Public comments will be received for 30 days after publication in the *Texas Register*.

25 TAC §157.11

(Editor's note: The text of the following rule being proposed for repeal will not be published. The rule may be examined in the offices of the Texas Department of Health, 1100 West 49th Street, Austin, or in the Texas Register office, 503E Sam Houston Building, Austin.)

The repeal is proposed under Texas Civil Statutes, Article 4590b, §4, which provides the Texas Department of Health with the authority to promulgate rules covering permits for emergency ambulances.

§157.11. Application Form for a Permit to Operate an Emergency Ambulance.

This agency hereby cartifies that the proposal has been reviewed by legal counsel and found to be within the agency's authority to adopt.

Issued in Austin, Texas, on August 3, 1982.

TRD-826185

Robert A. MacLean, M.D. Deputy Commissioner Professional Services Texas Department of Health

Proposed date of adoption: September 11, 1982 For further information, please call (512) 458-7551.

25 TAC §157.11, §157.12

The new sections are proposed under Texas Civil Statutes, Article 4590b, §4, which provides the Texas Department of Health with the authority to promulgate rules covering permits for emergency ambulances.

§157.11. Required Ambulance Equipment.

- (a) The following ambulance equipment is required for an ambulance permit.
- (1) One small, one medium, and one large size extrication collar which is not cervical.
- (2) One portable suction apparatus with wide tubing and suction tip.
- (3) One bag mask unit with adult and child-sized masks which can be used with an external oxygen supply.
- (4) One infant bag mask unit which can be used with an external oxygen supply.
- (5) Oropharyngeal airways (nonmetalic) in adult, child, and pediatric sizes.
- (6) One portable oxygen unit with adequate tubing and semi-open valveless, transparent masks in adult, child, and pediatric sizes.
 - (7) Two clean, padded bite sticks.
- (8) Two universal dressings approximately 10 inch by 36 inch in size.
- (9) A minimum of 10 dozen four inch by four inch individual sterile gauze pads.
- (10) Two dozen four inch by five yards soft roller adhering bandages.
- (11) One-half dozen sterile petroleum jelly impregnated gauze or suitable occlusive dressing.
- (12) Two rolls each of one inch, two inch, and three inch wide adhesive tape.
 - (13) Four sterile burn sheets.
- (14) One traction splint with all attachments suitable for an adult and child.

- (15) Two 15 inch to 18 inch by three inch splints and one 48 inch to 50 inch by three inch splints which may be any of the following types:
 - (A) inflatable splints;
 - (B) foam-type rapid splints; or
 - (C) padded board splints.
- (16) Long and short spine boards: one long six foot board and one short spine board or one commercial device which stabilizes the head and back.
 - (17) One dozen triangular bandages.
- (18) Two pairs of bandage shears. (Table shears are not acceptable.)
- (19) Sealed obstetrics kit. The kit must include the following:
 - (A) sterile gloves;
 - (B) one disposable sheet;
 - (C) cleansing cloths;
 - (D) umbilical clamps;
 - (E) nylon cord tie-offs;
 - (F) disposable scalpel;
 - (G) bulb aspirator;
 - (H) four inch by four inch gauze sponges;
 - (I) obstetrical pad;
 - (J) receiving blanket;
 - (K) disposable towels;
 - (L) plastic bag; and
 - (M) nonporous infant insulating device.
- (20) Poison kit. The kit must include the following:
 - (A) Syrur or Ipecac, and
 - (B) activated charcoal.
 - (21) One adult and one child blood pressure cuff.
 - (22) Stethoscope.
 - (23) Flashlight or penlight.
- (24) One multilevel stretcher with two sheets, two blankets, and two pillows.
- (b) All equipment must be in working order, clean, and in sufficient supply to provide safe transport for patients.

§157.12. Recommended Ambulance Equipment.

- (a) The following ambulance equipment is recommended in addition to the required ambulance equipment.
 - (1) Nasopharengeal airway.
 - (2) Fire extinguisher.
 - (3) Emesis basin.
- (4) Medium size dressing (five inch by nine inch or eight inch by 10 inch).
 - (5) Adhesive bandage strips.
 - (6) Glucose or sugar for oral administration.
 - (7) Cold packs.
- (8) Bulb syringe separate from aspirator included in obstetrics kit).
 - (9) Plastic bags.
 - (10) Paper bags.
 - (11) Sterile irrigation fluid.
- (12) Pneumatic antishock trousers in adult and pediatric sizes.
- (13) Two-way radio. (Citizens band radio is not acceptable.)
- (b) All equipment must be in working order, clean, and in sufficient supply to provide safe transport for patients.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's authority to adopt.

Issued in Austin, Texas, on August 3, 1982.

TRD-826182

Robert A MacLean, M.D. Deputy Commissioner Professional Services Texas Department of Health

Proposed date of adoption: September 11, 1982 For further information, please call (512) 458-7551.

Chapter 313. Athletic Trainers General Requirements and Guidelines

25 TAC §313.13

The Texas Department of Health proposes new §313.13, concerning the licensing of persons with criminal backgrounds to be athletic trainers.

Stephen Seale, chief accountant III, has determined that for the first five-year period the rule will be in effect there will be no fiscal implications to state or local government as a result of enforcing or administering the rule.

Mr. Seale has also determined that for each year of the first five years the rule as proposed is in effect the public benefit anticipated as a result of enforcing the rule as proposed will be to establish guidelines and criteria on the eligibility of persons with criminal backgrounds to obtain athletic trainers licenses. There is no economic cost to individuals who are required to comply with the rule as proposed.

Comments on the proposal may be submitted to Maurice B. Shaw, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756. Comments will be accepted for 30 days after the publication of these proposed rules in the *Texas Register*.

The new section is proposed under Texas Civil Statutes, Article 4512d, §2 and §5, which provides the Advisory Board of Athletic Trainers with the authority to adopt rules, subject to the approval of the Texas Department of Health, covering the licensing of athletic trainers.

- §313.13. Licensing of Persons With Criminal Backgrounds to be Athletic Trainers.
- (a) Purpose. This section is designed to establish guidelines and criteria on the eligibility of persons with criminal backgrounds to obtain athletic trainer licenses.
- (b) Criminal convictions which directly relate to the occupation of athletic trainer.
- (1) The board may suspend or revoke an existing license, disqualify a person from receiving a license, or deny to a person the opportunity to be examined for a license because of a person's conviction of a felony or misdemeanor if the crime directly relates to the duties and responsibilities of an athletic trainer.
- (2) In considering whether a criminal conviction directly relates to the occupation of an athletic trainer, the board shall consider:

- (A) the nature and seriousness of the crime;
- (B) the relationship of the crime to the purposes for requiring a license to be an athletic trainer. The following felonies and misdemeanors relate to the license of an athletic trainer because these criminal offenses indicate an inability or a tendency to be unable to carry out the practice or prevention and/or rehabilitation of injuries incurred by athletes:
- (i) a felony or misdemeanor involving moral turpitude;
- (ii) a misdemeanor involving a violation of Texas Civil Statutes, Article 4512d, "Advisory Board of Athletic Trainers:"
- (iii) Texas Penal Code offenses against the person; property; public order and decency; and public health, safety, and morals. This subsection includes the offense of attempting or conspiring to commit any of the offenses in this subsection.
- (iv) the misdemeanors and felonies listed in clauses (i)-(iii) of subsection (b)(2)(B) of this section are not inclusive in that the board may consider other particular crimes in special cases in order to promote the intent of the Act and these rules.
- (C) the extent to which a license wight offer an opportunity to engage in further criminal activity of the same type as that in which the person previously had been involved; and
- (D) the relationship of the crime to the ability, capacity, or fitness required to perform the duties and discharge the responsibilities of a licensed athletic trainer. In making this determination, the board will apply the criteria outlined in Texas Civil Statutes, Article 6252-13c, §4(c)(1)-(7), the legal authority for these rules.
- (c) Procedures for revoking, suspending, or denying a license to persons with criminal backgrounds.
- (1) The board's executive director will give written notice to the person that the board intends to deny, suspend, or revoke the license after hearing in accordance with the provisions of the Administrative Procedure and Texas Register Act, Texas Civil Statutes, Article 6252-13a.
- (2) If the board denies, suspends, or revokes a license under these rules after hearing, the executive director will give the person written notice:
 - (A) of the reasons for the decision;
- (B) that the person, after exhausting administrative appeals, may file an action in a district court of Travis County, for review of the evidence presented to the board and its decision;
- (C) that the person must begin the judicial review by filing a petition with the court within 30 days after the board's action is final and appealable.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's authority to adopt.

Issued in Austin, Texas, on August 3, 1982.

TRD-826183

Robert A. MacLean, M.D. Deputy Commissioner Professional Services Texas Department of Health

Proposed date of adoption: September 11, 1982 For further information, please call (512) 458-7538.

TITLE 34. PUBLIC FINANCE Part III. Teacher Retirement System of Texas

The following proposals submitted by the Teacher Retirement System of Texas will be serialized beginning in the August 13, 1982, issue of the *Texas Register*. Proposed date of adoption for the documents is September 10, 1982.

Chapter 25. Membership Credit

Compensation

\$25.29 (repeal)

Military Service

§25.64 (amendment)

Purchase of Credit for Out-of-State Service

§25.82 (amendment)

§25.86 (amendment)

Chapter 27. Termination of Membership and Refunds

§27.6 (amendment)

Chapter 29. Benefits

Service Retirement

§29.3 (amendment)

§29.4 (amendment)

Chapter 31. Employment After Retirement

§31.11 (amendment)

TITLE 40. SOCIAL SERVICES AND ASSISTANCE

Part I. Texas Department of Human Resources Chapter 15. Medicaid Eligibility

The Department of Human Resources proposes to amend and repeal its rules about restitution procedures in the Medicaid Eligibility program. The department is proposing to amend its rule to clarify: the definition of restitution in the Medicaid Eligibility program; when the department seeks restitution of overpayments from the client; and when the client is notified of the overpayment.

David Hawes, director, Programs Budget and Statistics, has determined that for the first five-year period the rule will be in effect, there will be no fiscal implications to state or local government as a result of enforcing or administering the rule.

Mr. Hawes also has determined that for each year of the first five years the rule is in effect, the public benefit will be: faster notification of clients about the need for restitution, and a reduction in paperwork and time for processing notifications by the department. There is no economic cost to individuals required to comply with the rule.

Written comments are invited and may be sent to Susan L. Johnson, administrator, Policy Development Support Division—133, Department of Human

Resources 153-B, P.O. Box 2960, Austin, Texas 78769 within 30 days of publication in this Register.

The following rule is proposed under Chapters 22 and 32, Title 2, Human Resources Code, which authorize the department to administer public assistance programs.

Restitution Defined

40 TAC §15.5417

§15.5417 (326.25.55.019). Restitution Defined.

- (a) Restitution is securing payment from an individual if the individual is undercharged applied income because of previously unreported or under-reported monthly income or resources, and fraud is not indicated or not pursued. Restitution payments by an individual must be made in the form of a cashier's check or money order payable to the Texas Department of Human Resources. [Restitution is defined as the securing of payment from the individual in the form of a cashier's check or money order made payable to the Texas Department of Human Resources.]
- (b) The department seeks restitution from MAO and SSI clients in the following situations:
- (1) Cumulative vendor overpayment exceeds \$10; fraud is suspected and cumulative vendor overpayment does not exceed \$100; and overpayment is not a result of department error.
- (2) The client does not report changes in income within 10 days from receipt.
- (3) The client receives a lump sum payment which raises income more than \$10 for any month and the payment cannot be excluded as irregular or infrequent income.
- (4) The initial payment plan (applied income) for an SSI recipient is understated by more than \$10 cumulative.
- (5) The client is advised of the correct amount of applied income on the appropriate notification form, but a wrong amount appears on the Patient Status and Payment Plan Notice, because of a processing or coding error.
- (6) The client is determined to be ineligible for a month because of unreported or under-reported resources in excess of program limits.
- (c) The client/responsible relative is entitled to be notified by the department if the department determines that restitution is required from the client.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's authority to adopt.

Issued in Austin, Texas, on August 4, 1982.

TRD-826244

Marlin W. Johnston Commissioner Texas Department of Human Resources

Proposed date of adoption: September 10, 1982 For further information, please call (512) 441-3355, ext. 2037.

Restitution Procedures 40 TAC §15.5418

(Editor's note: The text of the following rule being proposed for repeal will not be published. The rule may be examined in the offices of the Texas Department of Human Resources, 701 Bannister Lane, Austin, or in the offices of the Texas Register, 503E Sam Houston Building, Austin.)

The repeal of the following rule is proposed under Chapters 22 and 32, Title 2, Human Resources Code, which authorize the department to administer public assistance programs.

§25.5418 (326.25.55.020). Restitution Procedures.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's authority to adopt.

Issued in Austin, Texas, on August 4, 1982.

TRD-826246

Marlin W. Johnston Commissioner Texas Department of Human

Resources
f adoption: September 10, 1982

Proposed date of adoption: September 10, 1982 For further information, please call (512) 441-3355, ext. 2037.

Part VII. Texas Committee on Purchases of Products and Services of Blind and Severely Disabled Persons

Chapter 189. Purchases of Products and Services of Blind and Severely Disabled Persons [Purchase of Blind-Made Products and Services]

40 TAC §§189.1-189.3, 189.6, 189.7, 189.12, 189.16

The Texas Committee on Purchases of Products and Services of Blind and Severely Disabled Persons proposes amendments to §§189.1-189.3, 189.6, 189.7, 189.12, and 189.16, (343.01.00.001-.003, .006, .007, .012, and .016), concerning the purchase of products and services of blind and severely disabled persons by state agencies and political subdivisions. These new rules were developed pursuant to new legislation published in Texas Civil Statutes, Human Resources Code, Chapter 122.

Ray Vaughn, facilities specialist, has determined that for the first five-year period the rules will be in effect there will be no fiscal implications to state or local government as a result of enforcing or administering the rules.

Mr. Vaughn has also determined that for each year of the first five years the rules as proposed is in effect the public benefit anticipated as a result of en-

forcing the rules as proposed will be that handicapped people will be aided in achieving more personal independence by engaging in useful and productive activities, and at the same time products and services will be provided to state agencies and political subdivisions.

The economic cost to state agencies and political subdivisions who are required to comply with the rules as proposed will not differ substantially from the cost incurred had the products and services been purchased on the open market.

Comments on the proposal may be submitted to Vernon H. Newman, General Counsel, Texas Rehabilitation Commission, 118 East Riverside Drive, Austin, Texas 78704, (512) 445-8126.

The amendments are proposed under Texas Civil Statutes, Human Resources Code, Chapter 122, §122.010, which provides the Committee on Purchases of Products and Services of Blind and Severely Disabled Persons with the authority to adopt rules for the implementation, extension, administration, or improvement of the authorized program.

§189.1 (343.01.00.001). General.

- (a) The purpose of this [the pilot] program for the purchase of [blind-made] products and services is to further the State of Texas' policy of encouraging and assisting handicapped citizens to achieve maximum personal independence by engaging in useful and productive activities to furnish products and services to state and local governments and to reduce institutionalization. This [the pilot] program will [also] provide job opportunities needed by multihandicapped and other severely disabled [blind] persons [and enable research, demonstration, and development of approaches through which the program may be extended to disability groups other than the blind].
- (b) All suitable products or services approved by the committee in accordance with applicable specifications by or for any state agency or political subdivision shall be procured from such nonprofit workshops [for the blind] where such products or services are available within the period specified at the fair market price determined by the committee unless otherwise excluded or excepted by §189.7 (343.01.00.007) of this title (relating to Exceptions) or §189.16 (343.01.00.016) of this title (relating to Exclusions).

§189.2 (343.01.00.002). Definitions. The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

Committee—The Texas Committee on Purchases of Products and Services of Blind and Severely Disabled Persons [the Purchase of Blind-Made Products and Services] as described in §122.002 [§93.002] of the Texas Human Resources Code.

Fair market price—That price determined by the committee pursuant to §189.5 of this title (relating to Determination of Fair Market Price) to be applicable to all suitable products and services provided by workshops and offered for sale to the various agencies and departments of the government of the State of Texas and of

the political subdivisions of the state in accordance with the provisions of §122.904 [§93.004] of the Texas Human Resources Code.

Workshop—A public or private nonprofit sheltered workshop organized under the laws of the State of Texas and recognized by the relevant vocational rehabilitation agency of the state as capable of contributing to the Surposes of Chapter 122 [93] of the Texas Human Resources Code and these rules. A list of workshops qualifying as such under the Act and, in fact, offering suitable products and services for sale shall be maintained by the committee (see §189.13 (343.01.00.011) of this title (relating to Value Added) for additional eligibility criteria).

§189.3 (343.01.00.003). Organization of the Committee.

- (a) The governor, with the advice and consent of the senate, shall appoint the members of the committee in accordance with the provisions of §122.002 [§93.002] of the Texas Human Resources Code.
- (b) Reimbursement for actual and necessary expenses actually incurred in the performance of services in connection with the work of the committee will [may] be made as authorized by the executive director of the commission. Members who are not representatives of state agencies shall be reimbursed by the committee. Members who are representatives of state agencies shall be reimbursed by the agencies they represent.
 - (c)-(e) (No change.)

§189.6 (343.01.00.006). Selection of Suitable Products and Services.

(a)-(f) (No change.)

(g) A product manufactured for sale to a political subdivision of this state or an office or department thereof shall be manufactured or produced according to specifications developed by the purchaser. A political subdivision of this state may purchase products or services for its use from private businesses through its authorized purchasing procedures, but may substitute equivalent products or services produced or provided by this Act. [The provisions of §189.7 (343.01.00.007) of this title (relating to Exceptions) shall also apply to procurements by political subdivisions; however, those political subdivisions shall make the determinations regarding reasonable requirements and compliance which are required of the state purchasing agency in that rule. All uses of the exceptions provision shall be reported to the committee in the same manner as that provided in §189.7 (343.01.00.007) of this title (relating to Exceptions), and no office or department of a political subdivision may evade the intent of this subsection by slight variations from specifications adopted in accordance with this subsection, when the products or services produced or provided in accordance with this Act are reasonably adopted to the actual needs of that office or department.]

§189.12 (343.01.00.012). Issuance of Purchase Orders.

- (a) (No change.)
- (b) Political subdivisions may [will] order directly from the central nonprofit agency, be invoiced by it, and will make prompt payments to it.

§189.16 (343.01.00.016). Exclusions. There are excluded from the application of these rules those political

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subdivisions of the state that are not covered by Title V of the Federal Rehabilitation Act of 1973, as amended (29 United States Code, §790-794). [not required to take affirmative action under Title V of the Federal Rehabilitation Act of 1973 in regard to employment and other matters relating to the handicapped due to the existence of any contract or subcontract in excess of \$2,500 for the procurement of personal property and nonpersonal services with any department of the federal government or prime contractor of any department of the federal government.]

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's authority to adopt.

Issued in Austin, Texas, on July 30, 1982.

TRD-826132

Vernon H. Newman General Counsel

Texas Rehabilitation Commission

Proposed date of adoption: September 11, 1982 For further information, please call (512) 445-8126.

An agency may withdraw proposed action or the remaining effectiveness of emergency action on a rule by filing a notice of withdrawal with the Texas Register Division. The notice is generally effective immediately upon filing with the division.

If a proposal is not adopted or withdrawn within six months after the date of publication in the *Register*, it will automatically be withdrawn by the Texas Register Division. Notice of the withdrawal will appear in the next regularly scheduled issue of the *Register*. The effective date of the automatic withdrawal will appear immediately following the published notice.

No further action may be taken on a proposal which has been automatically withdrawn. However, this does not preclude a new proposal or an identical or similar rule following normal rulemaking procedures.

Withdrawn Rules

TITLE 1. ADMINISTRATION

Part IV. Office of the Secretary of State

Chapter 97. Business Opportunity Preliminary Examination Rule

1 TAC §97.31

Pursuant to Texas Civil Statutes, Article 6252-13a, §5(b), and 1 TAC §91.24(b), the proposed new §97.31 submitted by the Office of the Secretary of State has been automatically withdrawn, effective August 3, 1982. The new rule as proposed appeared in the February 2, 1982, issue of the *Texas Register* (7 TexReg 384).

TRD-826153 Filed: August 3, 1982 TITLE 31. NATURAL RESOURCES AND CONSERVATION

Part X. Texas Water Development Board

Chapter 321. Grants Administration Subchapter A. State Project Priority System

31 TAC §321.26

Pursuant to Texas Civil Statutes, Article 6252-13a, §5(b), and 1 TAC 91.24(b), the proposed amendments to §321.26 submitted by the Texas Water Development Board have been automatically withdrawn, effective August 3, 1982. The amendments as proposed appeared in the February 2, 1982, issue of the *Texas Register* (7 TexReg 419).

TRD-826154 Filed: August 3, 1982

Adopted Rules

An agency may take final action on a rule 30 days after a proposal has been published in the *Register*. The rule becomes effective 20 days after the agency files the correct document with the Texas Register Division, unless a later date is specified or unless a federal statute or regulation requires implementation of the action on shorter notice.

The document, as published in the *Register*, must indicate whether the rule is adopted with or without changes to the proposal. The notice must also include paragraphs which: explain the legal justification for the rule; how the rule will function; contain comments received on the proposal; list parties submitting comments for and against the rule; explain why the agency disagreed with suggested changes; and contain the agency's interpretation of the statute under which the rule was adopted.

If an agency adopts the rule without any changes to the proposed text, only the preamble of the notice and statement of legal authority will be published. The text of the rule, as appropriate, will be published only if final action is taken with alterations to the proposal. The certification information, following the submission, contains the effective date of the final action, the proposal's publication date, and a telephone number to call for further information.

TITLE 25. HEALTH SERVICES Part I. Texas Department of Health

The following adoptions submitted by the Texas Department of Health will be serialized beginning in the August 13, 1982, issue of the *Texas Register*. The effective date for the documents is August 24, 1982.

Chapter 1. Texas Board of Health Procedures and Policies §§1.4, 1.7, 1.9, 1.11 (new)

Chapter 157. Emergency Medical Care

Denial and Revocation of Emergency Medical
Services Certificates and Certifications
§§157.21-157.25 (new)

Emergency Medical Services Systems
§§157 41-157.50 (new)

Chapter 169. Veterinary Public Health
Rabies Control and Eradication
§169.33 (new)
Care of Animals by Circuses, Carnivals, and Zoos
§§169.41-169 48 (new)

Chapter 289. Occupational Health and Radiation
Control

Control of Radiation §289.1 (amendment)

Chapter 61. Chronic Diseases Kidney Health Care Program Benefits

The Texas Department of Health adopts the repeal of §§61.1-61.9, without changes to the proposed text published in the May 18, 1982, issue of the *Texas*

Register (7 TexReg 1886). The department simultaneously adopts new §§61.1 61.13, with changes to the proposed text published in the May 18, 1982, issue of the *Texas Register* (7 TexReg 1887).

The new rules are adopted to provide an expanded and clarified description of the Kidney Health Care Program operation. They will replace the existing rules. The new rules cover definition; application procedures and requirements; eligibility requirements for individuals and approval requirements for facilities; a description of program benefits; an explanation of patient reimbursement obligations; criteria for terminating program benefits or facility approval; procedures for obtaining administrative hearings; confidentiality assurances; and a nondiscrimination assurance.

A few comments were made which suggested some minor changes for purposes of clarification. The department agrees with these suggestions and has made clarifications in subparagraph (a)(2)(A) and paragraph (b)(1) of new §61.6; subparagraph (b)(3)(C) of new §61.7; and paragraph (a)(3) of new §61.8.

There were no comments for or against the proposed repeal or new rules. No group or association commented on the proposals rules.

25 TAC §§61.1-61.9

The repeals are adopted under Texas Civil Statutes, Article 4477-20, §3(13), provides the Texas Board of Health with the authority to adopt new rules to provide adequate kidney care and treatment for the citizens of the State of Texas and to carry out the proposes and intent of the Texas Kidney Health Care Act.

This agency hereby certifies that the rule as adopted has been reviewed by legal counsel and found to be a valid exercise of the agency's legal authority.

Issued in Austin, Texas, on August 3, 1982.

TRD-826179

Robert A MacLean, M D. Deputy Commissioner Professional Services Texas Department of Health

Effective date: September 1, 1982 Proposal publication date: May 18, 1982 For further information, please call (512) 458-7338.

25 TAC §§61.1-61.13

The new sections are adopted under the authority of Texas Civil Statutes, Article 4477-20, §3(13), which provides the Texas Board of Health with the authority to adopt new rules to provide adequate kidney care and treatment for the citizens of the State of Texas and to carry out the purposes and intent of the Texas Kidney Health Care Act.

- §61.1. Introduction and Brief Description of Program Operation.
- (a) In April 1973, the 63rd Legislature of Texas passed the Kidney Health Care Act, Texas Civil Statutes, Article 4477-20, which established the Kidney Health Care Program under the Texas Department of Health. This law called for state funds to be expended for the care and treatment of Texans suffering from end-stage renal disease (ESRD).
- (b) End-stage renal disease is defined as that stage of renal impairment which is virtually always irreversible and permanent and requires dialysis or kidney transplantation to ameliorate uremic symptoms and maintain life. Patients meeting the eligibility requirements must make application through an approved kidney health care facility. Benefits are available for dialysis treatments, hospitalization, laboratory charges, physician charges, home dialysis supplies, drugs, and transportation.
- §61.2. Eligibility Requirements. A person is eligible to receive kidney health care benefits when he/she meets all of the following requirements:
- (1) has a medical diagnosis of end-stage renal disease;
 - (2) is a bona fide resident of Texas; and
- (3) makes application through a kidney health care approved facility.

§61.3. Payment of Program Benefits.

- (a) Benefits are available for dialysis treatments, hospitalization, laboratory charges, home dialysis supplies, drugs, and transportation, up to a maximum per patient based on available funds.
- (b) Benefits are payable only after all other possible third parties (e.g., private/group insurance, Medicare, Medicaid, or the Veterans Administration) have met their liability.
- (c) Payment can be made either directly to physicians or medical facilities, or as a reimbursement to the patient for charges which he/she has paid.

- (d) All benefits provided in behalf of approved patients are limited to charges incurred in Texas except when they are receiving treatment in an approved kidney health care facility located out-of-state.
 - (e) Eligibility for all benefits will begin:
- (1) the first day of the month prior to the month in which regular dialysis was started; or
- (2) the first day of the month prior to the month a transplant was received; or
- (3) the date of establishment of a bona fide Texas residency when a patient who is already on an established course of dialysis, or has a functioning transplant, moves into Texas.
- (4) In order for the patient to receive full benefits, applications must be received no later than three months after the month in which dialysis initially started, a transplant was received, or the patient moved to Texas, whichever is applicable.
- (f) In-center dialysis patient benefits are available to cover expenses for medical services performed during the three-month waiting period required for Medicare chronic renal disease coverage.
- (g) For home dialysis patients and transplant patients, the Kidney Health Care Program will cover the portion of the 20% Medicare co-insurance on kidney-related charges which is not covered by a third party. For transplant patients, these benefits will terminate 36 months after a successful transplant.
- (h) Long-term benefits for medical care are extended to those patients under age 65 who do not qualify for Medicare coverage. Medicare denial must be documented by a copy of the official Social Security Administration denial notification.
- (i) Medicare Part A and B premiums may be paid for by the program for those persons that meet all the following criteria:
- (1) are over age 65 and are not eligible for "premium free" Part A coverage;
- (2) are not covered by a state "buy-in" agreement with the Texas Department of Human Resources:
- (3) apply through their local Social Security Administration office during the "open-enrollment period;" and
- (4) sign an agreement for the Kidney Health Care Program to purchase Medicare coverage in their behalf.
- (j) Drug and transportation benefits are available for all kidney health care approved patients on a continuing basis, regardless of their treatment mode.
- (k) Additional benefits may be provided if sufficient funds are available after payments have been made on all other allowable claims filed. All approved patients are eligible. If funds remain, notification and filing dates will be mailed to those concerned regarding the procedure for filing for these additional benefits. These benefits are limited to:
- (1) deductibles, co insurance, and totally noncovered items for patients with Medicare coverage, and
- (2) charges prior to Medicare eligibility for those patients who reached maximum kidney health care benefits during their regular benefits period.
- §61.4. Applications. Patients meeting the eligibility requirements set forth of §61.2(1) and (2), of this title

(relating to Eligibility Requirements) must make application for benefits through a kidney health care approved facility

- (1) Complete application. An application shall consist of:
- (A) a properly completed original kidney health care application for benefits (Form KHC 1), supplied by Kidney Health Care. The form is adopted by reference in §61.13 of this title (relating to Forms);
- (B) a copy of the properly completed, signed, and dated Health Care Financing Administration (HCFA) Medical Form 2728-U4. The form is adopted by reference in §61.13 of this title (relating to Forms); and
- (C) two documents which are acceptable to the department to provide evidence of bona fide Texas residency (See §61.6 of this title (relating to Documentation of Residency)).
 - (2) Deficient applications.
- (A) An application shall be deemed deficient for:
- (i) failure to provide information requested in the application form;
 - (ii) lack of accompanying documents;
 - (iii) lack of, or improper signatures.
- (I) The application must be signed by the patient;
- (II) An application signed with a "mark" by the patient must be attested to by two witnesses:
- (111) If a member of the patient's immediate family signs for the patient, the reason they are doing so must be stated on the application;
 - (iv) lack of legal residency documentation.
- (B) Deficient applications will be returned to the initiating facility for correction, with the deficiencies noted.
- (i) A copy of the letter notifying the facility that the application is deficient will be sent to the patient, also.
- (ii) The date used for determining the eligibility effective date for a deficient application will be the date the properly completed application is finally received, not the date the original application was received.
- §61.5. Residency. A bona fide resident means a person who:
 - (1) is lawfully present in the United States;
- (2) is physically present within the geographic boundaries of the State of Texas;
- (3) has an intent to remain within the state, either permanently or for an indefinite period; and
- (4) actually maintains an abode (i.e., house, apartment, etc., but not merely a post office box) within this state: or
 - (5) is a minor child of a bona fide resident; or
- (6) is a legal dependent spouse of a bona fide resident; or
- (7) is an adult residing in Texas and his/her legal guardian is a bona fide resident.
- §61.6. Documentation of Residency.
- (a) The department will consider the following documentation as adequate evidence of bona fide residency in the State of Texas.

- (1) An applicant who is a citizen of the United States may provide evidence of Texas residency by submitting either:
 - (A) copies of two of the following documents:
 - (i) a current, valid Texas driver's license;
- (ii) a current, valid Texas voter's registration card;
- (iii) a current, valid Texas motor vehicle registration; or
- (iv) receipts for the payment of rent or utilities for two consecutive months prior to the date of the applicant's first dialysis; or
- (B) two sworn statements (affidavits) from reputable bona fide residents which state that the applicant meets the residency criteria set forth in §61.5 of this title (relating to Residency).
- (2) An applicant who is a lawful permanent resident alien of the United States may provide evidence of Texas residency by submitting either:
- (A) a complete copy of United States Immigration and Naturalization Service Form I-151 or Form > I-551 (Alien Registration Receipt Card) and one document from a category enumerated in subsection (a)(1) of this section; or
- (B) two sworn statements (affide.vits) from reputable bona fide residents which state that the applicant meets the residency criteria set forth in §61.5 of this title (relating to Residency).
- (b) An applicant who has been lawfully granted temporary entry into the United States may provide adequate evidence of Texas residency by submitting the following documentation on a periodic basis, at intervals not to exceed six months, measured from the date of the applicant's approval.
- (1) A complete copy of the forms issued to the applicant by the United States Immigration and Naturalization Service as evidence of lawful temporary entry into the United States. Such forms may include but are not limited to Form I-90; Form I-94; Form I-120; or Form I-181; and
- (2) One document from a category enumerated in subsection (a)(1) of this section; or
- (3) Two sworn statements (affidavits) from reputable bona fide residents that state that the applicant meets the residency criteria set forth in §61.5 of this title (relating to Residency).
- §61.7. Modification, Suspension, or Termination of Patient Benefits.
- (a) Reasons for modification, suspension, or termination of benefits. Any person receiving benefits from the program may be put on notice that these benefits may be modified, suspended, or terminated if:
- (1) the person submits an application form or documents to prove Texas residency which contains a misstatement of fact which is material to the department's determination that the person is eligible for program benefits:
 - (2) the person is no longer a resident of the state;
- (3) the person fails or refuses to provide the periodic documentation of residency required in §61.6(b) of this title (relating to Documentation of Residency);
 - (4) the person regains kidney function;

- (5) the person refuses to reimburse the department after being notified of third party benefits or patient reimbursement obligations;
- (6) the person submits false claims to the Kidney Health Care Program.
- (b) Procedure for modification, suspension, or termination.
- (1) Within 10 working days after receiving the above notice, the patient must respond to, or question, the program's reason(s) in a written response to the program by certified mail.
- (2) Upon receipt of the patient's response, the program will affirm or reverse its proposed action in writing to the patient, giving the reason(s) for the decision.
- (3) Any patient aggrieved by the program's decision is entitled to appeal the decision to the Texas Department of Health. The appeal procedure, at a minimum, will include the following:
- (A) Within 10 working days after receiving the program's decision, the patient must send a notice to the program by certified mail requesting a hearing.
- (B) The program will set a date and time at the Texas Department of Health central office in Austin, Texas, for an administrative hearing before the department.
- (C) The administrative hearings will be conducted in accordance with the applicable provisions of the Texas Administrative Procedure and Texas Register Act (Texas Civil Statutes, Article 6252-13a) and §§1.21-1.32 of this title (relating to Formal Hearing Procedures). A copy of the hearing rules will be provided to the patient or the patient's representative.
- (D) In the event of a decision adverse to the patient's interest, the patient may appeal to the District Court of Travis County.

§61.8. Kidney Health Care Approved Facilities.

- (a) An approved facility is one that:
- (1) has met all Medicare certification requirements;
- (2) has been assigned a Medicare ESRD provider number; and
- (3) has submitted a letter of agreement or has entered into a contract with the department to participate in the Texas Kidney Health Care Program and agrees to cooperate with the program in accordance with Texas Civil Statutes, Article 4477-20, and the program rules adopted by the Texas Board of Health.
- (b) The approval date will be the same date as that granted by the Health Care Financing Administration for Medicare ESRD approval.

§61.9. Termination of Facility Approval.

- (a) Reasons for termination of facility approval. A kidney health care approved facility may lose its approval and privilege to participate in the Kidney Health Care Program if:
- (1) the facility submits a letter of agreement which contains a false statement which is material to the department's determination that the facility is approved for participation in the program;
 - (2) the facility loses Medicare approval;
- (3) the facility fails to reimburse the Kidney Health Care Program when overpayments have been

made:

- (4) the facility fails to reimburse the Kidney Health Care Program when primary liability for payment of patient medical care expense has not been satisfied; or
 - (5) the facility files false claims.
 - (b) Notice of termination or loss of approval.
- (1) The Kidney Health Care Program shall notify the medical director of record by certified mail of its intent to withdraw kidney health care approval.
- (2) Within 10 working days after receiving this notice, the facility must respond to, or question, the program's reason(s) in a written response to the program by certified mail.
- (3) Upon receipt of the facility's written response, the program will affirm or reverse its proposed action, in writing, to the facility medical director of record, giving the reason(s) for the decision.
- (4) A facility aggrieved by the program's decision is entitled to appeal the decision to the Texas Department of Health. The appeal procedure will be the same set forth in §61.7 of this title (relating to Modification, Suspension, or Termination of Patient Benefits).

§61.10. Patient Reimbursement Obligation.

- (a) Although there is no means test for receiving benefits through the Kidney Health Care Program, the Texas Kidney Health Care Act does impose a reimbursement obligation on all approved patients. The law states that at the end of each calendar year any person who has received benefits from the Kidney Health Care Program must pay back to the program either:
- (1) an amount not to exceed 5.0% of the patient's adjusted gross income (or the adjusted gross income of those responsible for the patient's debts, e.g., spouse, parent) minus the following deductions:
 - (A) \$1,000 (standard deduction), and
- (B) the amount paid in premiums for private/group health insurance; or
- (2) an amount equal to the benefits received from the Kidney Health Care Program, whichever is the smaller amount.
- (b) For purposes of computing the patient's reimbursement obligation, a patient's adjusted gross income (AGI) is that amount shown as adjusted gross income on his/her federal income tax return, Forms 1040 or 1040A. The person responsible for the patient's debts shall be determined for reimbursement purposes by the existing law of the state.

§61.11. Confidentiality of Information.

- (a) All information as to personal facts and circumstances obtained by the program staff or the staff of cooperative agencies of the state, regional, or local level will constitute privileged communications, and will be held confidential and will not be divulged without the consent of the patient, patient's parents, or guardians of minors or wards, except as necessary to provide services and as may be necessary under the Texas Open Records Act, Texas Civil Statutes, Article 6252-17a.
- (b) Information may be disclosed in summary, statistical, or other forms which does not identify particular individuals.

§61.12. Nondiscrimination Statement. The Texas Department of Health operates in compliance with Title VI, Civil Rights Act of 1964 (Public Law 88-352) and Part 80 of Title 45, Code of Federal Regulations, so that no person will be excluded from participation in, be denied benefits, or otherwise subjected to discrimination on the grounds of race, color, or national origin.

§61.13. Forms.

- (a) The department adopts by reference the following two forms contained in §61.4(1)(A) and (B) of this title (relating to Applications):
- (1) kidney health care application for benefits (Form KHC 1), and
- (2) Health Care Financing Administration medical Form 2728-U4.
- (b) Copies are indexed and filed and are available for public inspection in the office of the Kidney Health Care Program located at 5350 Burnet Road, Austin, Texas.

This agency hereby certifies that the rule as adopted has been reviewed by legal counsel and found to be a valid exercise of the agency's legal authority.

Issued in Austin, Texas, on August 3, 1982.

TRD-826173

Robert A. MacLean, M.D. Deputy Commissioner Professional Services Texas Department of Health

Effective date: September 1, 1982 Proposal publication date: May 18, 1982 For further information, please call (512) 458-7338.

TITLE 31. NATURAL RESOURCES AND CONSERVATION

Part X. Texas Water Development Board

Chapter 335. Industrial Solid Waste Subchapter W. Delisting of Hazardous Waste

31 TAC §§335.481-335.487

The Texas Department of Water Resources adopts the repeal of §§335.481-335.487, concerning delisting of hazardous waste, without changes to the proposed text published in the May 25, 1982, issue of the *Texas Register* (7 TexReg 1990).

This repeal will provide greater clarity as to the appropriate mechanism to exclude a waste at a particular facility from the listing contained at 40 Code of Federal Regulations Part 261, Subpart D. It will result in consistency with existing provisions of state law regarding the definition of hazardous waste.

It has been determined that the delisting procedure under 40 Code of Federal Regulations §260.22 is not subject to authorization by the administrator of the U.S. Environmental Protection Agency (EPA) under §3006 of the Resource Conservation and Recovery Act of 1976 (RCRA), as amended, 42 United States Code 6901 et seq. In addition, any delisting of a hazardous waste by the administrator under 40 Code of Federal Regulations §260.22 would be recognized at the state level due to the definition of hazardous waste in the Solid Waste Disposal Act, Texas Civil Statutes, Article 4477-7, as any solid waste identified or listed as a hazardous waste by the administrator pursuant to RCRA. The provisions contained in this subchapter are therefore unnecessary.

No comments were received regarding adoption of this repeal.

The repeal of §§335.481-335.487 is adopted under the authority of the Texas Water Code, §5.131 and §5.132, which provides the Texas Water Development Board with the authority to make any rules necessary to carry out the powers and duties under the provisions of the code and other laws of the state and to establish and approve all general policy of the Texas Department of Water Resources. The repeal is further adopted under the Solid Waste Disposal Act, Texas Civil Statutes, Article 4477-7, §4(c), which gives the Texas Department of Water Resources the authority to adopt and promulgate rules consistent with the general intent and purposes of the Act, and establish minimum standards of operation for all aspects of the management and control of industrial solid waste. Under §3(b) of the Solid Waste Disposal Act, the Texas Department of Water Resources is designated as the state solid waste agency with respect to the management of industrial solid waste and is required to seek the accomplishment of the purposes of the Act through the control of all aspects of industrial solid waste management by all practical and economically feasible methods consistent with the powers and duties given it under the Act and other existing legislation. Section 3(b) grants to the department the powers and duties specifically prescribed in the Act and all other powers necessary or convenient to carry out its responsibilities.

This agency hereby certifies that the rule as adopted has been reviewed by legal counsel and found to be a valid exercise of the agency's legal authority.

Issued in Austin, Texas, on August 2, 1982.

TRD-826172

M. Reginald Arnold II General Counsel Texas Department of Water Resources

Effective date: August 24, 1982 Proposal publication date: May 25, 1982 For further information, please call (512) 475-7845. Agencies with statewide jurisdiction must give at least seven days notice before an impending meeting. Institutions of higher education or political subdivisions covering all or part of four or more counties (regional agencies) must post notice at least 72 hours prior to a scheduled meeting time. Although some notices may be received too late for publication before the meeting is held, all those filed are published in the *Register*. Notices concerning state agencies, colleges, and universities must contain the date, time, and location of the meeting, and an agenda or agenda summary. Published notices concerning county agencies include only the date, time, and location of the meeting. These notices are published alphabetically under the heading "Regional Agencies" according to the date on which they are filed.

Any of the governmental entities named above must have notice of an emergency meeting, or an emergency revision to an agenda, and the reason for such emergency posted for at least two hours before the meeting is convened. Emergency meeting notices filed by all governmental agencies will be published. However, notices of emergency additions or revisions to a regional agency's agenda will not be published since the original agenda for the agency was not published.

All notices are posted on the bulletin board outside the Office of the Secretary of State on the first floor of the East Wing in the State Capitol. These notices may contain more detailed agendas than space allows to be published in the *Register*.

Open Meetings

Contact: Virginia Grote, 812 San Antonio, Suite 400, Austin, Texas 78701, (512) 475-1374.

Filed: August 4, 1982, 3:57 p.m. TRD-826236

Texas Adult Probation Commission

Friday, August 13, 1982, 9 a.m. The Texas Adult Probation Commission will meet in the conference room, Suite 400, 812 San Antonio, Austin. Items on the agenda include introduction of guests; minutes; financial report; program services report; fiscal year 1983 standard conditions for Supplemental Funding Program; summary data sheet-Supplemental Funding Program for fiscal year 1983; fiscal year 1983 supplemental grant requests; fiscal year 1982 supplemental funding-budget adjustments; standard conditions for special program funding awards; summary data sheet for special program funding; rural probation services; innovative programs; automated information services; specialized services; residential services; Intensive Supervision Program—progress report; executive director's report; summary of funding by department; waiver requests; statistical information; and date and site of next meeting.

Credit Union Department

Thursday, August 26, 1982, 10 a.m. The Credit Union Commission of the Credit Union Department will meet at 914 East Anderson Lane, Austin. Items on the agenda include consideration of the proposed budget for fiscal year 1983, and consideration of the Sunset Advisory Commission staff report.

Contact: Harry L. Elliott, 914 East Anderson Lane, Austin, Texas 78752, (512) 837-9236.

Filed: August 3, 1982, 2:20 p.m. TRD-826163

Office of the Governor

Thursday, August 12, 1982, 1 p.m. The Governor's Task Force on Small Business of the Office of the Governor will meet in the lieutenant governor's conference room, second floor, State Capitol. Items on the agenda include discussion of Graft and approval.

Contact: Arturo Flores, P.O. Box 707, Eagle Pass, Texas 78852, (512) 773-2305.

Filed: August 3, 1982, 11:12 a.m. TRD-826162

Texas Health Facilities Commission

Friday, August 13, 1982, 9:30 a.m. The Texas Health Facilities Commission will meet in Suite 305, Jefferson Building, 1600 West 38th Street, Austin. According to the agenda summary, the commission will consider the following applications.

Declaratory Ruling/Notice of Intent to Acquire Existing Health Care Facilities United Medical Corp., Orlando, Florida AN82-0706-060 Larry Parker, Tyler AN82-0624-015

Applications for Amendment of Certificate of Need Orders

Francis Convalescent Center, Fort Worth AN81-0320-029A(061882)

Great Southwest Convalescent Center, Grand Prairie

AN80-0222-020A(070282)

Seminole Nursing Center, Seminole AN80-1211-018A(062882)

Saint Elizabeth Hospital, Beaumont AH81-0610-003A(070682)

Park Plaza Hospital, Houston AH81-0323-047A(070182)

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Notices of Intent to Acquire Existing Health Care Facilities Vista Medical Inc., Rockdale AH82-0709-012 William Dale Mutzig, Corpus Christi AN82-0706-052

Certificate of Need Orders Nunc Pro Tunc Harris Hospital-Methodist, Fort Worth AH82-0224-001 Richland Hills Nursing Center, Richland Hills AN81-1023-014

Declaratory Ruling
Planned Parenthood Center of El Paso,
Inc., El Paso
AS82-0706-050

Contact: John R. Neel, P.O. Box 15023,

Austin, Texas 78761.

Filed: August 4, 1982, 9:11 a.m. TRD-826193

State Board of Insurance

Friday, August 13, 1982. The Commissioner's Hearing Section of the State Board of Insurance will conduct public hearings in Room 342, 1110 San Jacinto Street, Austin. The times and dockets are indicated below.

10:30 a.m. Docket 6902—application for certificate of authority of Transport Holding Life Insurance Company, Fort Worth.

11 a.m. Docket 6903—application for initial certificate of authority of TL Merger Life Insurance Company, Fort Worth.

Contact: John Brady, 1110 San Jacinto Street, Austin, Texas 78786, (512) 475-2287.

Filed: August 4, 1982, 11:26 a.m. TRD-826215, 826216

Lamar University

Monday, August 9, 1982, 1:30 p.m. The Building and Grounds Committee of the Lamar University Board of Regents met in emergency session in the board room, Plummer Administration Building, main campus, Lamar University, Beaumont. According to the agenda, the committee reviewed bids received for a construction program and met in executive session. The emergency status was necessary because a conract must be approved for facility construction prior to the beginning of the school term.

Contact: Andrew J. Johnson, P.O. Box 10014, Beaumont, Texas 77710.

Filed: August 4, 1982, 2:23 p.m. TRD-826218

Wednesday, August 11, 1982, 9:30 a.m. The Board of Regents of Lamar University will meet in emergency session at Gates Library, Lamar University-Port Arthur, 1520 Procter Street, Port Arthur. Items on the agenda include approval of minutes of July 14, 1982; president's reports; approval of small class report; approval of Student Fee Bond Program for Lamar University-Orange and Port Arthur; faculty/staff activity and athletic fee policy; financial report for the month of June 1982; approval of plans for Educational Services Program Center; approval of bids recommended by the Building and Grounds Committee; resolution for housing development; approval of baseball proposal with T.E. Moor; and administrative organization and appointments. The board will also meet in executive session. The emergency status is necessary because determination of fees is required prior to the beginning of the fall term.

Contact: Andrew J. Johnson, P.O. Box 10014, Beaumont, Texas 77710.

Filed: August 4, 1982, 2:23 p.m. . TRD-826219

Board of Pardons and Paroles

Monday-Friday, August 16-20, 1982, 9 a.m., daily. The Board of Pardons and Paroles will meet at 711 Stephen F. Austin Building, Austin. According to the agenda, the board will review cases of inmates for parole consideration, act on emergency reprieve requests and other acts of executive clemency, review reports regarding persons on parole; review procedures affecting the day to day operation of support staff; review and initiate needed rule changes relating to general operation, executive clemency, parole, and all hearings conducted by this agency; and take action upon gubernatorial directives.

Contact: John W. Byrd, 711 Stephen F. Austin Building, Austin, Texas, (512) 475-3363.

Filed: August 3, 1982, 4:14 p.m. TRD-826189

Texas Peanut Producers Board

Wednesday, August 11, 1982, 2 p.m. The Texas Peanut Producers Board of the Texas Department of Agriculture will meet in emergency session in the conference room, Best Western Motel, I-20, Eastland, to discuss administrative personnel matters; financial reports; research report; and budget report. The emergency status is necessary because administrative personnel matters need to be resolved.

Contact: Joe Boswell, P.O. Box 398, Gorman, Texas 76454, (817) 734-2853.

Filed: August 4, 1982, 11:24 a.m. TRD-826214

Texas State Board of Public Accountancy

Friday, August 6, 1982, 9 a.m. The Texas State Board of Public Accountancy met in emergency session via telephone conference call in Suite 500, 3301 Northland Drive, Austin. Items on the agenda included discussion and approval of proposed 22 TAC §523.8, concerning credits for published articles and books. The emergency status was necessary because the item was scheduled for action at the July 29-31 meeting and was inadvertently overlooked for action. Timely publication of forms requires immediate action.

Contact: Bob E. Bradley, 3301 Northland Drive, Suite 500, Austin, Texas 78731, (512) 451-0241.

Filed: August 4, 1982, 3:53 p.m. TRD-826238

Public Utility Commission of Texas

The Hearings Division of the Public Utility Commission of Texas will meet in Suite 450N, 7800 Shoal Creek Boulevard, Austin. Dates, times, and dockets are as follows:

Monday, August 16, 1982, 9 a.m. A prehearing conference in Docket 4625—application of New Era Electric Coop., Inc., for authority to increase rates.

Contact: Carolyn E. Shellman, 7800 Shoal Creek Boulevard, Austin, Texas 78757, (512) 458-0100.

Filed: August 4, 1982, 10:07 a.m,_ TRD-826209

Monday, August 16, 1982, 9 a.m. A prehearing conference in Docket 4611—application of Apache Shores Utility Corp., for a rate increase within Travis County.

Contact: Carolyn E. Shellman, 7800 Shoal Creek Boulevard, Austin, Texas 78757, (512) 458-0100.

Filed: August 4, 1982, 2:22 p.m. TRD-826220

Wednesday, August 18, 1982, 9 a.m. A hearing in Docket 4271—application of Peyton Enterprises, Inc., to purchase Canyon Water Service, Inc., and for a systemwide rate increase.

Contact: Carolyn E. Shellman, 7800 Shoal

Creek Boulevard, Austin, Texas 78757, (512) 458-0100.

Filed: August 3, 1982, 2:10 p.m. TRD-826158

Thursday, August 19, 1982, 9 a.m. A hearing on the ments in Docket 4511—applications of Lamar County Electric Coop., Inc., et al, for a change in purchased power adjustment clauses

Contact: Carolyn F. Shellman, 7800 Shoal Creek Boulevard, Austin, Texas 78757, (512) 458-0100

Filed: August 3, 1982, 2:11 p.m. TRD-826159

Friday, August 20, 1982, 10 a.m. A hearing on the merits in Docket 4608—application of Texas Leisure, Inc., for a rate/tariff change.

Contact: Carolyn I Shellman, 7800 Shoal Creek Boulevard, Austin, Texas 78757, (512) 458-0100

Filed: August 4, 1982, 2:22 p.m. TRD-826221

Wednesday, August 25, 1982, 2 p.m. A prehearing conference in Docket 4556—application of Terra Southwest, Inc., to amend its certificate of convenience and necessity and to decertificate Lebanon Water Supply Corp., from an area within Denton County.

Contact: Carolyn E Shellman, 7800 Shoal Creek Boulevard, Austin, Texas 78757, (512) 458-0100.

Filed: August 3, 1982, 2:09 p.m. TRD-826160

Monday, August 30, 1982, 10 a.m. A hearing on the merits in Dockets 3654, 4208, and 4393—application of Danville Water Supply Corporation to amend its certificate convenience and necessity within Collic County; application of the City of Frisco for water and sewer certificates of convenience and necessity within Deuton and Collin Counties; and application of the Colony Municipal Utility District Number One to amend its water and sewer certificates of convenience and necessity within Denton County.

Contact: Carolyn E. Shellman, 7800 Shoal Creek Boulevard, Austin, Texas 78757, (512) 458-0100.

Filed: August 4, 1982, 10:06 a.m. TRD-826210

The Texas Senate

Wednesday, August 11, 1982, 9:30 a.m. The Senate Task Force on New Federalism of the Texas Senate will meet at 108 University Hall, University of Texas, Arlington. Items on the agenda include presentations on the effects of federal budget cuts, by mayors, school board presidents, county judges, members of regional councils, and representatives of the United Ways from parts of North Texas.

Contact: Camilla Bordie, P.O. Box 12068, Austin, Texas 78711, (512) 475-0296.

Filed: August 3, 1982, 1:13 p.m. FRD-826255

Texas State Soil and Water Conservation Board

Monday, August 16, 1982, 8 a.m. The Texas State Soil and Water Conservation Board will meet at 1006 East National Building, Temple Items on the agenda include district director appointments; subdivision boundary changes in the Lamb County and Donley County soil and water conservation districts; matching funds; the 1982 state meeting, 1984-1985 budget request; the Resource Conservation Act; board members' travel and per diem; the assistant director's report; and personnel matters. An addition to the above agenda was made concerning the soil and water conservation district Fish Stocking Program.

Contact: John W. Millican, 1002 First National Building, Temple, Texas, (817) 773-2250, STS 820-1250.

Filed: August 4, 1982, 4 p.m. August 4, 1982, 2:28 p.m. TRD-826188, 826217

Texas Tech University

Thursday, August 5, 1982, 8:30 a.m. The Finance Committee of the Texas Tech University Board of Regents made an emergency addition to the agenda of a meeting held in the board suite, Administration Building, Texas Fech University campus, Lubbock The addition concerned approval of an oil and gas lease. The emergency status was necessary because the proposed lessee was awaiting approval to immediately commence drilling on a well in the area. Delay of consideration could result in financial liability to the university.

Contact: Freda Pierce, P.O. Box 4039, Lubbock, Texas 79409, (806) 742-2161.

Filed: August 4, 1982, 10:05 a.m. TRD-826211

Friday, August 6, 1982, 8:30 a.m. Texas Tech University Board of Regents made an emergency addition to the agenda of a meeting held in the board room, board suite, Administration Building, Texas Tech University campus, Lubbock. According to the revised agenda summary, the board considered approval of an oil and gas lease. The emergency status was necessary because the proposed lessee was awaiting approval to immediately commence drilling on a well in the area. Delay of consideration could result in financial liability to the university.

Contact: Freda Pierce, P.O. Box 4039, Lubbock, Texas 79409, (806) 742-2161.

Filed: August 4, 1982, 10:04 a.m. TRD-826212

Texas Water Commission

Thursday, August 19, 1982, 10 a.m. The Texas Water Commission will meet in Room 124A, Stephen F. Austin Building, 1700 North Congress Avenue, Austin According to the agenda summary, the commission will consider the application of Walton and Son, P.O. Box 9787, Houston, Texas 77015, to the Texas Department of Water Resources for a temporary order to authorize the discharge of stormwater which has accumulated in an unused clay pit for several years. The applicant proposes to obtain soil from local excavation projects to backfill the entire pond. The approximate 4 million gallons present in the clay pit, which must be removed prior to any filling, will be pumped out and neutralized prior to discharge at a pumping rate which is proposed to take approximately five weeks to accomplish. The total project to fill the pond with soil is expected to take about 18 months to complete, and during this period, additional runoff and rainfall will have to be pumped and discharged.

Contact: Carl X. Forrester, P.O. Box 13087, Austin, Texas 78711, (512) 475-7851.

Filed: August 4, 1982, 3:10 p.m. TRD-826235

Tuesday, August 31, 1982, 9:30 a.m. The Texas Water Commission will meet in Room 124A, Stephen F. Austin Building, 1700 North Congress, Austin. The commission will conduct hearings on the following:

Application TA-4400 of Buckner Construction Co., for a permit to divert and use two acre-feet of water for a three-year period from Bear Creek, tributary of Big Sandy Creek, tributary of Village Creek, tributary of the Neches River, Neches River Basin,

for industrial (highway construction) purposes in Polk County

Application TA-4388 of J.D Abrams, Inc., for a permit to divert and use three acrefeet of water for a 14-month period from the Elm Fork of the Trinity River, tributary of the Trinity River, Trinity River Basin, for industrial (highway construction) purposes in Dallas County

Application TA-4389 of Allan Construction Co., for a permit to divert and use 60 acrefeet of water for a two-year period from Taylor Creek, tributary of the Lampasas River, and Lampasas River, tributary of the Little River, tributary of the Brazos River, Brazos River Basin, for industrial (highway purposes) in Lampasas County.

Application TA-4399 of J.H. Strain and Sons, Inc., for a permit to divert and use 20 acre-feet of water for a two-year period from the Double Mountain Fork of the Brazos River, tributary of the Brazos River, Brazos River Basin, for industrial (highway construction) purposes in Fisher County.

Application TA-4358 of E.E. Hood and Sons Construction Co., Inc., for a permit to divert and use 18 acre-feet of water for a one-year period from a private reservoir on an unnamed tributary of the Medina River, and the Medina River, tributary of the San Antonio River, San Antonio River Basin, for industrial (highway construction) purposes in Medina County.

Contact: Mary Ann Hefner, P.O. Box 13087, Austin, Texas 78711, (512) 475-4514.

Filed: August 4, 1982, 9:13 a.m. TRD-826195-826199

Monday-Friday, September 13-17, 1982, 2 p.m. Monday, and 9 a.m. daily, Tuesday-Friday. The Texas Water Commission will meet in the Grand Jury Room, third floor, Ellis County Courthouse, Waxahachie. According to the agenda, the commission will conduct adjudication hearings on the Middle Trinity River Segment.

Contact: Mary Ann Hefner, P.O. Box 13087, Austin, Texas 78711, (512) 475-4514.

Filed: August 3, 1982, 3:11 p.m. TRD-826186

Thursday, September 16, 1982, 10 a.m. The Texas Water Commission will meet in Room 124A, Stephen F. Austin Building, 1700 North Congress, Austin. The commission will conduct a hearing on the application by Browning-Ferris, Inc., (RE-0203) seeking approval of preliminary plans for the construction of certain improvements

on Blackwater Draw, a tributary of Yellow House Draw, in Lubbock County.

Contact: Mary Ann Hefner, P.O. Box 13087, Austin, Texas 78711, (512) 475-4514.

Filed: August 4, 1982, 9:13 a.m. TRD-826200

Monday-Friday, November 8-12, 1982, 2 p.m. Monday, and 9 a.m. daily, Tuesday-Friday. The Texas Water Commission will meet in the hearing room, Henderson County Courthouse, Athens. According to the agenda, the commission will conduct adjudication hearings on the Middle Trinity River Segment.

Contact: Mary Ann Hefner, P.O. Box 13087, Austin, Fexas 78711, (512) 475-4514.

Filed: August 3, 1982, 3:11 p.m. TRD-826187

Regional Agencies

Meetings Filed August 3

The Copano Bay Soil Conservation District 329 will meet at 107 South Alamo, Shay Plaza, Refugio, on August 11, 1982, at 8:30 a.m. Information may be obtained from Jim Wales, Drawer 340, Refugio, Texas 78377, (512) 526-2334

The Interim Regional Transportation Authority, Board of Directors, met in emergency session in Room 4ES, Dallas City Hall, 1500 Marilla, Dallas, on August 5, 1982, at 7.30 a.m. Information may be obtained from Cinde Weatherby, Lock Box 12, Love Field Terminal Building, Dallas, Texas 75235, (214) 358-3217.

The San Patricio County Appraisal District, Board of Directors, will meet in Room 226, courthouse annex, Sinton, on August 12, 1982, at 9:30 a.m., and the Appraisal Review Board will meet at the same location on August 16, 1982, at 9 a.m. Information may be obtained from Bennie L. Stewart, Box 938, Sinton, Texas 78387.

The Rusk County Appraisal District, Board of Directors, met at 107 North Van Buren, Henderson, on August 5, 1982, at 7 p.m. Information may be obtained from Melvin R. Cooper, P.O. Box 7, Henderson, Texas 75652, (214) 657-9697.

The South Texas Development Council, EMS Committee, will meet in the conference room, 600 Sandinan, Laredo, on August 11, 1982, at 10 a m. Information may be obtained from Kathy Henderson, P.O. Box 2187, Laredo, Texas 78041.

The West Central Texas Council of Governments, Regional Alcoholism Services Department, will conduct a public hearing at 1025 East North 10th Street, Abilene. Information may be obtained from Sue Smith, P.O. Box 3195, Abilene, Texas 79604, (915) 672-8544.

TRD-826161

Meetings Filed August 4

The Carson County Appraisal District, Board of Directors, will meet at 220 Main Street, Panhandle, on August 12, 1982, at 7:30 p.m. Information may be obtained from Dianne I avake, Box 970, Panhandle, Texas 79068

The Eastland County Appraisal District will meet in the commissioner's courtroom, Eastland County Courthouse, Eastland, on August 11, 1982, at 3 p.m. Information may be obtained from Steve Thomas, P.O. Box 914, Eastland, Jexas 76448.

The Region X Education Service Center, Board of Directors, will meet at Prestonwood Country Club, 15909 Preston Road, Dallas, on August 11, 1982, at 1 p.m. Information may be obtained from H. W Goodgion, 400 East Spring Valley Road, Richardson, Texas, (214) 231-6301.

The Ellis County Tax Appraisal District, will meet at 406 Sycamore Street, Waxahachie, on August 12, 1982, at 8 p.m., and the Appraisal Review Board will meet at the same location on August 13, 1982, at 8:30 a.m. Information may be obtained from Gray Chamberlain, 406 Sycamore Street, Waxahachie, Texas 75165, (214) 937-3552.

The Harris County Appraisal District, Board of Directors, met at 3737 Dacoma, Houston, on August 9, 1982, at 2 p.m. Information may be obtained from Searcy German, P.O. Box 10975, Houston, Texas 77292, (713) 683-9200.

The Interim Regional Transportation Authority, Board of Directors, made an emergency addition to the agenda of a meeting held in Room 4ES, 1500 Marilla, Dallas, on August 5, 1982, at 7:30 a.m. Information may be obtained from Cinde Weatherby, Lock Box 12, Love Field Terminal Building, Dallas, Texas 75235, (214) 258-3217.

The Appraisal District of Jones County, Appraisal Review Board, will meet at 1137 East Court Plaza, Anson, on August 16, 1982, at 1 p.m., and the Board of Directors will meet at the same location on August 19, 1982, at 10 a.m. Information may be obtained from John Steele, 1137 East Court Plaza, Anson, Fexas 79501, (915) 823-2422

The Taylor County Central Appraisal District, Board of Directors, will meet in the jury assembly room, Taylor County court-house, Abilene, on August 11, 1982, at 10 a m. Information may be obtained from Richard Petree, P.O. Box 3738, Abilene, Texas 79604, (915) 676-9381

The Upshur County Appraisal District, Board of Directors, met at the appraisal district office, Warren amd Trinity Streets, Gilmer, on August 9, 1982, at 7:30 p.m., and the Appraisal Review Board will meet at the same location on August 12, 13, and 16-19, 1982, at 8 a m. Information may be obtained from I ouise Stracener, P. O. Box 31, Gilmer, Texas 75644, (214) 843-3736.

TRD-826194

Meeting Filed August 5

The Trinity River Authority of Texas, Administration Committee, will meet in the executive conference room, 5300 South Collins Arlington, on August 11, 1982, at 10 r.m. Information may be obtained from Geri Elhott, P.O. Box 60, Arlington, Texas 76010, (817) 467-4343.

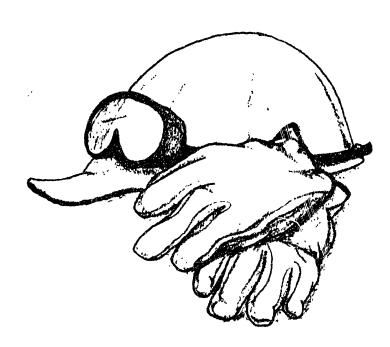
TRD-826240



In Addition

The Register is required by statute to publish applications to purchase control of state banks (filed by the banking commissioner); notices of rate ceilings (filed by the consumer credit commissioner); changes in interest rate and applications to install remote service units (filed by Texas Savings and Loan commissioner); and consultant proposal requests and awards (filed by state agencies, regional councils of government, and the Texas State Library and Archives Commission)

In order to aid agencies in communicating information quickly and effectively, other information of general interest to the public is published as space allows. This often includes applications for construction permits (filed by the Texas Air Control Board); applications for amendment, declaratory ruling, and notices of intent (filed by the Texas Health Facilities Commission); applications for waste disposal permits (filed by the Texas Water Commission), and notices of public hearing.



Texas Air Control Board Applications for Construction Permits

Notice is hereby given by the Texas Air Control Board of applications for construction permits received during the period of July 23-30, 1982.

Information relative to the applications listed below, including projected emissions and the opportunity to comment or to request a hearing, may be obtained by contacting the office of the executive director at the central office of the Texas Air Control Board, 6330 Highway 290 East, Austin, Texas 78723.

A copy of all material submitted by the applicant is available for public inspection at the central office of the Texas Air Control Board at the address stated above, and at the regional office for the Air Quality Control Region within which the proposed facility will be located.

Listed are the names of the applicants and the cities in which the facilities are located; type of facilities; location of the facilities (if available); permit numbers; and type of application—new source or modification.

American Spincast, Inc., Temple; centrifugal castings; 2816 West Avenue J, 9151, new source

Cameron Iron Works, Inc., Houston; oil tool sales and service center, 6545 Addicks Fairbanks; 9152, new source

Montgomery County, Willis; maintenance of county roads; (location not available); 6996A; new source

Liquid Energy Corp., Bridgeport; two compressors addition/natural gas processing; State Highway 114; 9153; new source

TXO Production Corp., Donie; natural gas production facility; (location not available); 9154; new source

W. R. Edwards, Jr, Oil and Gas, Stinnett; amine unit, Barnhill Plant; 9155; new source

Issued in Austin, Texas, on August 2, 1982.

TRD-826167

Ramon Dasch Director of Hearings Texas Air Control Board

Filed: August 3, 1982 For further information, please call (512) 451-5711, ext. 354.

Contested Case Hearing

Pursuant to the authority provided in §§3.12, 3.13, 3.15-3.17, and 3.20 of the Texas Clean Air Act, Texas Civil Statutes, Article 4477-5 (the Act), and Rules 103.41, 103.11(2), and 103.31 of the Texas Air Control Board (TACB) procedural rules, an examiner for the TACB will conduct a contested case hearing relating to compliance

by Gulf Oil Company—U.S. (the company) with TACB Regulations 111.26 (Visible Emissions From Stationary Flues) and 119.2 (Carbon Monoxide Control Requirements for Specified Processes)

The company has asserted that an explosion at its refinery in Port Arthur, Jefferson County, destroyed the carbon monoxide (CO) boiler associated with the operation of its fluid catalytic cracking unit (FCCU) 1242. Operation of the FCCU without the CO boiler is alleged to have resulted in violations of TACB Regulations 111.26 and 119.2. This hearing is being called to determine whether the company is violating TACB Regulations 111.26 and 119.2, and if so, what actions should be taken concerning the violations.

The TACB staff is directed to appear at the time and place set out below to demonstrate by a preponderance of the evidence that the company is operating in violation of TACB Regulations 111.26 and 119.2, and if demonstrated, what remedial actions should be taken. The record of this hearing will be used by the TACB as the basis for entering such order(s) as the evidence may warrant.

A copy of the TACB's file relating to these matters and the TACB's rules and regulations are available for public inspection at the regional office of this agency located at 4605-B Concord Road, Beaumont, Texas 77703, the central office of this agency located at 6330 Highway 290 East, Austin, Texas 78723, and the city secretary's office, 4444 I ourth Street, Port Arthur, Texas 77640.

The examiner has set the date and place for the hearing on the mertis concerning the alleged violations for 7 p.m., September 27, 1982, at the Port Arthur City Council Chambers, 444 Fourth Street, Port Arthur, Texas 77640. Prospective parties to the hearing are the staff of the TACB, and the company. Any other persons desiring to be made a party to the hearing must apply to Examiner Kenneth E. Davison, Jr., Texas Air Control Board, 6330 Highway 290 East, Austin, Texas 78723, by written request postmarked no later than August 16, 1982. At the hearing on the merits, only those persons admitted as parties will be permitted to present evidence and argument and to cross-examine witnesses. If any person desires to give testimony at the hearing on the merits but does not desire to be a party, he or she may call the legal division of the TACB at (512) 451-5711, ext. 358, to determine the names and addresses of all admitted parties. These parties may then be contacted about the possibility of presenting testimony.

Pursuant to Rule 103.46 of the procedural rules of the TACB, the examiner has scheduled a prehearing conference on August 30, 1982, at 7 p.m., at the Port Arthur City Council Chambers, 444 Fourth Street, Port Arthur, Texas 77640. All persons wishing to be admitted as parties must attend the conference. Proposed disputed issues for consideration at the hearing on the merits and requests for official notice should be made at the prehearing conference. At this conference, a specific date prior to the hearing on the merits will be established for the exchange of witness lists, short summaries of their pro-

spective testimony, and copies of written and documentary evidence pursuant to Rule 103 46(2).

Members of the general public who plan to attend the hearing are encouraged to telephone the central office of the TACB in Austin, Texas, (512) 451-5711, ext. 358, or the regional office in Beaumont, (713) 838-0397, a day or two prior to the hearing date in order to confirm the setting since continuances are granted from time to time.

Issued in Austin, Texas, on August 2, 1982.

TRD-826166

Bill Stewart, P.E. Executive Director Texas Air Control Board

Filed: August 3, 1982

For further information, please call (512) 451-5711,

ext. 354

Banking Department of Texas Application To Acquire Control of a State Bank

Texas Civil Statutes, Article 342-401a, requires any person who intends to buy control of a state bank to file an application with the banking commissioner for the commissioner's approval to purchase control of a particular bank. A hearing may be held if the application is denied by the commissioner.

On July 2, 1982, the banking commissioner received an application to acquire control of Security State Bank of Commerce, Commerce, by Jerome J. Bradley, John M. Bradley, Charles L. Cheatham, Kenneth R. Darden, T. Stuart Ducote, David Dunning, David de N. Franklin, Philip Goodman, James P. Goodnight, Joe V. Hawn, Jr., C. R. Hefner, Jr., John B. Henard, Jr., Todd E. Henson. Jack A. Lavine, Larry Lavine, Robert H. Kroney, C. E. Seal II, David A. Shuttee, J. P. Squyres, John C. Sterquell, Fred G. Molsen, Heinz H. Molsen, Jr., George J. Natinsky, Ron Natinsky, Riddle and Brown, Professional Investment Enterprises, J. Richard Rolater, John W. Turner, and Thomas T. Wardlaw, all from Dallas.

On August 2, 1982, notice was given that time limitations had expired, thus allowing acquisition of control.

Additional information may be obtained from Robert E. Stewart, 2601 North Lamar, Austin, Texas 78705, (512) 475-4451.

Issued in Austin, Texas, on August 2, 1982.

TRD-826165

O. A Cassity III Assistant General Counsel Baiking Department of Texas

Filed: August 3, 1982

For further information, please call: (512) 475-4451.

Texas Department of Community Affairs

Request for Proposals

This request for proposal is not filed under Texas Civil Statutes, Article 6252-11c.

Notice of Invitation for Program Proposals. The Texas Department of Community Affairs (TDCA), administering agency for the Community Services Block Grant (CSBG) in Texas for federal fiscal year (FFY) 1983, announces a request for proposals (RFP) to deliver services and conduct activities for poverty populations in six counties which were unserved with CSBG funds in FFY 1982. The six counties are divided into two program areas which consist of Orange, Jefferson, and Hardin Counties and Cook, Grayson, and Fannin Counties. Selected offerors will be expected to assume responsibility for delivery of appropriate services and activities authorized in the CSBG Act (Public Law 97-35) and directed by TDCA. Appropriate services and activities include those designed to assist low-income participants including the elderly poor:

- (1) to secure and retain meaningful employment,
- (2) to attain an adequate education,
- (3) to make better use of available income,
- (4) to obtain and maintain adequate housing and a suitable living environment,
- (5) to obtain emergency assistance through loans or grants to meet immediate and urgent individual and family needs, including the need for health services, nutritious food, housing, and employment related assistance.
- (6) to remove obstacles and solve problems which block the achievement of self-sufficiency, and
- (7) to achieve greater participation in the affairs of the community

The period of performance of services shall begin on October 1, 1982, and shall extend through September 30, 1983, at the option of TDCA.

Qualifications Desired by TDCA. Offerors must be political subdivisions of the State of Texas, nonprofit private community organizations, or migrant or seasonal farmworker organizations. Offerors must be able to document their capability to accomplish the requested services. Proposals must include specific items and documents as described in the proposal preparation instructions. Offerors will be requested to include documentation of their legal authority to contract with TDCA. Every proposal shall include a list of all persons employed by or offered employment by the offeror who at the time the proposal is submitted have been employees of TDCA within six months prior to its submission.

Deadline for Submission of RFP's. The RFP will close as of 5 p.m., September 6, 1982, except for those proposals received postmarked on or before Friday, September 3, 1982.

General Information. TDCA reserves the right to accept or reject any or all proposals submitted. TDCA is under no legal requirement to execute a resulting contract on the basis of this advertisement, and intends the

material provided herein only as a means of identifying the various contractor alternatives. TDCA intends to use responses hereto as a basis for fu ther negotiation of specific project details with potential contractors. In the event that TDCA selects a contractor to provide the delivery of services, TDCA will base its choice on demonstrated competence and qualification. Selection will go to an in-state offeror. The request does not commit TDCA to pay for any costs incurred prior to execution of a contract and is subject to availability of funds from the United States Department of Health and Human Services. TDCA specifically reserves the right to vary all provisions set forth herein at any time prior to execution of a contract where TDCA deems such variances to be in the best interest of the State of Texas, and to otherwise act as it determines in its sole discretion

Contact Person. For the purposes of obtaining forms and instructions necessary to the preparation of a proposal, please contact Ms. Gene Waugh, Economic Opportunity Division, Texas Department of Community Affairs, P.O. Box 13166, Austin, Texas 78711, (512) 475-6601.

Issued in Austin, Texas, on August 3, 1982.

TRD-826190

Douglas C. Brown General Counsel

Texas Department of Community
Affairs

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Affairs

Filed: August 3, 1982 For further information, please call (512) 475-6903.

Texas Health Facilities Commission

Applications Accepted for Amendment, Declaratory Ruling, and Notices of Intent

Notice is hereby given by the Texas Health Facilities Commission of applications accepted as of the date of this publication. In the following list, the applicant is listed first, file number second, the relief sought third, and a description of the project fourth. DR indicates declaratory ruling; AMD indicates amendment of previously issued commission order; CN indicates certificate of need; PFR indicates petition for reissuance; NIE indicates notice of intent to acquire major medical equipment; NIEH indicates notice of intent to acquire existing health care facilities; NIR indicates notice of intent regarding a research project; NIE/HMO indicates notice of intent for exemption of HMO-related project; and EC indicates exemption certificate.

Should any person wish to become a party to any of the above-stated applications, that person must file a proper request to become a party to the application within 15 days after the date of this publication of notice. If the 15th day is a Saturday, Sunday, state or federal holiday, the last day shall be extended to 5 p.m. of the next day that is not a Saturday, Sunday, state or federal holiday. A request to become a party should be mailed to the chair of the commission at P.O. Box 15023, Austin, Texas

78761, and must be received at the commission no later than 5 p.m. on the last day allowed for filing of a request to become a party

The contents and form of a request to become a party to any of these applications must meet the criteria set out in 25 TAC §515.9 Failure of a party to supply the necessary information in the correct form may result in a defective request to become a party.

United Convalescent of Post, Inc., Post AN82-0730-020

NIEH—Request for a declaratory ruling that a certificate of need is not required for United Convalescent of Post, Inc., to assign its leasehold interest to United Convalescent of Post, Limited. The general partner will be United Convalescent of Post, Limited, and the only limited partner is Don C. Angel, Limited. United Convalescent of Post, Inc., currently leases United Convalescent of Post, Inc., an existing 75-bed ICF nursing facility located in Post, from Jewell Enterprises.

United Convalescent of Big Spring, Inc., Big Spring AN82-0730-028

NIEH—Request for a declaratory ruling that a certificate of need is not required for United Convalescent of Big Spring, Inc., to assign its interest in the sublease of United Convalescent of Big Spring, Inc., to United Convalescent of Big Spring, Limited. The general partner will be United Convalescent of Big Spring, Limited partner is Don C. Angel, Limited. United Convalescent of Big Spring, Inc., currently subleases United Convalescent of Big Spring, Inc., an existing 200-bed ICF nursing facility located in Big Spring, from Jewell Enterprises

Grapevine Convalescent Center, Inc.,

John E. Arthur, and Terry J. Barcelo, Grapevine AN82-0730-026

NIEH—Request for a declaratory ruling that a certificate of need is not required for Grapevine Convalescent Center, Inc., John E. Arthur, and Terry J. Barcelo to acquire by lease the Autumn Drive Convalescent Center (formally called Grapevine Nursing Home) of Grapevine, an existing 142-bed ICF nursing facility located in Grapevine, from Dallas Nursing Home, Inc.

Christian Village of Abilene, Inc., Abilene AN82-0730-022

NIEH—Request for a declaratory ruling that a certificate of need is not required for Christian Village of Abilene, Inc., to acquire by lease Western Hills Nursing Center, an existing 118-bed ICF nursing facility located in Abilene, from Beverly Enterprises.

Issued in Austin, Texas, on August 4, 1982.

TRD-826192

John R. Neei General Counsel Texas Health Facilities Commission

Filed: August 4, 1982 For further information, please call (512) 475-6940.

Texas Department of Human Resources

Notice of Invitation for Offers

Energy Crisis Intervention

The Texas Department of Human Resources (TDHR) announces a Request for Proposal for the 1982/1983 Energy Crisis Intervention (ECI) Program. TDHR is responsible for the administration of the program under regulations published by the United States Department of Health and Human Services (HHS), and the Low-income Energy Assistance Act of 1982, Section 2603 and 2604.

Description of the Program: The purpose of the program is to assist low-income persons who experience imminent termination, or lack of heating or cooling energy source. Contractors will provide applications, determine eligibility, and make benefit payments to energy suppliers. Benefit payments will be made on behalf of eligible applicants who are experiencing imminent termination or lack of hating/cooling sources as long as funds are available in the contract service area.

Contract Period: October 1, 1982 through September 30, 1983

Funding: Statewide estimated funding is \$3,000,000. Funding will be allocated by county to each contractor for its service area. Service area is defined as counties served by a single contractor. Funding distribution is determined by applying the percentage of the state food stamp (data available as of state fiscal year 1981) population in each county against the funds available for distribution.

Up to 10% of budget expenditures made on behalf of eligible applicants will be allowed to pay for administrative costs (travel, office space, equipment, office supplies and salaries, wages and fringe benefits of contractor administrative staff personnel).

Contracts awarded will be cost reimbursement contracts - reimbursement of funds 1 allowable expenditures.

Service Area: Minimum required coverage is one county.

Qualifications: To be eligible for consideration, the offeror must meet the following minimum screenable requirements:

- 1. be a public or non-profit entity;
- 2. be able to serve at least one county when operating this program; and
- 3. have sufficient operating funds to allow for delivery of services under the terms of the contract while awaiting payment for services.

Evaluation of Proposals: The following criteria will be used to select a successful offeror:

- 1. experience and performance in operating similar crisis intervention programs;
- 2. experience in assisting low-income persons in the proposed area to be served;
- 3. capacity to undertake a timely and effective crisis intervention program; and
 - 4. proposed costs for administration of the program.

Proposal Submission Deadline: Request for proposal package must be obtained from, completed, and filed with the local regional contract manager's office (a map and list of names/addresses are part of this notice) by 5 p.m., August 31, 1982.

Issued in Austin, Texas, on August 4, 1982.

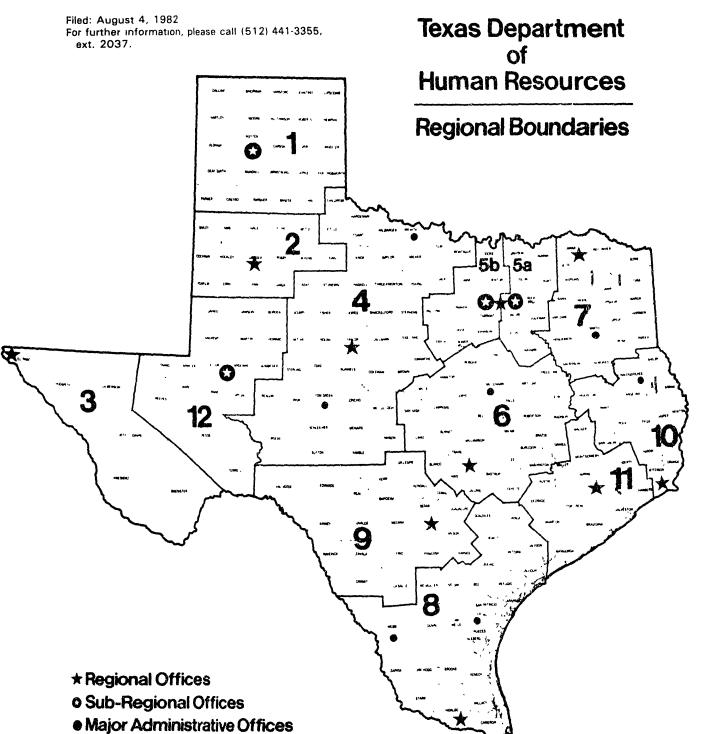
TRD-826245

Marlin W. Johnston

Commissioner

Texas Department of Human

Resources



TEXAS DEPARTMENT OF HUMAN RESOURCES

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CONTRACT MANAGERS

Texas Department of Human Resources

Region 01/02

Mr Carol Lindemann 15th and Tyler P O Box 3700 Amarillo, Texas 79106

806/373-4226

Region 03/12

Mr Manuel Aldas, Jr 5150 El Paso Drive P O Box 10276 El Paso, Texas 79994

915/846-9504

Region 04

Mr Mike Rollins 4380 Spindletop Drive P O Box 3235 Abilene, Texas 79604

915/698-3651

Region 05

Mr Raul Doporto 631 106th Street P O Box 5128 Arlington, Texas 76011

817/261-3376

Region 06

Ms Margo Walker 1300 E Anderson Lane Austin, Texas 78752

512/835-2350

Region 07

Mr Jerry R Lutz 901 W Kaufman Street P. O. Box 839 Paris, Texas 75460

214/785-7541

Region 08

Mr Jaime R Ramos 123 E McIntyre P. O Box 960 Edinburg, Texas 78539

512/383-5344

Region 09

Mr Marco A Lucio 233 E Mitchell Street P O Box 37130 San Antonio, Texas 78237

512/533-3161 ext 165

Region 10

Mr Ernest Shinn 202 E Pillar P O Drawer 767 Nacogdoches, Texas 75961

713/569-7931

Region 11

Ms. Margaret Rogers 1300 E 40th Street Houston, Texas 77022

713/673-6555

Texas Department of Water Resources

Amendment to Consultant Proposal Request

In the request for proposals published in the July 27, 1982, issue of the *Texas Register*, a site visit to the Sikes Disposal Pit Site was scheduled for the week of August 16, 1982. This visit to the Sikes site has been rescheduled for August 26, 1982, at 1 p.m.

Consequently, the deadline for proposal submittal for the Sikes Disposal Pit has been postponed. Five copies of the proposal must be submitted before 5 p.m., September 10, 1982, to Chris Lippe, Texas Department of Water Resources, P.O. Box 13087, Austin, Texas 78711.

Issued in Austin, Texas, on August 4, 1982.

TRD-826191

M. Reginal Arnold II
General Counsel
Texas Department of Water

Resources

Filed: August 4, 1982

For further information, please call (512) 475-7845.

Index

In the second issue of every month, a guide to agency activity for the previous month is published. Quarterly and annual indexes to the *Register* are published separately and bound in light blue for distinction

Also included in the Index section is a list of the Texas Administrative Code titles that were affected by the rule-making activity of the previous month.

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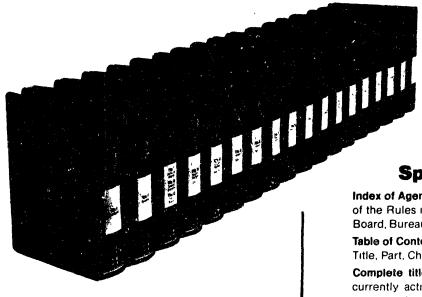
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The Texas Administrative Code

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Index of Agencies, listing the location in the Code of the Rules issued by each Agency, Department, Board, Bureau or Commission of the State of Texas

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Tables of Authorities, listing every statute and constitutional authority contained in the Code, and the various components of the Code issued under each

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Cross References, showing every Part, Chapter, Subchapter, and Section of the Code cited in a Rule.

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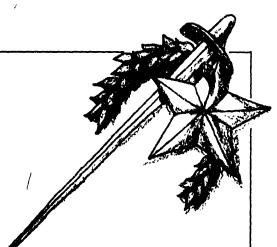
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