

By: Burkett

H.B. No. 3040

A BILL TO BE ENTITLED

AN ACT

relating to the continuation and functions of the Texas Medical Board; authorizing a fee.

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

SECTION 1. Section 151.004, Occupations Code, is amended to read as follows:

Sec. 151.004. APPLICATION OF SUNSET ACT. The Texas Medical Board is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the board is abolished and this subtitle and Chapters 204, 205, 206, 601, 602, 603, and 604 expire September 1, 2029 [2017].

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

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

(1) the law governing board operations [~~this subtitle~~];

(2) the programs, functions, rules, and budget of [~~operated by~~] the board;

(3) the scope of and limitations on the rulemaking authority [~~role and functions~~] of the board;

(4) [~~the rules of the board, with an emphasis on the rules that relate to disciplinary and investigatory authority,~~

1 ~~[(5) the current budget for the board,~~
2 ~~[(6)]~~ the results of the most recent formal audit of
3 the board;

4 (5) [(7)] the requirements of:

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

8 (B) other laws applicable to members of the board
9 in performing their duties; and

10 (6) [(8)] any applicable ethics policies adopted by
11 the board or the Texas Ethics Commission.

12 (d) The executive director of the board shall create a
13 training manual that includes the information required by
14 Subsection (b). The executive director shall distribute a copy of
15 the training manual annually to each board member. On receipt of
16 the training manual, each board member shall sign and submit to the
17 executive director a statement acknowledging receipt of the
18 training manual.

19 SECTION 3. The heading to Section 153.007, Occupations
20 Code, is amended to read as follows:

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

23 SECTION 4. Section 153.007, Occupations Code, is amended by
24 adding Subsection (e) to read as follows:

25 (e) If a person fails to comply with a subpoena issued under
26 this section, the board, acting through the attorney general, may
27 file suit to enforce the subpoena in a district court in Travis

1 County or in a county in which a hearing conducted by the board may
2 be held.

3 SECTION 5. Section 153.058(a), Occupations Code, is amended
4 to read as follows:

5 (a) The board shall develop and implement a policy to
6 encourage the use of:

7 (1) negotiated rulemaking procedures under Chapter
8 2008, Government Code, for the adoption of any rules by the board
9 ~~[rules]~~; and

10 (2) appropriate alternative dispute resolution
11 procedures under Chapter 2009, Government Code, to assist in the
12 resolution of internal and external disputes under the board's
13 jurisdiction.

14 SECTION 6. Section 155.056, Occupations Code, is amended by
15 amending Subsection (a) and adding Subsection (a-1) to read as
16 follows:

17 (a) Except as provided by Subsection (a-1), an ~~[An]~~
18 applicant must pass each part of an examination within three
19 attempts.

20 (a-1) The limit on the number of examination attempts under
21 Subsection (a) does not apply to the Texas medical jurisprudence
22 examination.

23 SECTION 7. Subchapter A, Chapter 156, Occupations Code, is
24 amended by adding Section 156.010 to read as follows:

25 Sec. 156.010. REFUSAL FOR VIOLATION OF BOARD ORDER. The
26 board may refuse to renew a registration permit issued under this
27 chapter if the license holder is in violation of a board order.

SECTION 8. Section 162.106, Occupations Code, is amended to read as follows:

Sec. 162.106. INSPECTIONS. (a) The board may conduct inspections ~~[to enforce this subchapter, including inspections of an office site and of documents]~~ of a physician's equipment and office procedures ~~[practice]~~ that relate to the provision of anesthesia in an outpatient setting as necessary to enforce this subchapter.

(b) The board may establish a risk-based inspection process in which the board conducts inspections based on the length of time since:

(1) the equipment and outpatient setting were last inspected; and

(2) the physician submitted to inspection.

(c) The board may contract with another state agency or qualified person to conduct the inspections.

(d) ~~[(b)]~~ Unless it would jeopardize an ongoing investigation, the board shall provide at least five business days' notice before conducting an on-site inspection under this section.

(e) The board shall maintain a record of the outpatient settings in which physicians provide anesthesia.

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

(g) ~~[(e)]~~ This section does not require the board to make an on-site inspection of a physician's office.

SECTION 9. Chapter 162, Occupations Code, is amended by

adding Subchapter G to read as follows:

SUBCHAPTER G. GENERAL PRACTICE PROVISIONS

Sec. 162.301. DUTIES RELATED TO CERTAIN PRESCRIPTIONS. (a)

A physician may not prescribe a drug listed in Subsection (b) to a patient unless the physician has reviewed the patient's prescription history by accessing the prescription information submitted to the Texas State Board of Pharmacy as authorized by Section 481.076(a)(5), Health and Safety Code.

(b) Subsection (a) applies only to the prescribing of:

(1) opioids;

(2) benzodiazepines;

(3) barbiturates; or

(4) carisoprodol.

(c) A physician is not subject to the requirements of Subsection (a) if:

(1) the patient has been diagnosed with cancer or the patient is receiving hospice care; and

(2) the physician clearly notes in the prescription record that the patient was diagnosed with cancer or is receiving hospice care, as applicable.

(d) Failure by a physician to comply with the requirements of this section is grounds for disciplinary action under Section 164.051.

SECTION 10. Section 164.0015(d), Occupations Code, is amended to read as follows:

(d) The board may not issue a remedial plan to resolve a complaint against a license holder if the license holder has

1 ~~[previously]~~ entered into a remedial plan with the board in the
2 preceding five years ~~[for the resolution of a different complaint~~
3 ~~relating to this subtitle]~~.

4 SECTION 11. Section 164.003, Occupations Code, is amended
5 by amending Subsections (b) and (f) and adding Subsection (f-1) to
6 read as follows:

7 (b) Rules adopted under this section must require that:

8 (1) an informal meeting in compliance with Section
9 2001.054, Government Code, be scheduled not later than the 180th
10 day after the date the board's official investigation of the
11 complaint is commenced as provided by Section 154.057(b), unless
12 good cause is shown by the board for scheduling the informal meeting
13 after that date;

14 (2) the board give notice to the license holder of the
15 time and place of the meeting not later than the 45th day before the
16 date the meeting is held;

17 (3) the complainant and the license holder be provided
18 an opportunity to be heard;

19 (4) at least one of the board members or district
20 review committee members participating in the informal meeting as a
21 panelist be a member who represents the public;

22 (5) the board's legal counsel or a representative of
23 the attorney general be present to advise the board or the board's
24 staff; ~~and~~

25 (6) a member of the board's staff be at the meeting to
26 present to the board's representative the facts the staff
27 reasonably believes it could prove by competent evidence or

1 qualified witnesses at a hearing; and

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

6 (f) The notice required by Subsection (b)(2) must be
7 accompanied by a written statement of the nature of the allegations
8 and the information the board intends to use at the meeting. If the
9 board does not provide the statement or information at that time,
10 the license holder may use that failure as grounds for rescheduling
11 the informal meeting. If the complaint includes an allegation that
12 the license holder has violated the standard of care, the notice
13 must include a copy of each ~~[the]~~ report prepared by an ~~[the]~~ expert
14 physician reviewer under Section 154.0561. The license holder must
15 provide to the board the license holder's rebuttal at least 15
16 business days before the date of the meeting in order for the
17 information to be considered at the meeting.

18 (f-1) Before providing a report to a license holder under
19 Subsection (f), the board must redact any identifying information
20 of an expert physician reviewer other than the specialty of the
21 expert physician reviewer.

22 SECTION 12. Sections 164.005(a) and (c), Occupations Code,
23 are amended to read as follows:

24 (a) In this section, "formal complaint" means a written
25 statement made by a credible person ~~[under oath]~~ that is filed and
26 presented by a board representative charging a person with having
27 committed an act that, if proven, could affect the legal rights or

1 privileges of a license holder or other person under the board's
2 jurisdiction.

3 (c) A charge must ~~[be in the form of a written affidavit~~
4 ~~that]~~:

5 (1) be ~~[is]~~ filed with the board's records custodian or
6 assistant records custodian; and

7 (2) detail ~~[details]~~ the nature of the charge as
8 required by this subtitle or other applicable law.

9 SECTION 13. Subchapter A, Chapter 164, Occupations Code, is
10 amended by adding Section 164.0105 to read as follows:

11 Sec. 164.0105. MONITORING HARMFUL PRESCRIBING PATTERNS.

12 (a) The board shall periodically check the prescribing information
13 submitted to the Texas State Board of Pharmacy as authorized by
14 Section 481.076(a)(1), Health and Safety Code, to determine whether
15 a physician is engaging in potentially harmful prescribing patterns
16 or practices.

17 (b) The board, in coordination with the Texas State Board of
18 Pharmacy, shall determine the conduct that constitutes a
19 potentially harmful prescribing pattern or practice for purposes of
20 Subsection (a). In determining the conduct that constitutes a
21 potentially harmful prescribing pattern or practice, the board
22 shall consider:

23 (1) the number of times a physician prescribes a drug
24 listed in Section 162.301(b); and

25 (2) for prescriptions described by Subdivision (1),
26 patterns of prescribing combinations of those drugs and other
27 dangerous combinations of drugs identified by the board.

1 (c) If the board suspects that a physician may be engaging
2 in potentially harmful prescribing patterns or practices, the board
3 may notify the physician of the potentially harmful prescribing
4 pattern or practice.

5 (d) The board may initiate a complaint against a physician
6 based on information obtained under this section.

7 SECTION 14. Chapter 167, Occupations Code, is amended by
8 adding Sections 167.012 and 167.013 to read as follows:

9 Sec. 167.012. MEMORANDUM OF UNDERSTANDING WITH BOARD. The
10 governing board and the board shall enter into a memorandum of
11 understanding to better coordinate services and operations of the
12 program. The memorandum of understanding must be adopted by rule
13 and:

14 (1) establish performance measures for the program,
15 including the number of participants who successfully complete the
16 program;

17 (2) include a list of services the board will provide
18 for the program; and

19 (3) require that an internal audit of the program be
20 conducted at least once every three years to ensure the program is
21 properly documenting and referring all noncompliance to the board.

22 Sec. 167.013. GIFTS, GRANTS, AND DONATIONS. In addition to
23 any fees paid to the board or money appropriated to the board for
24 the program, the board may receive and accept a gift, grant,
25 donation, or other thing of value from any source, including the
26 United States or a private source, for the program.

27 SECTION 15. Section 168.052, Occupations Code, is amended

to read as follows:

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

(b) The board may inspect a clinic or facility that is not certified under this chapter to determine whether the clinic or facility is required to be certified under Section 168.101. The board by rule shall establish the grounds for conducting an inspection under this subsection, including grounds based on:

(1) the population of patients served by the clinic or facility;

(2) the volume or combination of drugs prescribed to patients served by the clinic or facility; and

(3) any other criteria the board considers sufficient to require an inspection of the clinic or facility.

SECTION 16. Section 168.201, Occupations Code, is amended by adding Subsection (a-1) to read as follows:

(a-1) For the purposes of this section, inappropriate prescribing includes nontherapeutic prescribing or other conduct as specified by board rule.

SECTION 17. Subtitle B, Title 3, Occupations Code, is amended by adding Chapter 170 to read as follows:

CHAPTER 170. INTERSTATE MEDICAL LICENSURE COMPACT

Sec. 170.001. INTERSTATE MEDICAL LICENSURE COMPACT. The Interstate Medical Licensure Compact is enacted and entered into with all other jurisdictions that legally join in the compact,

which reads as follows:

INTERSTATE MEDICAL LICENSURE COMPACT

SECTION 1. PURPOSE

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

SECTION 2. DEFINITIONS

In this compact:

(a) "Bylaws" means those bylaws established by the Interstate Commission pursuant to Section 11 for its governance, or for directing and controlling its actions and conduct.

1 (b) "Commissioner" means the voting representative
2 appointed by each member board pursuant to Section 11.

3 (c) "Conviction" means a finding by a court that an
4 individual is guilty of a criminal offense through adjudication, or
5 entry of a plea of guilt or no contest to the charge by the offender.
6 Evidence of an entry of a conviction of a criminal offense by the
7 court shall be considered final for purposes of disciplinary action
8 by a member board.

9 (d) "Expedited License" means a full and unrestricted
10 medical license granted by a member state to an eligible physician
11 through the process set forth in the Compact.

12 (e) "Interstate Commission" means the interstate commission
13 created pursuant to Section 11.

14 (f) "License" means authorization by a state for a physician
15 to engage in the practice of medicine, which would be unlawful
16 without the authorization.

17 (g) "Medical Practice Act" means laws and regulations
18 governing the practice of allopathic and osteopathic medicine
19 within a member state.

20 (h) "Member Board" means a state agency in a member state
21 that acts in the sovereign interests of the state by protecting the
22 public through licensure, regulation, and education of physicians
23 as directed by the state government.

24 (i) "Member State" means a state that has enacted the
25 Compact.

26 (j) "Practice of Medicine" means the clinical prevention,
27 diagnosis, or treatment of human disease, injury, or condition

1 requiring a physician to obtain and maintain a license in
2 compliance with the Medical Practice Act of a member state.

3 (k) "Physician" means any person who:

4 (1) Is a graduate of a medical school accredited by the
5 Liaison Committee on Medical Education, the Commission on
6 Osteopathic College Accreditation, or a medical school listed in
7 the International Medical Education Directory or its equivalent;

8 (2) Passed each component of the United States Medical
9 Licensing Examination (USMLE) or the Comprehensive Osteopathic
10 Medical Licensing Examination (COMLEX-USA) within three attempts,
11 or any of its predecessor examinations accepted by a state medical
12 board as an equivalent examination for licensure purposes;

13 (3) Successfully completed graduate medical education
14 approved by the Accreditation Council for Graduate Medical
15 Education or the American Osteopathic Association;

16 (4) Holds specialty certification or a time-unlimited
17 specialty certificate recognized by the American Board of Medical
18 Specialties or the American Osteopathic Association's Bureau of
19 Osteopathic Specialists;

20 (5) Possesses a full and unrestricted license to
21 engage in the practice of medicine issued by a member board;

22 (6) Has never been convicted, received adjudication,
23 deferred adjudication, community supervision, or deferred
24 disposition for any offense by a court of appropriate jurisdiction;

25 (7) Has never held a license authorizing the practice
26 of medicine subjected to discipline by a licensing agency in any
27 state, federal, or foreign jurisdiction, excluding any action

1 related to non-payment of fees related to a license;

2 (8) Has never had a controlled substance license or
3 permit suspended or revoked by a state or the United States Drug
4 Enforcement Administration; and

5 (9) Is not under active investigation by a licensing
6 agency or law enforcement authority in any state, federal, or
7 foreign jurisdiction.

8 (1) "Offense" means a felony, gross misdemeanor, or crime of
9 moral turpitude.

10 (m) "Rule" means a written statement by the Interstate
11 Commission promulgated pursuant to Section 12 of the Compact that
12 is of general applicability, implements, interprets, or prescribes
13 a policy or provision of the Compact, or an organizational,
14 procedural, or practice requirement of the Interstate Commission,
15 and has the force and effect of statutory law in a member state, and
16 includes the amendment, repeal, or suspension of an existing rule.

17 (n) "State" means any state, commonwealth, district, or
18 territory of the United States.

19 (o) "State of Principal License" means a member state where
20 a physician holds a license to practice medicine and which has been
21 designated as such by the physician for purposes of registration
22 and participation in the Compact.

23 SECTION 3. ELIGIBILITY

24 (a) A physician must meet the eligibility requirements as
25 defined in Section 2(k) to receive an expedited license under the
26 terms and provisions of the Compact.

27 (b) A physician who does not meet the requirements of

1 Section 2(k) may obtain a license to practice medicine in a member
2 state if the individual complies with all laws and requirements,
3 other than the Compact, relating to the issuance of a license to
4 practice medicine in that state.

5 SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE

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

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

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

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

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

19 (b) A physician may redesignate a member state as state of
20 principal license at any time, as long as the state meets the
21 requirements in subsection (a).

22 (c) The Interstate Commission is authorized to develop
23 rules to facilitate redesignation of another member state as the
24 state of principal license.

25 SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

26 (a) A physician seeking licensure through the Compact shall
27 file an application for an expedited license with the member board

1 of the state selected by the physician as the state of principal
2 license.

3 (b) Upon receipt of an application for an expedited license,
4 the member board within the state selected as the state of principal
5 license shall evaluate whether the physician is eligible for
6 expedited licensure and issue a letter of qualification, verifying
7 or denying the physician's eligibility, to the Interstate
8 Commission.

9 (i) Static qualifications, which include verification
10 of medical education, graduate medical education, results of any
11 medical or licensing examination, and other qualifications as
12 determined by the Interstate Commission through rule, shall not be
13 subject to additional primary source verification where already
14 primary source verified by the state of principal license.

15 (ii) The member board within the state selected as the
16 state of principal license shall, in the course of verifying
17 eligibility, perform a criminal background check of an applicant,
18 including the use of the results of fingerprint or other biometric
19 data checks compliant with the requirements of the Federal Bureau
20 of Investigation, with the exception of federal employees who have
21 suitability determination in accordance with U.S. C.F.R. Section
22 731.202.

23 (iii) Appeal on the determination of eligibility shall
24 be made to the member state where the application was filed and
25 shall be subject to the law of that state.

26 (c) Upon verification in subsection (b), physicians
27 eligible for an expedited license shall complete the registration

1 process established by the Interstate Commission to receive a
2 license in a member state selected pursuant to subsection (a),
3 including the payment of any applicable fees.

4 (d) After receiving verification of eligibility under
5 subsection (b) and any fees under subsection (c), a member board
6 shall issue an expedited license to the physician. This license
7 shall authorize the physician to practice medicine in the issuing
8 state consistent with the Medical Practice Act and all applicable
9 laws and regulations of the issuing member board and member state.

10 (e) An expedited license shall be valid for a period
11 consistent with the licensure period in the member state and in the
12 same manner as required for other physicians holding a full and
13 unrestricted license within the member state.

14 (f) An expedited license obtained through the Compact shall
15 be terminated if a physician fails to maintain a license in the
16 state of principal licensure for a non-disciplinary reason, without
17 redesignation of a new state of principal licensure.

18 (g) The Interstate Commission is authorized to develop
19 rules regarding the application process, including payment of any
20 applicable fees, and the issuance of an expedited license.

21 SECTION 6. FEES FOR EXPEDITED LICENSURE

22 (a) A member state issuing an expedited license authorizing
23 the practice of medicine in that state may impose a fee for a
24 license issued or renewed through the Compact.

25 (b) The Interstate Commission is authorized to develop
26 rules regarding fees for expedited licenses.

27 SECTION 7. RENEWAL AND CONTINUED PARTICIPATION

1 (a) A physician seeking to renew an expedited license
2 granted in a member state shall complete a renewal process with the
3 Interstate Commission if the physician:

4 (1) Maintains a full and unrestricted license in a
5 state of principal license;

6 (2) Has not been convicted, received adjudication,
7 deferred adjudication, community supervision, or deferred
8 disposition for any offense by a court of appropriate jurisdiction;

9 (3) Has not had a license authorizing the practice of
10 medicine subject to discipline by a licensing agency in any state,
11 federal, or foreign jurisdiction, excluding any action related to
12 non-payment of fees related to a license; and

13 (4) Has not had a controlled substance license or
14 permit suspended or revoked by a state or the United States Drug
15 Enforcement Administration.

16 (b) Physicians shall comply with all continuing
17 professional development or continuing medical education
18 requirements for renewal of a license issued by a member state.

19 (c) The Interstate Commission shall collect any renewal
20 fees charged for the renewal of a license and distribute the fees to
21 the applicable member board.

22 (d) Upon receipt of any renewal fees collected in subsection
23 (c), a member board shall renew the physician's license.

24 (e) Physician information collected by the Interstate
25 Commission during the renewal process will be distributed to all
26 member boards.

27 (f) The Interstate Commission is authorized to develop

1 rules to address renewal of licenses obtained through the Compact.

2 SECTION 8. COORDINATED INFORMATION SYSTEM

3 (a) The Interstate Commission shall establish a database of
4 all physicians licensed, or who have applied for licensure, under
5 Section 5.

6 (b) Notwithstanding any other provision of law, member
7 boards shall report to the Interstate Commission any public action
8 or complaints against a licensed physician who has applied or
9 received an expedited license through the Compact.

10 (c) Member boards shall report disciplinary or
11 investigatory information determined as necessary and proper by
12 rule of the Interstate Commission.

13 (d) Member boards may report any non-public complaint,
14 disciplinary, or investigatory information not required by
15 subsection (c) to the Interstate Commission.

16 (e) Member boards shall share complaint or disciplinary
17 information about a physician upon request of another member board.

18 (f) All information provided to the Interstate Commission
19 or distributed by member boards shall be confidential, filed under
20 seal, and used only for investigatory or disciplinary matters.

21 (g) The Interstate Commission is authorized to develop
22 rules for mandated or discretionary sharing of information by
23 member boards.

24 SECTION 9. JOINT INVESTIGATIONS

25 (a) Licensure and disciplinary records of physicians are
26 deemed investigative.

27 (b) In addition to the authority granted to a member board

1 by its respective Medical Practice Act or other applicable state
2 law, a member board may participate with other member boards in
3 joint investigations of physicians licensed by the member boards.

4 (c) A subpoena issued by a member state shall be enforceable
5 in other member states.

6 (d) Member boards may share any investigative, litigation,
7 or compliance materials in furtherance of any joint or individual
8 investigation initiated under the Compact.

9 (e) Any member state may investigate actual or alleged
10 violations of the statutes authorizing the practice of medicine in
11 any other member state in which a physician holds a license to
12 practice medicine.

13 SECTION 10. DISCIPLINARY ACTIONS

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

19 (b) If a license granted to a physician by the member board
20 in the state of principal license is revoked, surrendered or
21 relinquished in lieu of discipline, or suspended, then all licenses
22 issued to the physician by member boards shall automatically be
23 placed, without further action necessary by any member board, on
24 the same status. If the member board in the state of principal
25 license subsequently reinstates the physician's license, a license
26 issued to the physician by any other member board shall remain
27 encumbered until that respective member board takes action to

1 reinstate the license in a manner consistent with the Medical
2 Practice Act of that state.

3 (c) If disciplinary action is taken against a physician by a
4 member board not in the state of principal license, any other member
5 board may deem the action conclusive as to matter of law and fact
6 decided, and:

7 (i) impose the same or lesser sanction(s) against the
8 physician so long as such sanctions are consistent with the Medical
9 Practice Act of that state;

10 (ii) or pursue separate disciplinary action against
11 the physician under its respective Medical Practice Act, regardless
12 of the action taken in other member states.

13 (d) If a license granted to a physician by a member board is
14 revoked, surrendered or relinquished in lieu of discipline, or
15 suspended, then any license(s) issued to the physician by any other
16 member board(s) shall be suspended, automatically and immediately
17 without further action necessary by the other member board(s), for
18 ninety (90) days upon entry of the order by the disciplining board,
19 to permit the member board(s) to investigate the basis for the
20 action under the Medical Practice Act of that state. A member board
21 may terminate the automatic suspension of the license it issued
22 prior to the completion of the ninety (90) day suspension period in
23 a manner consistent with the Medical Practice Act of that state.

24 SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT
25 COMMISSION

26 (a) The member states hereby create the "Interstate Medical
27 Licensure Compact Commission".

1 (b) The purpose of the Interstate Commission is the
2 administration of the Interstate Medical Licensure Compact, which
3 is a discretionary state function.

4 (c) The Interstate Commission shall be a body corporate and
5 joint agency of the member states and shall have all the
6 responsibilities, powers, and duties set forth in the Compact, and
7 such additional powers as may be conferred upon it by a subsequent
8 concurrent action of the respective legislatures of the member
9 states in accordance with the terms of the Compact.

10 (d) The Interstate Commission shall consist of two voting
11 representatives appointed by each member state who shall serve as
12 Commissioners. In states where allopathic and osteopathic
13 physicians are regulated by separate member boards, or if the
14 licensing and disciplinary authority is split between multiple
15 member boards within a member state, the member state shall appoint
16 one representative from each member board. A Commissioner shall be
17 a(n):

18 (1) Allopathic or osteopathic physician appointed to a
19 member board;

20 (2) Executive director, executive secretary, or
21 similar executive of a member board; or

22 (3) Member of the public appointed to a member board.

23 (e) The Interstate Commission shall meet at least once each
24 calendar year. A portion of this meeting shall be a business
25 meeting to address such matters as may properly come before the
26 Commission, including the election of officers. The chairperson
27 may call additional meetings and shall call for a meeting upon the

1 request of a majority of the member states.

2 (f) The bylaws may provide for meetings of the Interstate
3 Commission to be conducted by telecommunication or electronic
4 communication.

5 (g) Each Commissioner participating at a meeting of the
6 Interstate Commission is entitled to one vote. A majority of
7 Commissioners shall constitute a quorum for the transaction of
8 business, unless a larger quorum is required by the bylaws of the
9 Interstate Commission. A Commissioner shall not delegate a vote to
10 another Commissioner. In the absence of its Commissioner, a member
11 state may delegate voting authority for a specified meeting to
12 another person from that state who shall meet the requirements of
13 subsection (d).

14 (h) The Interstate Commission shall provide public notice
15 of all meetings and all meetings shall be open to the public. The
16 Interstate Commission may close a meeting, in full or in portion,
17 where it determines by a two-thirds vote of the Commissioners
18 present that an open meeting would be likely to:

19 (1) Relate solely to the internal personnel practices
20 and procedures of the Interstate Commission;

21 (2) Discuss matters specifically exempted from
22 disclosure by federal statute;

23 (3) Discuss trade secrets, commercial, or financial
24 information that is privileged or confidential;

25 (4) Involve accusing a person of a crime, or formally
26 censuring a person;

27 (5) Discuss information of a personal nature where

1 disclosure would constitute a clearly unwarranted invasion of
2 personal privacy;

3 (6) Discuss investigative records compiled for law
4 enforcement purposes; or

5 (7) Specifically relate to the participation in a
6 civil action or other legal proceeding.

7 (i) The Interstate Commission shall keep minutes which
8 shall fully describe all matters discussed in a meeting and shall
9 provide a full and accurate summary of actions taken, including
10 record of any roll call votes.

11 (j) The Interstate Commission shall make its information
12 and official records, to the extent not otherwise designated in the
13 Compact or by its rules, available to the public for inspection.

14 (k) The Interstate Commission shall establish an executive
15 committee, which shall include officers, members, and others as
16 determined by the bylaws. The executive committee shall have the
17 power to act on behalf of the Interstate Commission, with the
18 exception of rulemaking, during periods when the Interstate
19 Commission is not in session. When acting on behalf of the
20 Interstate Commission, the executive committee shall oversee the
21 administration of the Compact including enforcement and compliance
22 with the provisions of the Compact, its bylaws and rules, and other
23 such duties as necessary.

24 (l) The Interstate Commission may establish other
25 committees for governance and administration of the Compact.

26 SECTION 12. POWERS AND DUTIES OF THE INTERSTATE COMMISSION

27 The Interstate Commission shall have the duty and power to:

1 (a) Oversee and maintain the administration of the Compact;

2 (b) Promulgate rules which shall be binding to the extent
3 and in the manner provided for in the Compact;

4 (c) Issue, upon the request of a member state or member
5 board, advisory opinions concerning the meaning or interpretation
6 of the Compact, its bylaws, rules, and actions;

7 (d) Enforce compliance with Compact provisions, the rules
8 promulgated by the Interstate Commission, and the bylaws, using all
9 necessary and proper means, including but not limited to the use of
10 judicial process;

11 (e) Establish and appoint committees including, but not
12 limited to, an executive committee as required by Section 11, which
13 shall have the power to act on behalf of the Interstate Commission
14 in carrying out its powers and duties;

15 (f) Pay, or provide for the payment of the expenses related
16 to the establishment, organization, and ongoing activities of the
17 Interstate Commission;

18 (g) Establish and maintain one or more offices;

19 (h) Borrow, accept, hire, or contract for services of
20 personnel;

21 (i) Purchase and maintain insurance and bonds;

22 (j) Employ an executive director who shall have such powers
23 to employ, select or appoint employees, agents, or consultants, and
24 to determine their qualifications, define their duties, and fix
25 their compensation;

26 (k) Establish personnel policies and programs relating to
27 conflicts of interest, rates of compensation, and qualifications of

1 personnel;

2 (l) Accept donations and grants of money, equipment,
3 supplies, materials and services, and to receive, utilize, and
4 dispose of it in a manner consistent with the conflict of interest
5 policies established by the Interstate Commission;

6 (m) Lease, purchase, accept contributions or donations of,
7 or otherwise to own, hold, improve or use, any property, real,
8 personal, or mixed;

9 (n) Sell, convey, mortgage, pledge, lease, exchange,
10 abandon, or otherwise dispose of any property, real, personal, or
11 mixed;

12 (o) Establish a budget and make expenditures;

13 (p) Adopt a seal and bylaws governing the management and
14 operation of the Interstate Commission;

15 (q) Report annually to the legislatures and governors of the
16 member states concerning the activities of the Interstate
17 Commission during the preceding year. Such reports shall also
18 include reports of financial audits and any recommendations that
19 may have been adopted by the Interstate Commission;

20 (r) Coordinate education, training, and public awareness
21 regarding the Compact, its implementation, and its operation;

22 (s) Maintain records in accordance with the bylaws;

23 (t) Seek and obtain trademarks, copyrights, and patents;
24 and

25 (u) Perform such functions as may be necessary or
26 appropriate to achieve the purposes of the Compact.

27 SECTION 13. FINANCE POWERS

1 (a) The Interstate Commission may levy on and collect an
2 annual assessment from each member state to cover the cost of the
3 operations and activities of the Interstate Commission and its
4 staff. The total assessment must be sufficient to cover the annual
5 budget approved each year for which revenue is not provided by other
6 sources. The aggregate annual assessment amount shall be allocated
7 upon a formula to be determined by the Interstate Commission, which
8 shall promulgate a rule binding upon all member states.

9 (b) The Interstate Commission shall not incur obligations
10 of any kind prior to securing the funds adequate to meet the same.

11 (c) The Interstate Commission shall not pledge the credit of
12 any of the member states, except by, and with the authority of, the
13 member state.

14 (d) The Interstate Commission shall be subject to a yearly
15 financial audit conducted by a certified or licensed public
16 accountant and the report of the audit shall be included in the
17 annual report of the Interstate Commission.

18 SECTION 14. ORGANIZATION AND OPERATION OF THE INTERSTATE
19 COMMISSION

20 (a) The Interstate Commission shall, by a majority of
21 Commissioners present and voting, adopt bylaws to govern its
22 conduct as may be necessary or appropriate to carry out the purposes
23 of the Compact within twelve (12) months of the first Interstate
24 Commission meeting.

25 (b) The Interstate Commission shall elect or appoint
26 annually from among its Commissioners a chairperson, a
27 vice-chairperson, and a treasurer, each of whom shall have such

1 authority and duties as may be specified in the bylaws. The
2 chairperson, or in the chairperson's absence or disability, the
3 vice-chairperson, shall preside at all meetings of the Interstate
4 Commission.

5 (c) Officers selected in subsection (b) shall serve without
6 remuneration from the Interstate Commission.

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

18 (1) The liability of the executive director and
19 employees of the Interstate Commission or representatives of the
20 Interstate Commission, acting within the scope of such person's
21 employment or duties for acts, errors, or omissions occurring
22 within such person's state, may not exceed the limits of liability
23 set forth under the constitution and laws of that state for state
24 officials, employees, and agents. The Interstate Commission is
25 considered to be an instrumentality of the states for the purposes
26 of any such action. Nothing in this subsection shall be construed
27 to protect such person from suit or liability for damage, loss,

1 injury, or liability caused by the intentional or willful and
2 wanton misconduct of such person.

3 (2) The Interstate Commission shall defend the
4 executive director, its employees, and subject to the approval of
5 the attorney general or other appropriate legal counsel of the
6 member state represented by an Interstate Commission
7 representative, shall defend such Interstate Commission
8 representative in any civil action seeking to impose liability
9 arising out of an actual or alleged act, error or omission that
10 occurred within the scope of Interstate Commission employment,
11 duties or responsibilities, or that the defendant had a reasonable
12 basis for believing occurred within the scope of Interstate
13 Commission employment, duties, or responsibilities, provided that
14 the actual or alleged act, error, or omission did not result from
15 intentional or willful and wanton misconduct on the part of such
16 person.

17 (3) To the extent not covered by the state involved,
18 member state, or the Interstate Commission, the representatives or
19 employees of the Interstate Commission shall be held harmless in
20 the amount of a settlement or judgment, including attorney's fees
21 and costs, obtained against such persons arising out of an actual or
22 alleged act, error, or omission that occurred within the scope of
23 Interstate Commission employment, duties, or responsibilities, or
24 that such persons had a reasonable basis for believing occurred
25 within the scope of Interstate Commission employment, duties, or
26 responsibilities, provided that the actual or alleged act, error,
27 or omission did not result from intentional or willful and wanton

1 misconduct on the part of such persons.

2 SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE
3 COMMISSION

4 (a) The Interstate Commission shall promulgate reasonable
5 rules in order to effectively and efficiently achieve the purposes
6 of the Compact. Notwithstanding the foregoing, in the event the
7 Interstate Commission exercises its rulemaking authority in a
8 manner that is beyond the scope of the purposes of the Compact, or
9 the powers granted hereunder, then such an action by the Interstate
10 Commission shall be invalid and have no force or effect.

11 (b) Rules deemed appropriate for the operations of the
12 Interstate Commission shall be made pursuant to a rulemaking
13 process that substantially conforms to the "Model State
14 Administrative Procedure Act" of 2010, and subsequent amendments
15 thereto.

16 (c) Not later than thirty (30) days after a rule is
17 promulgated, any person may file a petition for judicial review of
18 the rule in the United States District Court for the District of
19 Columbia or the federal district where the Interstate Commission
20 has its principal offices, provided that the filing of such a
21 petition shall not stay or otherwise prevent the rule from becoming
22 effective unless the court finds that the petitioner has a
23 substantial likelihood of success. The court shall give deference
24 to the actions of the Interstate Commission consistent with
25 applicable law and shall not find the rule to be unlawful if the
26 rule represents a reasonable exercise of the authority granted to
27 the Interstate Commission.

1 SECTION 16. OVERSIGHT OF INTERSTATE COMPACT

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

9 (b) All courts shall take judicial notice of the Compact and
10 the rules in any judicial or administrative proceeding in a member
11 state pertaining to the subject matter of the Compact which may
12 affect the powers, responsibilities or actions of the Interstate
13 Commission.

14 (c) The Interstate Commission shall be entitled to receive
15 all service of process in any such proceeding, and shall have
16 standing to intervene in the proceeding for all purposes. Failure
17 to provide service of process to the Interstate Commission shall
18 render a judgment or order void as to the Interstate Commission, the
19 Compact, or promulgated rules.

20 SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT

21 (a) The Interstate Commission, in the reasonable exercise
22 of its discretion, shall enforce the provisions and rules of the
23 Compact.

24 (b) The Interstate Commission may, by majority vote of the
25 Commissioners, initiate legal action in the United States District
26 Court for the District of Columbia, or, at the discretion of the
27 Interstate Commission, in the federal district where the Interstate

1 Commission has its principal offices, to enforce compliance with
2 the provisions of the Compact, and its promulgated rules and
3 bylaws, against a member state in default. The relief sought may
4 include both injunctive relief and damages. In the event judicial
5 enforcement is necessary, the prevailing party shall be awarded all
6 costs of such litigation including reasonable attorney's fees.

7 (c) The remedies herein shall not be the exclusive remedies
8 of the Interstate Commission. The Interstate Commission may avail
9 itself of any other remedies available under state law or the
10 regulation of a profession.

11 SECTION 18. DEFAULT PROCEDURES

12 (a) The grounds for default include, but are not limited to,
13 failure of a member state to perform such obligations or
14 responsibilities imposed upon it by the Compact, or the rules and
15 bylaws of the Interstate Commission promulgated under the Compact.

16 (b) If the Interstate Commission determines that a member
17 state has defaulted in the performance of its obligations or
18 responsibilities under the Compact, or the bylaws or promulgated
19 rules, the Interstate Commission shall:

20 (1) Provide written notice to the defaulting state and
21 other member states, of the nature of the default, the means of
22 curing the default, and any action taken by the Interstate
23 Commission. The Interstate Commission shall specify the conditions
24 by which the defaulting state must cure its default; and

25 (2) Provide remedial training and specific technical
26 assistance regarding the default.

27 (c) If the defaulting state fails to cure the default, the

1 defaulting state shall be terminated from the Compact upon an
2 affirmative vote of a majority of the Commissioners and all rights,
3 privileges, and benefits conferred by the Compact shall terminate
4 on the effective date of termination. A cure of the default does not
5 relieve the offending state of obligations or liabilities incurred
6 during the period of the default.

7 (d) Termination of membership in the Compact shall be
8 imposed only after all other means of securing compliance have been
9 exhausted. Notice of intent to terminate shall be given by the
10 Interstate Commission to the governor, the majority and minority
11 leaders of the defaulting state's legislature, and each of the
12 member states.

13 (e) The Interstate Commission shall establish rules and
14 procedures to address licenses and physicians that are materially
15 impacted by the termination of a member state, or the withdrawal of
16 a member state.

17 (f) The member state which has been terminated is
18 responsible for all dues, obligations, and liabilities incurred
19 through the effective date of termination including obligations,
20 the performance of which extends beyond the effective date of
21 termination.

22 (g) The Interstate Commission shall not bear any costs
23 relating to any state that has been found to be in default or which
24 has been terminated from the Compact, unless otherwise mutually
25 agreed upon in writing between the Interstate Commission and the
26 defaulting state.

27 (h) The defaulting state may appeal the action of the

1 Interstate Commission by petitioning the United States District
2 Court for the District of Columbia or the federal district where the
3 Interstate Commission has its principal offices. The prevailing
4 party shall be awarded all costs of such litigation including
5 reasonable attorney's fees.

6 SECTION 19. DISPUTE RESOLUTION

7 (a) The Interstate Commission shall attempt, upon the
8 request of a member state, to resolve disputes which are subject to
9 the Compact and which may arise among member states or member
10 boards.

11 (b) The Interstate Commission shall promulgate rules
12 providing for both mediation and binding dispute resolution as
13 appropriate.

14 SECTION 20. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

15 (a) Any state is eligible to become a member state of the
16 Compact.

17 (b) The Compact shall become effective and binding upon
18 legislative enactment of the Compact into law by no less than seven
19 (7) states. Thereafter, it shall become effective and binding on a
20 state upon enactment of the Compact into law by that state.

21 (c) The governors of non-member states, or their designees,
22 shall be invited to participate in the activities of the Interstate
23 Commission on a non-voting basis prior to adoption of the Compact by
24 all states.

25 (d) The Interstate Commission may propose amendments to the
26 Compact for enactment by the member states. No amendment shall
27 become effective and binding upon the Interstate Commission and the

1 member states unless and until it is enacted into law by unanimous
2 consent of the member states.

3 SECTION 21. WITHDRAWAL

4 (a) Once effective, the Compact shall continue in force and
5 remain binding upon each and every member state; provided that a
6 member state may withdraw from the Compact by specifically
7 repealing the statute which enacted the Compact into law.

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

13 (c) The withdrawing state shall immediately notify the
14 chairperson of the Interstate Commission in writing upon the
15 introduction of legislation repealing the Compact in the
16 withdrawing state.

17 (d) The Interstate Commission shall notify the other member
18 states of the withdrawing state's intent to withdraw within sixty
19 (60) days of its receipt of notice provided under subsection (c).

20 (e) The withdrawing state is responsible for all dues,
21 obligations and liabilities incurred through the effective date of
22 withdrawal, including obligations, the performance of which extend
23 beyond the effective date of withdrawal.

24 (f) Reinstatement following withdrawal of a member state
25 shall occur upon the withdrawing state reenacting the Compact or
26 upon such later date as determined by the Interstate Commission.

27 (g) The Interstate Commission is authorized to develop

1 rules to address the impact of the withdrawal of a member state on
2 licenses granted in other member states to physicians who
3 designated the withdrawing member state as the state of principal
4 license.

5 SECTION 22. DISSOLUTION

6 (a) The Compact shall dissolve effective upon the date of
7 the withdrawal or default of the member state which reduces the
8 membership in the Compact to one (1) member state.

9 (b) Upon the dissolution of the Compact, the Compact becomes
10 null and void and shall be of no further force or effect, and the
11 business and affairs of the Interstate Commission shall be
12 concluded and surplus funds shall be distributed in accordance with
13 the bylaws.

14 SECTION 23. SEVERABILITY AND CONSTRUCTION

15 (a) The provisions of the Compact shall be severable, and if
16 any phrase, clause, sentence, or provision is deemed unenforceable,
17 the remaining provisions of the Compact shall be enforceable.

18 (b) The provisions of the Compact shall be liberally
19 construed to effectuate its purposes.

20 (c) Nothing in the Compact shall be construed to prohibit
21 the applicability of other interstate compacts to which the states
22 are members.

23 SECTION 24. BINDING EFFECT OF COMPACT AND OTHER LAWS

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

26 (b) All laws in a member state in conflict with the Compact
27 are superseded to the extent of the conflict.

1 (c) All lawful actions of the Interstate Commission,
2 including all rules and bylaws promulgated by the Commission, are
3 binding upon the member states.

4 (d) All agreements between the Interstate Commission and
5 the member states are binding in accordance with their terms.

6 (e) In the event any provision of the Compact exceeds the
7 constitutional limits imposed on the legislature of any member
8 state, such provision shall be ineffective to the extent of the
9 conflict with the constitutional provision in question in that
10 member state.

11 Sec. 170.002. RULES. The board may adopt rules necessary to
12 implement this chapter.

13 SECTION 18. Subchapter B, Chapter 204, Occupations Code, is
14 amended by adding Section 204.0585 to read as follows:

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

20 SECTION 19. Section 204.059, Occupations Code, is amended
21 by amending Subsection (b) and adding Subsection (d) to read as
22 follows:

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

25 (1) the law governing physician assistant board
26 operations;

27 (2) the ~~[this chapter and the physician assistant~~

1 ~~board's]~~ programs, functions, rules, and budget of the physician
2 assistant board;

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

5 (4) [-(2)] the results of the most recent formal audit
6 of the physician assistant board;

7 (5) [-(3)] the requirements of:

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

11 (B) other laws applicable to members of the
12 physician assistant board in performing their duties; and

13 (6) [-(4)] any applicable ethics policies adopted by
14 the physician assistant board or the Texas Ethics Commission.

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

22 SECTION 20. Subchapter D, Chapter 204, Occupations Code, is
23 amended by adding Section 204.1525 to read as follows:

24 Sec. 204.1525. CRIMINAL HISTORY RECORD INFORMATION
25 REQUIREMENT FOR LICENSE ISSUANCE. (a) The physician assistant
26 board shall require that an applicant for a license submit a
27 complete and legible set of fingerprints, on a form prescribed by

1 the board, to the board or to the Department of Public Safety for
2 the purpose of obtaining criminal history record information from
3 the Department of Public Safety and the Federal Bureau of
4 Investigation.

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

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

10 (1) provided by the individual under this section; and

11 (2) made available to the board by the Department of
12 Public Safety, the Federal Bureau of Investigation, and any other
13 criminal justice agency under Chapter 411, Government Code.

14 (d) The physician assistant board may:

15 (1) enter into an agreement with the Department of
16 Public Safety to administer a criminal history record information
17 check required under this section; and

18 (2) authorize the Department of Public Safety to
19 collect from each applicant the costs incurred by the Department of
20 Public Safety in conducting the criminal history record information
21 check.

22 SECTION 21. Section 204.153(a), Occupations Code, is
23 amended to read as follows:

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

26 (1) successfully complete an educational program for
27 physician assistants or surgeon assistants accredited by the

Committee on Allied Health Education and Accreditation or by that committee's predecessor or successor entities;

(2) pass the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants;

(3) hold a certificate issued by the National Commission on Certification of Physician Assistants;

(4) ~~[be of good moral character,~~

~~(5)]~~ meet any other requirement established by physician assistant board rule; and

(5) ~~(6)]~~ pass a jurisprudence examination approved by the physician assistant board as provided by Subsection (a-1).

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

(a) A license issued under this chapter is valid for a term of one or two years, as determined by physician assistant board rule.

(a-1) On notification from the physician assistant board, a person who holds a license under this chapter may renew the license by:

- (1) paying the required renewal fee;
- (2) submitting the appropriate form; and
- (3) meeting any other requirement established by board rule.

SECTION 23. Subchapter D, Chapter 204, Occupations Code, is amended by adding Section 204.1561 to read as follows:

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

6 (b) The physician assistant board may administratively
7 suspend or refuse to renew the license of a person who does not
8 comply with the requirement of Subsection (a).

9 (c) A license holder is not required to submit fingerprints
10 under this section for the renewal of the license if the holder has
11 previously submitted fingerprints under:

12 (1) Section 204.1525 for the initial issuance of the
13 license; or

14 (2) this section as part of a prior renewal of a
15 license.

16 SECTION 24. Subchapter D, Chapter 204, Occupations Code, is
17 amended by adding Section 204.158 to read as follows:

18 Sec. 204.158. REFUSAL FOR VIOLATION OF BOARD ORDER. The
19 physician assistant board may refuse to renew a license issued
20 under this chapter if the license holder is in violation of a
21 physician assistant board order.

22 SECTION 25. Subchapter E, Chapter 204, Occupations Code, is
23 amended by adding Section 204.210 to read as follows:

24 Sec. 204.210. DUTIES RELATED TO CERTAIN PRESCRIPTIONS. (a)
25 A physician assistant authorized to prescribe a drug may not
26 prescribe a drug listed in Subsection (b) to a patient unless the
27 physician assistant has reviewed the patient's prescription

1 history by accessing the prescription information submitted to the
2 Texas State Board of Pharmacy as authorized by Section
3 481.076(a)(5), Health and Safety Code.

4 (b) Subsection (a) applies only to the prescribing of:

5 (1) opioids;

6 (2) benzodiazepines;

7 (3) barbiturates; or

8 (4) carisoprodol.

9 (c) A physician assistant is not subject to the requirements
10 of Subsection (a) if:

11 (1) the patient has been diagnosed with cancer or the
12 patient is receiving hospice care; and

13 (2) the physician assistant clearly notes in the
14 prescription record that the patient was diagnosed with cancer or
15 is receiving hospice care, as applicable.

16 (d) Failure by a physician assistant to comply with the
17 requirements of this section is grounds for disciplinary action
18 under Section 204.301.

19 SECTION 26. Subchapter G, Chapter 204, Occupations Code, is
20 amended by adding Section 204.305 to read as follows:

21 Sec. 204.305. MONITORING HARMFUL PRESCRIBING PATTERNS. (a)
22 The physician assistant board shall periodically check the
23 prescribing information submitted to the Texas State Board of
24 Pharmacy as authorized by Section 481.076(a)(1), Health and Safety
25 Code, to determine whether a physician assistant licensed under
26 this chapter is engaging in potentially harmful prescribing
27 patterns or practices.

1 (b) The physician assistant board, in coordination with the
2 Texas State Board of Pharmacy, shall determine the conduct that
3 constitutes a potentially harmful prescribing pattern or practice
4 for purposes of Subsection (a). In determining the conduct that
5 constitutes a potentially harmful prescribing pattern or practice,
6 the physician assistant board shall consider:

7 (1) the number of times a physician assistant
8 prescribes a drug listed in Section 204.210(b); and

9 (2) for prescriptions described by Subdivision (1),
10 patterns of prescribing combinations of those drugs and other
11 dangerous combinations of drugs identified by the physician
12 assistant board.

13 (c) If the physician assistant board suspects that a
14 physician assistant may be engaging in potentially harmful
15 prescribing patterns or practices, the physician assistant board
16 may notify the physician assistant of the potentially harmful
17 prescribing pattern or practice.

18 (d) The physician assistant board may initiate a complaint
19 against a physician assistant based on information obtained under
20 this section.

21 SECTION 27. Section 204.313(a), Occupations Code, is
22 amended to read as follows:

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

27 SECTION 28. Section 205.057, Occupations Code, is amended

by amending Subsection (b) and adding Subsection (d) to read as follows:

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

(1) the law governing acupuncture board operations ~~[this chapter];~~

(2) the programs, ~~[operated by the acupuncture board,~~
~~[(3) the role and]~~ functions, rules, and budget of the acupuncture board;

(3) ~~[(4)]~~ the scope of and limitations on the rulemaking authority ~~[rules]~~ of the acupuncture board;

(4) ~~[(5) the current budget for the acupuncture board,~~
~~[(6)]~~ the results of the most recent formal audit of the acupuncture board;

(5) ~~[(7)]~~ the requirements of:

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

(B) other laws applicable to members of the acupuncture board in performing their duties; and

(6) ~~[(8)]~~ any applicable ethics policies adopted by the acupuncture board or the Texas Ethics Commission.

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

1 executive director a statement acknowledging receipt of the
2 training manual.

3 SECTION 29. Subchapter E, Chapter 205, Occupations Code, is
4 amended by adding Section 205.2025 to read as follows:

5 Sec. 205.2025. CRIMINAL HISTORY RECORD INFORMATION
6 REQUIREMENT FOR LICENSE ISSUANCE. (a) The acupuncture board shall
7 require that an applicant for a license submit a complete and
8 legible set of fingerprints, on a form prescribed by the board, to
9 the board or to the Department of Public Safety for the purpose of
10 obtaining criminal history record information from the Department
11 of Public Safety and the Federal Bureau of Investigation.

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

14 (c) The acupuncture board shall conduct a criminal history
15 record information check of each applicant for a license using
16 information:

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

21 (d) The acupuncture board may:

22 (1) enter into an agreement with the Department of
23 Public Safety to administer a criminal history record information
24 check required under this section; and

25 (2) authorize the Department of Public Safety to
26 collect from each applicant the costs incurred by the Department of
27 Public Safety in conducting the criminal history record information

1 check.

2 SECTION 30. The heading to Section 205.251, Occupations
3 Code, is amended to read as follows:

4 Sec. 205.251. [~~ANNUAL~~] RENEWAL REQUIRED.

5 SECTION 31. Section 205.251(a), Occupations Code, is
6 amended to read as follows:

7 (a) The medical board by rule shall provide for the annual
8 or biennial renewal of a license to practice acupuncture.

9 SECTION 32. Subchapter F, Chapter 205, Occupations Code, is
10 amended by adding Section 205.2515 to read as follows:

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

16 (b) The acupuncture board may administratively suspend or
17 refuse to renew the license of a person who does not comply with the
18 requirement of Subsection (a).

19 (c) A license holder is not required to submit fingerprints
20 under this section for the renewal of the license if the holder has
21 previously submitted fingerprints under:

22 (1) Section 205.2025 for the initial issuance of the
23 license; or

24 (2) this section as part of a prior renewal of a
25 license.

26 SECTION 33. Subchapter F, Chapter 205, Occupations Code, is
27 amended by adding Section 205.256 to read as follows:

1 Sec. 205.256. REFUSAL FOR VIOLATION OF BOARD ORDER. The
2 acupuncture board may refuse to renew a license issued under this
3 chapter if the license holder is in violation of an acupuncture
4 board order.

5 SECTION 34. Subchapter E, Chapter 206, Occupations Code, is
6 amended by adding Section 206.2025 to read as follows:

7 Sec. 206.2025. CRIMINAL HISTORY RECORD INFORMATION
8 REQUIREMENT FOR LICENSE ISSUANCE. (a) The medical board shall
9 require that an applicant for a license submit a complete and
10 legible set of fingerprints, on a form prescribed by the board, to
11 the board or to the Department of Public Safety for the purpose of
12 obtaining criminal history record information from the Department
13 of Public Safety and the Federal Bureau of Investigation.

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

16 (c) The medical board shall conduct a criminal history
17 record information check of each applicant for a license using
18 information:

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

23 (d) The medical board may:

24 (1) enter into an agreement with the Department of
25 Public Safety to administer a criminal history record information
26 check required under this section; and

27 (2) authorize the Department of Public Safety to

1 collect from each applicant the costs incurred by the Department of
2 Public Safety in conducting the criminal history record information
3 check.

4 SECTION 35. Section 206.203(a), Occupations Code, is
5 amended to read as follows:

6 (a) Except as provided by Section 206.206, to be eligible
7 for a license, a person must:

8 (1) ~~[be of good moral character,~~
9 ~~(2)]~~ have not been convicted of a felony or a crime
10 involving moral turpitude;

11 (2) ~~(3)]~~ not use drugs or alcohol to an extent that
12 affects the applicant's professional competency;

13 (3) ~~(4)]~~ not have had a license or certification
14 revoked by a licensing agency or by a certifying professional
15 organization; and

16 (4) ~~(5)]~~ not have engaged in fraud or deceit in
17 applying for a license under this chapter.

18 SECTION 36. Subchapter E, Chapter 206, Occupations Code, is
19 amended by adding Section 206.2105 to read as follows:

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

25 (b) The medical board may administratively suspend or
26 refuse to renew the license of a person who does not comply with the
27 requirement of Subsection (a).

1 (c) A license holder is not required to submit fingerprints
2 under this section for the renewal of the license if the holder has
3 previously submitted fingerprints under:

4 (1) Section 206.2025 for the initial issuance of the
5 license; or

6 (2) this section as part of a prior renewal of a
7 license.

8 SECTION 37. Subchapter E, Chapter 206, Occupations Code, is
9 amended by adding Section 206.215 to read as follows:

10 Sec. 206.215. REFUSAL FOR VIOLATION OF BOARD ORDER. The
11 medical board may refuse to renew a license issued under this
12 chapter if the license holder is in violation of a medical board
13 order.

14 SECTION 38. Section 601.002, Occupations Code, is amended
15 by adding Subdivisions (10-a) and (10-b) to read as follows:

16 (10-a) "Radiologist" means a physician specializing
17 in radiology certified by or board-eligible for the American Board
18 of Radiology, the American Osteopathic Board of Radiology, the
19 Royal College of Radiologists, or the Royal College of Physicians
20 and Surgeons of Canada.

21 (10-b) "Radiologist assistant" means an
22 advanced-level medical radiologic technologist who is certified
23 as:

24 (A) a registered radiologist assistant by the
25 American Registry of Radiologic Technologists; or

26 (B) a radiology practitioner assistant by the
27 Certification Board for Radiology Practitioner Assistants.

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

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

(1) the law governing advisory board operations;
(2) [this chapter and] the [advisory board's] programs, functions, rules, and budget of the advisory board;

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

(4) [~~(2)~~] the results of the most recent formal audit of the advisory board;

(5) [~~(3)~~] the requirements of:

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

(B) other laws applicable to members of the advisory board in performing their duties; and

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

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

SECTION 40. Sections 601.102(b) and (c), Occupations Code, are amended to read as follows:

(b) The advisory board may issue to a person:

(1) a general certificate to perform radiologic procedures; ~~[or]~~

(2) a limited certificate that authorizes the person to perform radiologic procedures only on specific parts of the human body; or

(3) a radiologist assistant certificate to a person who meets the requirements established under Section 601.1021.

(c) The advisory board may issue to a person a temporary general certificate, ~~[or]~~ a temporary limited certificate, or a temporary radiologist assistant certificate that authorizes the person to perform radiologic procedures for a period not to exceed one year.

SECTION 41. Subchapter C, Chapter 601, Occupations Code, is amended by adding Section 601.1021 to read as follows:

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

(b) A radiologist assistant certificate holder:

(1) may perform radiologic procedures only under the supervision of a radiologist; and

(2) may not interpret images, make diagnoses, or prescribe any medication or therapy.

SECTION 42. Subchapter C, Chapter 601, Occupations Code, is

1 amended by adding Section 601.113 to read as follows:

2 Sec. 601.113. REFUSAL FOR VIOLATION OF BOARD ORDER. The
3 advisory board may refuse to renew a certificate issued under this
4 chapter if the certificate holder is in violation of an advisory
5 board order.

6 SECTION 43. Section 601.155, Occupations Code, is amended
7 to read as follows:

8 Sec. 601.155. STUDENTS. A person is not required to hold a
9 certificate issued under this chapter ~~[or to comply with the~~
10 ~~registration requirements adopted under Section 601.252]~~ if the
11 person:

12 (1) is a student enrolled in a training program that
13 meets the minimum standards adopted under Section 601.201; and

14 (2) is performing a radiologic procedure in an
15 academic or clinical setting as part of the training program.

16 SECTION 44. Section 601.156, Occupations Code, is amended
17 to read as follows:

18 Sec. 601.156. PROCEDURE PERFORMED AS PART OF CONTINUING
19 EDUCATION PROGRAM. A person is not required to hold a certificate
20 issued under this chapter ~~[or to comply with the registration~~
21 ~~requirements adopted under Section 601.252]~~ if the person is:

22 (1) licensed or otherwise registered as a medical
23 radiologic technologist by another state, the American Registry of
24 Radiologic Technologists, the American Registry of Clinical
25 Radiography Technologists, or a professional organization or
26 association recognized by the advisory board;

27 (2) enrolled in a continuing education program that

meets the requirements adopted under Section 601.108; and

(3) performing a radiologic procedure as part of the continuing education program for not more than 10 days.

SECTION 45. Section 601.203(b), Occupations Code, is amended to read as follows:

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

(1) that the applicant:

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

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

(2) that the applicant is located at a great distance from a school of medical radiologic technology;

(3) that there is a list of qualified persons who have applied to a school of medical radiologic technology whose admissions are pending because of a lack of faculty or space;

(4) that the school of medical radiologic technology produces an insufficient number of graduates in medical radiologic technology to meet the needs of the applicant; or

(5) any other criteria determined by advisory board rule.

SECTION 46. Subchapter E, Chapter 602, Occupations Code, is amended by adding Section 602.214 to read as follows:

Sec. 602.214. REFUSAL FOR VIOLATION OF BOARD ORDER. The medical board may refuse to renew a license issued under this chapter if the license holder is in violation of a medical board

1 order.

2 SECTION 47. Section 603.252(a), Occupations Code, is
3 amended to read as follows:

4 (a) An applicant for a perfusionist license must submit an
5 ~~[a sworn]~~ application accompanied by the application fee.

6 SECTION 48. Subchapter G, Chapter 603, Occupations Code, is
7 amended by adding Section 603.306 to read as follows:

8 Sec. 603.306. REFUSAL FOR VIOLATION OF BOARD ORDER. The
9 medical board may refuse to renew a license issued under this
10 chapter if the license holder is in violation of a medical board
11 order.

12 SECTION 49. Section 604.030, Occupations Code, is amended
13 by amending Subsection (b) and adding Subsection (d) to read as
14 follows:

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

17 (1) the law governing advisory board operations;

18 (2) the ~~[this chapter and the advisory board's]~~
19 programs, functions, rules, and budget of the advisory board;

20 (3) the scope of and limitations on the rulemaking
21 authority of the advisory board;

22 (4) [(2)] the results of the most recent formal audit
23 of the advisory board;

24 (5) [(3)] the requirements of:

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

1 (B) other laws applicable to members of the
2 advisory board in performing their duties; and

3 (6) [~~4~~] any applicable ethics policies adopted by
4 the advisory board or the Texas Ethics Commission.

5 (d) The executive director of the medical board shall create
6 a training manual that includes the information required by
7 Subsection (b). The executive director shall distribute a copy of
8 the training manual annually to each advisory board member. On
9 receipt of the training manual, each board member shall sign and
10 submit to the executive director a statement acknowledging receipt
11 of the training manual.

12 SECTION 50. Subchapter D, Chapter 604, Occupations Code, is
13 amended by adding Section 604.158 to read as follows:

14 Sec. 604.158. REFUSAL FOR VIOLATION OF BOARD ORDER. The
15 advisory board may refuse to renew a certificate or temporary
16 permit issued under this chapter if the certificate or permit
17 holder is in violation of an advisory board order.

18 SECTION 51. Sections 601.252(c) and (d), Occupations Code,
19 are repealed.

20 SECTION 52. (a) Except as provided by Subsection (b) of this
21 section, Sections 152.010, 204.059, 205.057, 601.030, and 604.030,
22 Occupations Code, as amended by this Act, apply to a member of the
23 applicable board appointed before, on, or after the effective date
24 of this Act.

25 (b) A member of a board who, before the effective date of
26 this Act, completed the training program required by Section
27 152.010, 204.059, 205.057, 601.030, or 604.030, Occupations Code,

1 as the applicable law existed before the effective date of this Act,
2 is only required to complete additional training on the subjects
3 added by this Act to the training program required by Section
4 152.010, 204.059, 205.057, 601.030, or 604.030, Occupations Code,
5 as applicable. A board member described by this subsection may not
6 vote, deliberate, or be counted as a member in attendance at a
7 meeting of the applicable board held on or after December 1, 2017,
8 until the member completes the additional training.

9 SECTION 53. Sections 162.301 and 204.210, Occupations Code,
10 as added by this Act, apply only to a prescription issued on or
11 after September 1, 2018. A prescription issued before September 1,
12 2018, is governed by the law in effect immediately before the
13 effective date of this Act, and the former law is continued in
14 effect for that purpose.

15 SECTION 54. Not later than March 1, 2018, the Texas Medical
16 Board shall adopt rules necessary to implement Section 164.003(b),
17 Occupations Code, as amended by this Act.

18 SECTION 55. Not later than January 1, 2018, the Texas
19 Medical Board and the governing board of the Texas Physician Health
20 Program by rule shall adopt the memorandum of understanding
21 required by Section 167.012, Occupations Code, as added by this
22 Act.

23 SECTION 56. Not later than September 1, 2019, the Texas
24 Physician Assistant Board, the Texas State Board of Acupuncture
25 Examiners, and the Texas Medical Board shall obtain criminal
26 history record information on each person who, on the effective
27 date of this Act, holds a license issued under Chapter 204, 205, or

1 206, Occupations Code, as applicable, and did not undergo a
2 criminal history record information check based on the license
3 holder's fingerprints on the initial application for the license.
4 A board may suspend the license of a license holder who does not
5 provide the criminal history record information as required by the
6 board and this section.

7 SECTION 57. Not later than January 1, 2018, the Texas
8 Medical Board shall approve the rules required by Section 601.1021,
9 Occupations Code, as added by this Act.

10 SECTION 58. This Act takes effect September 1, 2017.