

BILL ANALYSIS

C.S.H.B. 2141
By: Oliverson
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Interested parties contend that the current meeting structure provided for physicians and their delegated health practitioners is convoluted and does not correlate with better health outcomes. C.S.H.B. 2141 seeks to address this issue by revising applicable statutes regarding the frequency and location of certain meetings required by a prescriptive authority agreement.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 2141 amends the Occupations Code to remove the specification that periodic meetings between an advanced practice registered nurse or physician assistant and a physician as described in a prescriptive authority quality assurance and improvement plan as part of a prescriptive authority agreement between the physician and the advanced practice registered nurse or physician assistant, as applicable, be face-to-face meetings that take place at a location determined by the physician and the advanced practice registered nurse or physician assistant and to remove requirements regarding the frequency with which the meetings must occur. The bill instead requires such meetings to take place at least once a month in a manner determined by the physician and the advanced practice registered nurse or physician assistant.

EFFECTIVE DATE

September 1, 2017.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 2141 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. Sections 157.0512(e) and (f), Occupations Code, are amended to read as

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Sections 157.0512(e) and (f), Occupations Code, are amended to read as

85R 28578

17.124.1290

Substitute Document Number: 85R 18750

follows:

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

- (1) be in writing and signed and dated by the parties to the agreement;
- (2) state the name, address, and all professional license numbers of the parties to the agreement;
- (3) state the nature of the practice, practice locations, or practice settings;
- (4) identify the types or categories of drugs or devices that may be prescribed or the types or categories of drugs or devices that may not be prescribed;
- (5) provide a general plan for addressing consultation and referral;
- (6) provide a plan for addressing patient emergencies;
- (7) state the general process for communication and the sharing of information between the physician and the advanced practice registered nurse or physician assistant to whom the physician has delegated prescriptive authority related to the care and treatment of patients;
- (8) if alternate physician supervision is to be utilized, designate one or more alternate physicians who may:
 - (A) provide appropriate supervision on a temporary basis in accordance with the requirements established by the prescriptive authority agreement and the requirements of this subchapter; and
 - (B) participate in the prescriptive authority quality assurance and improvement plan meetings required under this section; and
- (9) describe a prescriptive authority quality assurance and improvement plan and specify methods for documenting the implementation of the plan that include ~~includes~~ the following:
 - (A) chart review, with the number of charts to be reviewed determined by the physician and advanced practice registered nurse or physician assistant; and
 - (B) periodic face-to-face meetings between the advanced practice registered nurse or physician assistant and the physician ~~[at a location determined by the physician and the advanced practice registered nurse or physician assistant]~~.
- (f) The periodic face-to-face meetings described by Subsection (e)(9)(B) must:
 - (1) include:
 - (A) the sharing of information relating to

follows:

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- (1) be in writing and signed and dated by the parties to the agreement;
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- (3) state the nature of the practice, practice locations, or practice settings;
- (4) identify the types or categories of drugs or devices that may be prescribed or the types or categories of drugs or devices that may not be prescribed;
- (5) provide a general plan for addressing consultation and referral;
- (6) provide a plan for addressing patient emergencies;
- (7) state the general process for communication and the sharing of information between the physician and the advanced practice registered nurse or physician assistant to whom the physician has delegated prescriptive authority related to the care and treatment of patients;
- (8) if alternate physician supervision is to be utilized, designate one or more alternate physicians who may:
 - (A) provide appropriate supervision on a temporary basis in accordance with the requirements established by the prescriptive authority agreement and the requirements of this subchapter; and
 - (B) participate in the prescriptive authority quality assurance and improvement plan meetings required under this section; and
- (9) describe a prescriptive authority quality assurance and improvement plan and specify methods for documenting the implementation of the plan that include ~~includes~~ the following:
 - (A) chart review, with the number of charts to be reviewed determined by the physician and advanced practice registered nurse or physician assistant; and
 - (B) periodic [face-to-face] meetings between the advanced practice registered nurse or physician assistant and the physician ~~[at a location determined by the physician and the advanced practice registered nurse or physician assistant]~~.
- (f) The periodic [face-to-face] meetings described by Subsection (e)(9)(B) must:
 - (1) include:
 - (A) the sharing of information relating to

