Rule Changes Effective November 7, 2013

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CHAPTER 193. STANDING DELEGATION ORDERS

§193.1 - Purpose

This section describes the intended purpose of Chapter 193 and sets forth its statutory basis.

§193.2 - Definitions

This section provides definitions for important terms and phrases used in Chapter 193. New terms and phrases defined include: prescriptive authority agreement, device, facility based practice site, health professional shortage areas (HSPA), hospital, medication order, nonprescription drug, physician group practice, practice serving a medically underserved area, prescribe or order a drug or device, and prescription drug.

§193.3 - Exclusion from the Provisions of this Chapter

This section sets forth certain limited exclusions to the operation of the Chapter 193.

§193.4 - Scope of Standing Delegation Orders

This section describes the scope of standing delegation orders and incorporates new terms and definitions consistent with the changes to Chapter 157 of the Occupations Code.

§193.5 - Physician Liability for Delegated Acts and Enforcement

This section sets forth the applicable limitation on the liability of physicians based solely on signing a prescriptive authority agreement or delegation order. This section further states that delegating physicians remain responsible to the Board and their patients for acts performed under the physician’s delegated authority.

§193.6 - Delegation of Prescribing and Ordering Drugs and Devices

This section sets forth the general requirements and limitations related to the delegation and prescribing and ordering of drugs or devices. This section also prohibits the delegation of the prescriptive authority for Schedule II drugs, except in facility based practices under Section 157.054 of the Occupations Code. Prescribing under prescriptive authority agreements eliminates former requirements for site based supervision.

§193.7 - Prescriptive Authority Agreements Generally

This section provides that physicians may delegate to advanced practice registered nurses and physician assistants the act of prescribing or ordering a drug or device through a prescriptive authority agreement
§193.8 - Prescriptive Authority Agreements: Minimum Requirements

This section sets forth minimum requirements for valid prescriptive authority agreements, including requirements for periodic face to face-to-meetings with the supervising physicians to discuss patient care and improvement of patient care.

§193.9 - Delegation of Prescriptive Authority at Facility Based Practice Sites

This section describes the requirements for delegating the prescribing or ordering of a drug or device at a facility-based practice site. This section states that the limitations on the number of advanced practice registered nurses and physician assistants delegated to under prescriptive authority agreements do not apply to a physician whose practice is facility-based under Chapter 193, subject to certain limitations. This section also addresses requirements for physician supervision and states that the constant physical presence of a physician is not required.

§193.10 - Registration of Delegation and Prescriptive Authority Agreements

This section describes the requirements for physicians to register information with the Board regarding prescriptive authority agreements entered into with advance practice registered nurses and physician assistants. This section also states that the Board shall maintain and exchange information with the Texas Board of Nursing and Physician Assistant Board as well as creating and making available to the public, an online list of physicians, advanced practice registered nurses, and physician assistants who have entered into prescriptive authority agreements.

§193.11 - Prescription Forms

This section provides that prescription forms shall comply with applicable rules adopted by the Board of Pharmacy.

§193.12 - Prescriptive Authority Agreements

This section provides the Board authority to enter, with reasonable notice, a site where a party to a prescriptive authority agreement is practicing, to inspect and audit records or activities related to the implementation and operation of the agreement.

193.13 - Delegation to Certified Registered Nurse Anesthetists
This section authorizes the delegation of the ordering of drugs and devices to a certified nurse anesthetist in a licensed hospital or ambulatory surgical center, for the purpose of the nurse anesthetist administering an anesthetic or anesthesia-related service ordered by a physician.

§193.14 - Delegation Related to Obstetrical Services

This section describes the authority, requirements, and limitations, related to delegating to physicians assistants offering obstetrical services and advance practice registered nurses recognized by the Texas State Board of Nurse Examiners as nurse midwives, the act or acts of administering controlled substances related to intra-partum and post-partum care.

§193.15 - Delegated Drug Therapy Management

This section describes the authorization for, and requirements, and limitations, related to the delegation by physicians to pharmacists of drug therapy management.

§193.16 - Delegated Administration of Immunizations or Vaccinations by a Pharmacist under Written Protocol

This section describes the authorization for, requirements, and limitations, related to the delegation of the administration of immunizations and vaccinations to a pharmacist.

§193.17 - Nonsurgical Medical Cosmetic Procedures

This section describes the duties and responsibilities of a physician who performs or who delegates the performance of nonsurgical medical cosmetic procedures.

§193.18 - Pronouncement of Death

This section authorizes physicians to receive information from Texas licensed vocational nurses through electronic communication for the purposes of making a pronouncement of death.

§193.19 - Collaborative Management of Glaucoma

This section sets forth the minimum standards for the collaborative treatment of glaucoma.

§193.20 - Immunization of Persons Over 65 by Physician's Offices

This section sets forth requirements that physicians providing ongoing primary or principal care to persons over 65 (elderly persons) to offer, to the extent possible, pneumococcal and influenza vaccines to each elderly person receiving care at the office.