

2009 Board Rules Changes

The following is a summary of the changes effective on January 22, 2009.

Click [here](#) for the complete board rules.

Chapter 163 Licensure, amending 163.5, Licensure Documentation, adds additional credentialing organizations that are recognized for the purpose of an international medical school graduate to prove that the medical school was substantially equivalent to a Texas medical school at the time of attendance.

Chapter 165 Medical Records, amending 165.1, Medical Records, clarifies that a physician must destroy medical records after the required time for maintenance in a manner that ensures continued confidentiality and 165.5, Transfer and Disposal of Medical Records, clarifies when a physician must notify the board of termination, retirement, or relocation of practice and clarifies that the notice to patients must offer the patient the opportunity to obtain a copy of the patient's medical records or have those medical records transferred to another physician.

Chapter 166 Physician Registration, amending 166.2, Continuing Medical Education, updates the word “hours” to “credits” to comport with modern language usage and 166.6, Exemption from Registration Fee for Retired Physician Providing Voluntary Charity Care, updates the word “hours” to “credits” to comport with modern language usage .

Chapter 169 Authority of Physicians to Supply Drugs, amending 169.7, Record Keeping, specifies statutory authority for the board to adopt rules regarding complaints.

Chapter 173 Physician Profiles, amending to 173.1, Profile Contents, adds required information to the physician profile, including year of birth, name as the physician requests it to be published, and mailing address.

Chapter 178 Complaints, amending to 178.1, Purpose and Scope, specifies statutory authority for the board to adopt rules regarding complaints.

Chapter 179 Investigations, amending 179.1, Purpose and Scope, specifies statutory authority for the board to adopt rules regarding investigations, 179.4, Request for Information and Records from Physicians, adds a provision specifying that probable cause to obtain a licensee’s medical records may be shown by actions or statements by a licensee at a hearing conducted by the Board that gives the Board reason to believe the licensee has an impairment, 179.6, Time Limits, provides that a decision by the Quality Assurance Committee or the Disciplinary Process Review Committee that there is a necessity for additional investigation of a complaint constitutes good cause for an investigation to extend beyond 180 days.

Chapter 180 Rehabilitation Orders, amending 180.1, Rehabilitation Order, corrects a reference to this “section” instead of this “chapter.”

Chapter 182 Use of Experts, amending to 182.1, Purpose, specifies statutory authority for the board to adopt rules regarding experts, 182.5, Expert Panel, specifies that members of the Expert

Physician Panel may only be appointed by the board, 182.8, Expert Physician Reviewers, clarifies that, in determining the same or similar specialty of a physician, the practice area or specialty declared by the subject physician as his area of practice may be the specialty of the expert reviewers.

Chapter 187 Procedural Rules, amending 187.3, Computation of Time, clarified that requirement regarding the computation of time may be made by statute or rule. 187.4, Agreement to be in Writing, modernizes language used in the rule, 187.13, Informal Board Proceedings Relating to Licensure Eligibility, adds reference to Chapter 172, and updates term “Licensure with Restrictions” to “Licensure with terms and conditions”, 187.14, Informal Resolution of Disciplinary Issues Against a Licensee, deletes “Administrative” as modifier regarding informal resolution of violations, 187.18, Informal Show Compliance Proceeding and Settlement Conference Based on Personal Appearances, revises procedures for requesting and granting a postponement of an ISC; recognizes right of a complainant to make a statement in an informal show compliance and settlement conference and clarifies alternatives that an ISC Panel may consider, adding recommendation of imposition of administrative penalty, 187.24, Pleadings, updates the name of the agency to Texas Medical Board, 187.29, Mediated Settlement Conferences, clarifies abbreviation used in the rule, 187.59, Evidence, adds additional language used in §2001.081 Gov't Code, 187.70, Purposes and Construction, adds, as a purpose of the rule regarding suspension by operation of law, the initial conviction of certain offenses, 187.71, Hearing Before Panel of Board Representatives, 187.72, Decision of the Panel, adds conviction of certain offenses as a basis for a panel of the board ordering suspension by operation of law, 187.73, Termination of Suspension, requires a person who has been suspended by operation of law to show competence and safety to practice medicine as a requirement for terminating suspension.

Chapter 190 Disciplinary Guidelines, amending 190.1, Purpose, adds reference to statutory authority for the board to adopt rules regarding disciplinary guidelines, and 190.14, Disciplinary Sanction Guidelines, updates sanction guidelines to follow sanctions approved for the imposition of administrative penalties.

Chapter 192 Office Based Anesthesia, amending 192.2, Provision of Anesthesia Services in Outpatient Settings, to delete the requirement that a physician administering Level I anesthesia services have available pre-measured doses of epinephrine, atropine, adreno-corticoids, and antihistamines.