

2006 Board Rules Changes

The following is a summary of the changes that were effective on January 25, 2006.

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

Chapter 161, General Provisions. Amendments change "Texas State Board of Medical Examiners" to "Texas Medical Board" and "Texas State Board of Physician Assistant Examiners" to "Texas Physician Assistant Board;" the number of members of the Texas Medical Board to 19 and the number of public members to 7.

Chapter 163, Licensure, Amendments designate the primary license issued by the Medical Board as a "Full" license; update rules regarding acceptable examination; eliminate exceptions for three-attempt limit; make rule follow statutory change for limit on time to complete examination.

Chapter 172, Temporary Licenses, Amendments add limited licenses to definitions and move definitions regarding Telemedicine from 163.1(b).

Chapter 175, Fees, Penalties, and Forms. Reorganizes rule; certain outdated fees are eliminated; and the list of forms used for applications for licenses is updated; increased penalty fees for physician assistants and increased renewal and/or penalty fees for acupuncturists, surgical assistants, acudetox specialists, non-certified radiological technicians, and non-profit health organizations; mandated Texas Online fee increase for physician and physician in training renewals.

Chapter 178, Complaints. Amendments clarify definition of "Complainant;" conform terms "Preliminary Investigation" and "Official Investigation" to statutory changes; clarify confidentiality of identity of a Complainant and waiver of confidentiality, conform and makes consistent use of term "preliminary investigation;" conform and makes consistent use of terms "preliminary investigation" and "official investigation;" conform term "Expert Physician Reviewers;" conform name of Informal Show Compliance and settlement Conference to other rules; clarify rule dealing with appeals of dismissal of complaints by complainants.

Chapter 179, Investigations. Amendments clarify the definition of a Complainant; that any person who has provided a statement to the board may obtain a copy of that statement; establish time for obtaining medical records under normal circumstance at 14 days; require that evidence of intemperate use of drugs or alcohol be evidence that would lead a reasonable person to believe that the licensee is impaired; provide definition of "good cause" for not scheduling an ISC within 180 days required by SB 419, and notice to parties of failure to schedule within statutory time.

Chapter 180, Rehabilitation Orders. Amendments reflect exact language of statute; that Rehabilitation Order may not be used if there is a violation of the standard of care related to intemperate use of drugs or alcohol; add the

requirement to inform and provide information to a local or statewide private medical association if the rehabilitation order requires the licensee to participate in activities or programs provided by the organization; and reorganize the rule for clarity.

Chapter 182, Use of Experts. Amendments authorize use of consultants as needed by the agency; set out the composition, qualifications, length of time a person may serve on the Expert Physician Panel, and grounds for removal from the panel; update references to Expert Physician Reviewers to conform to statutory changes in Senate Bill 419; set out a procedure for random selection of Expert Physician Reviewers to review the standard of care in a particular disciplinary investigation, grounds for conflicts of interest, and procedures for Expert Physician Review.

Chapter 187, Procedural Rules. Amendments set out standards for refunds to be ordered to be paid to patients; clarify when tolling does not apply to locum tenens practice; clarify language regarding the purpose of informal board proceedings; set out standards and procedures for a committee of Board employees to recommend dismissal or propose an agreed order in an enforcement; require a licensee to comply with reasonable requests to produce; update and clarify language regarding ISCs; require the Board to consider previous attempts to resolve enforcement matters when it does not approve a proposed settlement agreement; provide that the rules of the State Office of Administrative Hearings shall govern the procedures of contested cases, except when the Board's rules provide the Board's interpretation of the Medical Practice Act; eliminate requirements that written answer in contested case must admit or deny allegations; incorporate specific statutory language regarding the Board changing a finding of fact or conclusion of law recommended by an administrative law judge; clarify standards and procedure for Board members to recuse themselves from voting on any enforcement matter.

Chapter 190, Disciplinary Guidelines. Amendments set out rules and guidelines regarding criminal convictions; set out standards for consideration of appropriate disciplinary action and providing that the Board will consider whether the violation relates directly to patient care or involves only an administration penalty; add detail to standard sanctions for quality of care violations.

Chapter 193, Standing Delegation Orders. Amendments delete the reference to registration of delegation of prescriptive authority with the Board; set out rules requiring a physician who delegates prescriptive authority to document when and to whom a delegation is made; and eliminate references to and procedures for Advisory Committee on waivers of requirements for delegation of prescriptive authority.