

STANDING ORDERS COMMITTEE MEETING MINUTES

April 12, 2012

The meeting was called to order at 8:45 a.m. by Chair, Margaret C. McNeese, M.D. Committee members present were Patricia S. Blackwell, David Baucom, Wynne M. Snoots, M.D, and Irvin E. Zeitler, Jr., D.O. Staff members present were Mari Robinson, J.D., Executive Director, and Jennifer Kaufman, JD, Assistant General Counsel.

Dr Willeford entered the meeting at 8:55 a.m.

Agenda item 2 - Discussion, recommendation, and possible action on requests for waivers of prescriptive delegation requirements.

Ms Kaufman informed the committee that two applicants had withdrawn their applications upon review by staff that they are in compliance with current prescriptive delegation requirements and do not need waivers at this time.

The committee reviewed a request for waiver of prescriptive delegation requirements from Michael Boyars, MD for practice at a clinic where he provides voluntary care. The position is part of his clinical responsibilities as a faculty member with UTMB. **Dr. Zeitler moved to grant a waiver that would permit Dr. Boyars to meet with midlevel practitioners once a month at UTMB to review charts and be on-site at the clinic with midlevel practitioners once a month during regular clinic business hours. Mr. Baucom seconded the motion. All voted in favor and the motion passed.**

The committee reviewed a second request for waiver of prescriptive delegation requirements from Stephen Burns, MD, for practice in a medically underserved area (MUA) in Paris, Texas. The committee previously reviewed Dr. Burns request in November 2011. At that time, the committee recommended denial of waiver request on the basis that Dr. Burns failed to demonstrate sufficient need for the community. At that meeting the committee suggested that Dr. Burns resubmit a waiver request application if he could demonstrate that he is the only available physician to supervise that clinic. In his recent application, Dr. Burns reported that the APN in

question had approached several physicians and was not successful in finding a physician to supervise her at her clinic. The committee agreed that the APN had made a good faith effort to find a supervising physician, and that there was demonstrated need in the community for the waiver. **Dr. Willeford moved to approve the waiver request to allow Dr. Burns to delegate prescriptive authority to four clinics upon verification that the APN had an unrestricted license. The committee instructed staff to articulate to Dr. Burns the degree of his responsibility for the midlevels under his supervision. Dr. Zeitler seconded the motion. Staff confirmed that the midlevel in question does currently hold an active license in Texas. Therefore, the request is approved.**

The committee reviewed a request for waiver of prescriptive delegation requirements from Michael Centeno, MD for practice at two clinics located in Walmart stores in San Antonio, TX. The clinics are freestanding clinics and are not associated with the Walmart Corporation. Dr. Centeno requested that the site visits at both clinics be reduced to 5% from 10%. Upon determination that Dr. Centeno failed to demonstrate sufficient cause for the waiver, Dr. Zeitler moved to deny the request. Dr. Willeford seconded the motion. All voted in favor and the motion passed.

The committee reviewed three waiver requests from Memorial Hermann Medical Group (MHMG), a 501(a) physician group, provides physicians for delegation and oversight for 29 RediClinic clinic locations in Texas. RediClinic is a non-physician LLC. The requests relate to allowing the physician-group or the non-physician LLC to apply for waivers, and that for two of the clinics that are alternate practice site locations, that the site visit requirements be modified to match requirements for a Medically Underserved Population site, which is site visits every 10 business days during which a midlevel is onsite providing care, rather than 10% of the operating hours. Dr. Willeford and Dr. McNeese recused themselves from these requests. Dr. Snoots moved to approve the reduction site visit requirements to once every 10 business days. Dr Zeitler seconded the motion. Dr Snoots withdrew his motion and made a new motion to approve the reduction site visit requirements to once every 10 business days under the requestors current standards and protocols presented in the waiver request that include

no prescriptive authority for controlled substances. Dr. Snoots and Mr. Baucom voted in favor. Ms. Blackwell was opposed. The motion passed.

Note - The full board at its meeting on April 13, 2012, overturned this recommendation based on the determination that MHMG had not presented sufficient evidence to support a waiver, and voted against approval of the waiver request with the direction to staff to establish an ad hoc committee to review supervision and delegation of midlevels at clinics that are similarly structured as MHMG.

Agenda Item 6 Discussion, recommendation, and possible action regarding proposed additions and modification to board rules:

- a. 22 TAC 193.6 Delegation of the Carrying Out or Signing of Prescription Drug Orders to Physician Assistants and Advanced Practice Nurses
- b. 22 TAC 193.13 Nonsurgical medical cosmetic procedures

Ms. Kaufman reviewed the proposed amendments to Board rules 193.6 and 193.13 and the comments that have been received from stakeholders regarding the proposed changes. The Committee directed staff to further amend Sec. 193.13 based on comments received, and have the revisions ready for review by the Committee at its next meeting.

Agenda Item 7 The committee discussed a request from the University of Texas MD Anderson Cancer Center (MD Anderson) for the Board to alter its interpretation of Sec. 157.054 of the Medical Practice Act and Board rule 193.6(e)(1) that relate to the registration of prescription delegation to midlevels at facility-based practice sites.

Ms. Robinson explained the basis for the Boards current interpretation. Laurel Hyle, JD from MD Anderson stated that it is a matter of statutory interpretation of registration requirements. Ms. Hyle added that they are not asking for change or reduction in supervision or delegation requirements.

Dr. Willeford felt that this is an internal problem for the institution to resolve and did not warrant a change in policy by the Board. The Committee agreed.

There being no further business, Dr. McNeese adjourned the meeting at 10:40 a.m.