

Prescriptive Delegation Waiver Requests

Texas Medical Board
P. O. Box 2029, MC-242
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(512) 305-7030

Prescriptive delegation requirements vary according to the setting in which the prescribing occurs:

- Sites serving certain medically underserved populations
- Primary practice sites
- Alternate practice sites
- Facility-based sites (hospitals and long-term care facilities)

The types of requirements and limitations include:

- PA/APN FTE Limits
- Distance Limitations
- Site Visit Requirements
- Delegating Physician Limitations, Requirements
- Supervision Requirements
- Chart Review Requirements
- Patient Relationships
- Alternate Supervising Physicians
- Advertising Requirements

Depending on your setting, it is possible you do not need a waiver. Please review the site-specific information in the [Quick Reference – Site-Specific Prescriptive Delegation Statute & Rule](#) to determine your type of setting or settings, the current requirements and limitations, and available modifications and/or waivers.

The board's rules state that the board may grant a waiver only if the board determines good cause exists to grant a waiver. When considering a modification/waiver request, the board takes into account many factors, including the ones below. Convenience is not a factor.

- Whether the requestor's patient population or the patient population in general will be better served by approving the modification/waiver request;
- Whether the existing prescriptive delegation requirements cause an undue burden, not only to the requestor, but to the patient population in the practice area for which the modification/waiver request is made, without corresponding benefit to patient care;
- If the requirement for which the modification/waiver is sought is the amount of time the physician is on-site, whether the frequency and duration of time the physician is on-site when the advanced practice nurse or physician assistant is present is sufficient for collaboration to occur, taking into consideration the other ways the physician collaborates with the advanced practice nurse or physician assistant at other sites;
- The quality and viability of safeguards that are proposed to ensure continued quality of patient care under the requested modification/waiver;
- The quality and viability of safeguards that are proposed to foster, and to maintain, a collaborative practice between the physician and the physician assistant or advanced practice nurse under the proposed modification/waiver; and,
- The requestor's type of primary practice and the type of practice conducted at the site for which a waiver is requested, including the populations served by the practices and duties assigned to mid-level practitioners.

Process

- Only physicians may submit prescriptive delegation waiver requests.
- Complete the application on the following pages. All sections of the form must be complete to be considered.
- Submit the application by email to verific@tmb.state.tx.us as an attachment.
- Each application will be placed on the Texas Medical Board website for public commentary for a minimum of 14 days.
- Only e-mail addresses will be redacted from the request forms when they are placed on the TMB website.
- Your request and any public comment received will be provided to a committee of the board for a determination.

Board Rules and Statutes may be accessed at our website www.tmb.state.tx.us. Section 193.6 of the Board Rules covers the delegation of prescriptive authority. Sections 157.051- 157.0542 of the Texas Occupations Code are the corresponding statutory provisions.

If you have questions about the waiver process, please email verificic@tmb.state.tx.us or call (512) 305-7030.

Texas Medical Board

Prescriptive Delegation Waiver Request Form

General Information			
Delegating Physician Last Name		Delegating Physician First Name	
Telephone Number		Texas License Number	
Email Address			

Site for Which Waiver is Requested			
Street Address		City	
State		Zip Code	

Primary Practice Site, if Different			
Street Address		City	
State		Zip Code	

<p>1. Primary Practice, Practice for Which Waiver/Modification Requested</p> <p>Describe your primary practice, and the practice for which you're requesting a modification/waiver, if different. Include details of the populations served by the practices, duties assigned to mid-level practitioners that you supervise, and any other practice details relevant to the modification/waiver request.</p>
<p><i>Practice Sites: Describe your practice sites in this box.</i></p>

<p>2. Type of Site for Which You Are Requesting Modification/Waiver</p> <p>Select all that apply. Review definitions for each site type you select to ensure that your site is eligible. Definitions are included in the <u>Quick Reference – Site-Specific Prescriptive Delegation Statute & Rule.</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Site Serving Medically Underserved Area <input type="checkbox"/> Primary Practice Site <input type="checkbox"/> Alternate Practice Site <input type="checkbox"/> Facility-Based Site – Licensed Hospital <input type="checkbox"/> Facility-Based Site – Licensed Long-Term Care Facility
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3. PA/APN FTE Limits

Complete this section only if you are requesting modification/waiver of the PA/APN FTE limits. Review the bulleted requirements below or the [Quick Reference – Site-Specific Prescriptive Delegation Statute & Rule](#). Describe the waiver/modification request in the space below.

- **Site Serving a Medically Underserved Population** – Maximum number of PAs supervised is 6. No waiver allowed.
- **Primary Practice Site** - Maximum of 4 PA/APN FTEs. You may request a waiver of this limit; however, the maximum number of PA/APN FTEs may only be increased to 6.
- **Alternate Practice Site** - Maximum of 4 PA/APN FTEs. You may request a waiver of this limit; however, the maximum number of PA/APN FTEs may only be increased to 6.
- **Facility-Based Site – Licensed Hospital** - Unlimited
- **Facility-Based Site – Licensed Long-Term Care Facility** - Maximum of 4 PA/APN FTEs. No waiver allowed by law.

PA/APN FTE Limits: Describe your waiver/modification request in this box.

4. Distance Limitation

Complete this section only if you are requesting modification/waiver of the distance limitation in an alternate practice site setting. No other settings have a distance limit. Review the bulleted requirements below or the [Quick Reference – Site-Specific Prescriptive Delegation Statute & Rule](#). Describe the waiver/modification request in the space below.

- **Site Serving a Medically Underserved Population** – No limitation; no waiver needed.
- **Primary Practice Site** – No limitation; no waiver needed.
- **Alternate Practice Site** – 75 miles from delegating physician's residence or primary practice site
- **Facility-Based Site – Licensed Hospital** – No limitation; no waiver needed.
- **Facility-Based Site – Licensed Long-Term Care Facility** – No limitation; no waiver needed.

Distance Limitation: Describe your waiver/modification request in this box.

5. Site Visit Requirements

Complete this section only if you are requesting modification/waiver of the site visit requirements. Review the bulleted requirements below or the [Quick Reference – Site-Specific Prescriptive Delegation Statute & Rule](#). Describe the waiver/modification request in the space below.

- **Site Serving a Medically Underserved Population** – Delegating physician is on-site at least once every 10 business days during which the APN or PA is on-site providing care
- **Primary Practice Site** – N/A
- **Alternate Practice Site** – Delegating physician is on-site with the APN or PA at least 10 percent of the time
- **Facility-Based Site – Licensed Hospital** – N/A
- **Facility-Based Site – Licensed Long-Term Care Facility** – N/A

Site Visit Requirements: Describe your waiver/modification request in this box.

6. Chart Review Requirements

Complete this section only if you are requesting modification/waiver of the chart review requirements at sites serving medically underserved populations or alternate practice sites. Only these two site types have chart review requirements. Review the bulleted requirements below or the **Quick Reference – Site-Specific Prescriptive Delegation Statute & Rule**. Describe the waiver/modification request in the space below.

- **Site Serving a Medically Underserved Population** – During site visits, delegating physician verifies patient care is provided by the clinic in accordance with a written quality assurance plan, which includes a random review and countersignature of at least 10% of the patient charts
- **Primary Practice Site** – Not addressed
- **Alternate Practice Site** – Delegating physician reviews at least 10 percent of the medical charts, including through electronic review of the charts from a remote location, for each APN or PA at the site
- **Facility-Based Site – Licensed Hospital** – Not addressed
- **Facility-Based Site – Licensed Long-Term Care Facility** – Not addressed

Chart Review Requirements: Describe your waiver/modification request in this box.

7. Delegating Physician Limitations, Requirements

Complete this section only if you are requesting modification/waiver of the delegating physician limitations or requirements described below at sites serving medically underserved populations or facility-based sites. Only these site types have these kinds of requirements. Review the bulleted requirements below or the **Quick Reference – Site-Specific Prescriptive Delegation Statute & Rule**. Describe the waiver/modification request in the space below.

- **Site Serving a Medically Underserved Population** – cannot supervise:
 - more than three clinics without approval of the board.
 - any number of clinics with combined regular business hours exceeding 150 concurrent hours per week without approval of the board.
- **Primary Practice Site** – Not addressed
- **Alternate Practice Site** – Not addressed
- **Facility-Based Site – Licensed Hospital**
 - delegating physician must be:
 - the medical director or chief of medical staff of the facility in which the physician assistant or advanced practice nurse practices;
 - the chair of the facility's credentialing committee;
 - a department chair of a facility department in which the physician assistant or advanced practice nurse practices; or
 - a physician who consents to the request of the medical director or chief of medical staff to delegate the carrying out or signing of a prescription drug order at the facility in which the physician assistant or advanced practice nurse practices.
 - delegating physician may not delegate at more than one licensed hospital without approval of the board .
- **Facility-Based Site – Licensed Long-Term Care Facility**
 - delegation must be by the medical director
 - delegating physician may not delegate at more than two long-term care facilities without approval of the board.

Delegating Physician Requirements: Describe your waiver/modification request in this box.

8. Supervision Requirements - Site Serving a Medically Underserved Population

Complete this section only if you are requesting modification/waiver of the supervision requirements at sites serving medically underserved populations. Review the bulleted requirements below or the **Quick Reference – Site-Specific Prescriptive Delegation Statute & Rule**. Describe the waiver/modification request in the space below.

Requirements

Delegating physician:

- receives a daily status report to be conveyed in person, by telephone, or by radio from the APN or PA on any complications or problems encountered that are not covered by a protocol;
- during required site visits (at least once every ten business days during regular business hours during which the APN or PA is on site providing care) observes and provides medical direction and consultation to include, but not be limited to:
 - reviewing with the APN or PA the case histories of patients with problems or complications encountered;
 - personally diagnosing or treating patients requiring physician follow-up; and
 - verifying that patient care is provided by the clinic in accordance with a written quality assurance plan on file at the clinic, which includes required chart review (random review and countersignature of at least 10% of the patient charts) by the physician;
- is available by telephone or direct telecommunication for consultation, assistance with medical emergencies, or patient referrals; and
- is responsible for the formulation or approval of such physician's orders, standing medical orders, standing delegation orders, or other orders

Supervision Requirements – Site Serving a Medically Underserved Population: Describe your waiver/modification request in this box.

9. Supervision Requirements - Primary Practice Site

Complete this section only if you are requesting modification/waiver of the supervision requirements at your primary practice site. Review the bulleted requirements below or the **Quick Reference – Site-Specific Prescriptive Delegation Statute & Rule**. Describe the waiver/modification request in the space below.

Requirements

- Physician supervision of the carrying out and signing of prescription drug orders must conform to what a reasonable, prudent physician would find consistent with sound medical judgment but may vary with the education and experience of the particular APN or PA.
- A physician shall provide continuous supervision, but the constant physical presence of the physician is not required.

Supervision Requirements – Primary Practice Site: Describe your waiver/modification request in this box.

10. Supervision Requirements - Alternate Practice Site

Complete this section only if you are requesting modification/waiver of the supervision requirements at your alternate practice site. Review the bulleted requirements below or the [Quick Reference – Site-Specific Prescriptive Delegation Statute & Rule](#). Describe the waiver/modification request in the space below.

Requirements

Delegating physician:

- is available to see, diagnose, treat, and provide care to those patients for services provided or to be provided by the physician assistant or advanced practice nurse to whom the physician has delegated prescriptive authority during required site visits with the APN or PA (at least 10 percent of the hours of operation of the site each month that the APN or PA is acting with delegated prescriptive authority); and
- is not prohibited by contract from seeing, diagnosing, or treating a patient for services provided or to be provided by the APN or PA under delegated prescriptive authority; and
- complies with required chart review (at least 10 percent of the medical charts, including through electronic review of the charts from a remote location, for each APN or PA at the site); and
- is available through direct telecommunication for consultation, patient referral, or assistance with a medical emergency.

Supervision Requirements – Alternate Practice Site: Describe your waiver/modification request in this box.

11. Supervision Requirements - Facility-Based Site – Licensed Hospital

Complete this section only if you are requesting modification/waiver of the supervision requirements at a licensed hospital site. Review the bulleted requirements below or the [Quick Reference – Site-Specific Prescriptive Delegation Statute & Rule](#). Describe the waiver/modification request in the space below.

Requirements

- Delegation must be made under a physician's order, standing medical order, standing delegation order, or another order or protocol developed in accordance with policies approved by the facility's medical staff or a committee of the facility's medical staff as provided by the facility bylaws;
- Delegation must occur in the facility in which the physician is the medical director, the chief of medical staff, the chair of the credentialing committee, or a department chair;
- Delegation may not permit the carrying out or signing of prescription drug orders for the care or treatment of the patients of any other physician without the prior consent of that physician;
- Physician supervision of the carrying out and signing of prescription drug orders must conform to what a reasonable, prudent physician would find consistent with sound medical judgment but may vary with the education and experience of the particular advanced practice nurse or physician assistant.
- A physician shall provide continuous supervision, but the constant physical presence of the physician is not required.

Supervision Requirements – Facility-Based Site – Licensed Hospital: Describe your waiver/modification request in this box.

12. Supervision Requirements - Facility-Based Site – Licensed Long-Term Care Facility

Complete this section only if you are requesting modification/waiver of the supervision requirements at a licensed long-term care facility. Review the bulleted requirements below or the [Quick Reference – Site-Specific Prescriptive Delegation Statute & Rule](#). Describe the waiver/modification request in the space below.

Requirements

- Delegation must be made under a physician's order, standing medical order, standing delegation order, or another order or protocol developed in accordance with policies approved by the facility's medical staff or a committee of the facility's medical staff as provided by the facility bylaws;
- Delegation must occur in the facility in which the physician is the medical director;
- Delegation may not permit the carrying out or signing of prescription drug orders for the care or treatment of the patients of any other physician without the prior consent of that physician;
- Physician supervision of the carrying out and signing of prescription drug orders must conform to what a reasonable, prudent physician would find consistent with sound medical judgment but may vary with the education and experience of the particular advanced practice nurse or physician assistant.
- A physician shall provide continuous supervision, but the constant physical presence of the physician is not required.

Supervision Requirements – Facility-Based Site – Licensed Long-Term Care Facility: Describe your waiver/modification request in this box.

13. Alternate Supervising Physicians

Complete this section only if you are requesting modification/waiver of the alternate supervising physician requirements. Review the bulleted requirements below or the [Quick Reference – Site-Specific Prescriptive Delegation Statute & Rule](#). Describe the waiver/modification request in the space below.

- **Site Serving a Medically Underserved Population** – Not addressed
- **Primary Practice Site** – An alternate physician may provide appropriate supervision on a temporary basis as defined and established by board rule.
- **Alternate Practice Site** – An alternate physician may provide appropriate supervision on a temporary basis as defined and established by board rule.
- **Facility-Based Site – Licensed Hospital** – An alternate physician may provide appropriate supervision on a temporary basis as defined and established by board rule.
- **Facility-Based Site – Licensed Long-Term Care Facility** – An alternate physician may provide appropriate supervision on a temporary basis as defined and established by board rule.

Alternate Supervising Physicians Requirements: Describe your waiver/modification request in this box.

14. Patient Relationships

Complete this section only if you are requesting modification/waiver of the patient relationship requirements. Review the bulleted requirements below or the [Quick Reference – Site-Specific Prescriptive Delegation Statute & Rule](#).

Describe the waiver/modification request in the space below.

- **Site Serving a Medically Underserved Population** – Not addressed
- **Primary Practice Site** – Physician must have established or will establish a physician-patient relationship, but the physician is not required to see the patient within a specific period.
- **Alternate Practice Site** – Not addressed
- **Facility-Based Site – Licensed Hospital** – Not addressed
- **Facility-Based Site – Licensed Long-Term Care Facility** – Not addressed

Patient Relationships: Describe your waiver/modification request in this box.

15. Advertising Requirements

Complete this section only if you are requesting modification/waiver of the patient relationship requirements. Review the bulleted requirements below or the [Quick Reference – Site-Specific Prescriptive Delegation Statute & Rule](#).

Describe the waiver/modification request in the space below.

- **Site Serving a Medically Underserved Population** – An advertisement for a site serving a medically underserved population must include the name and business address of the supervising physician for the site
- **Primary Practice Site** – Not addressed
- **Alternate Practice Site** – Not addressed
- **Facility-Based Site – Licensed Hospital** – Not addressed
- **Facility-Based Site – Licensed Long-Term Care Facility** – Not addressed

Advertising Requirements: Describe your waiver/modification request in this box.

Factors for Consideration by the Board in Determining Whether to Grant the Waiver/Modification

Every application must contain descriptions and/or explanations for 16-18 below.

16. Explain how the prescriptive delegation requirements cause an undue burden to patients in the practice area and/or to the physician without corresponding benefit to patient care.

Describe the undue burden presented with current limitations in this box.

17. Describe the safeguards that exist for ensuring quality patient care under the proposed modification/waiver.

Describe the safeguards for ensuring quality patient care in this box.

18. Describe the safeguards that exist for fostering a collaborative practice between the physician and the physician assistant or advanced practice nurse under the proposed modification/waiver.

Describe the safeguards for fostering a collaborative practice in this box.

I certify that I am the person herein named subscribing to this application; that I have read the complete application; that I know the full content thereof; that I am the lawful holder of a license to practice medicine in the state of Texas; that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; and, that I understand that submission of a false statement will be found to be a violation of the Medical Practice Act and Board rules. Furthermore, I am aware that this application will be made available for public commentary on the Texas Medical Board website. I have not included confidential information in my request.

Signature of Supervising Physician

Date

Printed Name of Supervising Physician