Rule Changes Effective January 2, 2013

Chapter 163. LICENSURE

22 TAC §§163.1, 163.2, 163.11

The amendment to §163.1 amends the definition of two-year training program to delete that residency training required for certification must be acceptable for board certification.

The amendment to §163.2 amends the rule to clarify that licensure applicants who are foreign medical school graduates, including Fifth pathways, must demonstrate board certification at time of application or prior to licensure during the licensure application process if physician intends to use board certification as an alternate grounds for eligibility.

The amendment to §163.11 amends the rule to provide remedies for out of active practice issues and to allow for granting a license under a remedial plan.

Chapter 171, POSTGRADUATE TRAINING PERMITS

22 TAC §171.3, §171.6

The amendment to §171.3 amends the rule to exempt applicants for PIT rotator permits from having to submit medical records or otherwise have staff review impairment issues as part of the application process.

The amendment to §171.6 changes a single reference of "PIT holder" to "physician" since program director reporting requirements apply to all participants, not just PIT holders.

CHAPTER 172. TEMPORARY AND LIMITED LICENSES

22 TAC §172.5, §172.12

The amendment to §172.5 allows additional grounds for eligibility for Visiting Physician Temporary Permits, including emergency disaster, forensic psychiatric evaluations for criminal matters, and specialized care, when good cause is shown.

The amendment to §172.12 clarifies that a physician may be denied an out-of-state telemedicine license based on §155.003(e) of the Act.

CHAPTER 180. TEXAS PHYSICIAN HEALTH PROGRAM AND REHABILITATION ORDERS

22 TAC §180.4

The amendment to §180.4 amends the procedures for the handling of referrals to the Board from the TXPHP for violation of agreements of TXPHP agreements with program participants.

CHAPTER 190. DISCIPLINARY GUIDELINES

22 TAC §190.8, §190.14

The amendment to §190.8 provides the standard for physician delegation of the performance of nerve conduction studies by individuals who are not licensed as physicians or physical therapists.

The amendment to §190.14 amends the range and scope of sanctions for violations of the Medical Practice Act.

CHAPTER 197. EMERGENCY MEDICAL SERVICE

22 TAC §197.2, §197.3

The amendment to §197.2 adds the definition for Emergency Medical Services provider to be consistent with rules by the Texas Department of State Health Services.

The amendment to §197.3 sets out additional requirements to be an off-line medical director including CME, requires off-line medical directors to register with the Board, requires off-line medical directors to have written protocols for those that they supervise, directs off-line medical directors to approve care only for times when employed as an off-license medical director, and sets limits on number of EMS providers a physician may serve as an off-line medical director. The amendment also provides process for waivers of requirements.