82nd Texas Legislature

Aug. 28, 2012

TMA COUNCIL ON MEDICAL EDUCATION LEGISLATIVE MATRIX

MEDICAL EDUCATION, PHYSICIAN WORKFORCE, SCOPE, LICENSURE, AND OTHER HEALTH PROFESSIONS BILLS

Topic	*Priority Ranking (from council perspective), Bill # and Sponsor, and Sponsor's Party Affiliation and Home District*	*Status*
	HIGH PRIORITY BILLS	
Graduate Medical Education (GME)	**State Formula Funding for GME in HB 1 and HB 4***	HB 1 passed both the House and Senate and has been certified by the State Comptroller. The per-resident funding rate for state GME formula funding was reduced by 29.6 percent when funding for both HB 1 and HB 4 are considered. Between 2012/13 and 2010/11, the total biennial allocation is $22.2 million less.
	Funding to health-related institutions in support of faculty costs related to GME and for development of new GME positions provided in HB 1 (General Appropriations Act). In addition, the legislature allocated supplemental funding to health-related institutions in HB 4 and many chose to use at least a portion of these funds for GME. Allocations below reflect state biennial formula funding for GME as provided for in HB 1 ($53.9 mil.) and utilized from HB 4 ($3 mil.), as reported by the Legislative Budget Board, Higher Education Coordinating Board, The University of Texas System, and Baylor College of Medicine.	
	2012/13 | **2010/11**	
	Per Resident Amount	
	$4,682 annual per resident or $9,364 for biennium | **$6,653 annual per resident or $13,306 for biennium**	
	Difference in Annual Per Resident Funding Rate Between 2012/13 and 2010/11: -$1,971 or -29.6 percent	
	Total State-Level Funding, INCLUDING Baylor College of Medicine	
	With **6,078** eligible residents, the total state-level biennial funding for 2012/13 is: **$56.9 million**[1] | With **5,944** eligible residents, the total state-level biennial funding for 2010/11 was: **$79 million**[2]	
	Difference in Total State-Level Biennial Funding Between 2012/13 and 2010/11: **-$22.2 million or -28 percent** *Note: Growth in the number of residents funded (+134) in 2012/13 offsets some of the loss in funding when compared with previous biennial funding. Baylor College of Medicine is NOT technically eligible for the state GME formula funding, receiving funding instead through a separate allocation to the Higher Education Coordinating Board—see endnotes. Funding for 2010/11 above reflects original appropriations and does not incorporate budget cuts that may have been taken by individual institutions during the legislative interim period. Institutions were directed to cut a specific % but were given discretion in implementing reductions and net reductions to GME funding by institution were not available. Numbers may not add due to rounding.*	

Family Medicine Residency Program in HB 1		
Established in 1977, this program provides support for training physicians in family medicine with funding allocated to the Higher Education Coordinating Board. The per-resident amount is $3,968 for 2012/13 (a drop of $9,051 per resident or -70 percent) to fund an estimated 693 residents for a total of $2.8 million per year or $5.6 million for the biennium.		Funding for Family Medicine Residency Program was reduced by 74 percent, for a loss of $15.6 million over the biennium. Family Medicine Faculty Development Center received no state funding in the current budget but its operations were ultimately assumed by the University of North Texas Health Science Center.
2012/13	**2010/11**	
$2.8 million per year or $5.6 million for biennium	**$10.6 million per year or $21.2 million for biennium**	
Difference in Total Biennial Funding Between 2012/13 and 2010/11: -$15.6 million or -74 percent		
The board determined that $50,000 from this program's funding should be used to fund 25 rural rotations for family medicine residents at $2,000 each (20 percent less than the previous year). Previously, funding was also provided for public health rotations for family medicine residents and for the Family Medicine Faculty Development Center in Waco. No funding was provided for either this biennium. The University of North Texas Health Science Center subsequently stepped forward to assume operations of the Family Medicine Faculty Development Center.		

Higher Education Coordinating Board's Primary Care GME Programs in HB 1		
NO FUNDING was provided for 2 of the 3 primary care GME funding programs trusteed to the Higher Education Coordinating Board. Both programs had supported the training of primary care physicians and provided funding directly to primary care GME programs for operational costs. In comparison, state GME formula funding is allocated to the health-related institutions, not directly to GME programs.		DEFUNDED: Combined loss of $5.6 million. TMA provided oral and written testimony in support of state GME and medical student formula funding and advocated against funding cuts. Preserving adequate state support for these programs was identified as a priority issue in the 2011 Medical Education and Physician Workforce Consensus Statement.
2012/13	**2010/11**	
"Primary Care GME Program"		
$0.00	**$5 million for biennium**	
Difference: -$5 million or -100 percent between 2012/13 and 2010/11		
"GME Program"		
$0.00	**$600,000 for biennium**	
Difference: -$600,000 or -100 percent between 2012/13 and 2010/11		

	Emergency and Trauma Care Education Partnership Program	
	SB 7 [1st Called Session, Nelson (R-Denton); Sponsored by Rep. Zerwas (R-Richmond)] and SB 2 [1st Called Session, Ogden (R-College Station); Sponsored by Rep. Pitts (R-Waxahachie)] SB 7 establishes a new Emergency and Trauma Care Education Partnership Program to expand training opportunities in emergency and trauma care for physicians and RNs. The Higher Education Coordinating Board is to provide grants to partnerships between hospitals, GME programs, and/or graduate RN programs for 1- or 2-year fellowships with a specialty focus on emergency and trauma care. For physicians, the GME programs must meet board certification standards of the American Bd. of Medical Specialties (ABMS). Funding priority is to be given to proposals offering: 1) collaborative educational models (including details about any related employment requirements after completion of training); 2) demonstrable educational models for increasing the number of students and faculty in the training program; 3) matching funds or in-kind services; 4) educational models that can be replicated; and 5) plans for sustainability of the partnership. The bill authorizes the coordinating board to utilize up to 3 percent of appropriated funds for administrative costs and directs that rules be adopted as soon as practicable. SB 2 (1st Called Session) appropriates $2.25 million in 2012 and again in 2013, for a biennial total of $4.5 million for this program, from the $115 million biennial appropriation to the "Designated Trauma Facility and Emergency Medical Services Account" (or Drivers' Responsibility Program) at DSHS. The coordinating board also has authority to solicit donations or grants to support the program.	**BOTH PASSED** Texas Higher Education Coordinating Board expects to publish proposed rules in the *Texas Register* on Oct. 28, 2011, for public comment.
	HB 2908, Branch (R-Dallas); Sponsored by Sen. Zaffirini (D-Laredo)	
	Directs the Higher Education Coordinating Board to include in its 5-year higher education plan an assessment of the adequacy of 1st-year GME positions to accommodate Texas medical school graduates with the goal of achieving a ratio of 1.1 to 1 in the number of entry-level GME positions per Texas medical school graduate.	**PASSED** TMA testified in support of bill on 3/30.
Medical Education Funding	**State Formula Funding for Medical Students in HB 1 and HB 4**	
	Allocations to health-related institutions for medical students and medical education provided in HB 1 (General Appropriations Act). In addition, the legislature allocated supplemental funding for "instruction and operations" in HB 4. Allocations below reflect state formula funding for medical students as provided for in HB 1 and HB 4, as reported by Legislative Budget Board, Higher Education Coordinating Board, and The University of Texas System.	Annual funding for medical education was reduced by almost $11,000 or 20 percent per medical student, when funding for both HB 1 and HB 4 are considered.

2012/13	**2010/11**
Per Medical Student Amount, *EXCLUDING Baylor College of Medicine*	
$8,874 Base Rate Multiplied by weight of 4.753 = **$42,180** per student per year	$11,129 Base Rate Multiplied by weight of 4.753 = **$52,896** per student per year

	Difference in Annual Medical Student Per Capita Amount Between 2012/13 and 2010/11: **-$2,255 or -20 percent in base rate** **-$10,716 or -20 percent in annual per capita rate** The 2012/13 per student rate is the lowest since the state formula funding process was established in 1999. It is 25 percent less than the peak of $55,971 per student reached in 2002/03 and 20 percent lower than the past year.		
	Total State-Level Medical Student Funding, *EXCLUDING Baylor College of Medicine*		
	$238 million per year or **$476 million for biennium** based on **5,650** eligible public medical students Total (*with* Addition of Annual Small-Class Supplements of $30,000 per Full-Time-Student Equivalents) : **$243 million per year or** **$486 million for biennium**[3] *(excludes Baylor)*	**$276.6 million per year or** **$553.2 million for biennium** based on **5,229** eligible public medical students Total (*with* Addition of Small-Class Supplements): **$282 million per year or** **$564 million for biennium**[4] *(excludes Baylor)*	
	Difference in Biennial State-Level Funding (*inclusive of small-class supplements*) **Between 2012/13 and 2010/11: -$77.2 million or -14 percent** *Note: Growth in the number of medical students funded (+421) in 2012/13 offsets some loss in funding when compared with previous biennial funding. Baylor College of Medicine is not technically eligible for state medical student formula funding, receiving medical education funding instead through a separate allocation to the Higher Education Coordinating Board—see below and endnotes.* *Funding for 2010/11 above reflects original appropriations and does not incorporate budget cuts that may have been taken by individual institutions during the legislative interim period. Institutions were directed to cut a specific % but were given discretion in implementing reductions and net reductions to medical student funding by institution were not available.*		
Baylor	**TOTAL Medical Student Funding for Baylor College of Medicine**		
	$40 million for 2012 and $35.7 million for 2013; or **$75.7 million for biennium** based on **725** eligible medical students	**$40 million for 2010 and $43 million for 2011; or** **$83 million for biennium** based on **664** eligible medical students	Baylor's state funding for medical education was reduced by $7.3 million or 8.8 percent.
	Difference in Biennial State Funding for Baylor Medical Students Between 2012/13 and 2010/11: **-$7.3 million or -8.8 percent**		
UT MD Anderson Cancer Center and UTHSC at Tyler	**MD Anderson Cancer Center and UT Health Science Center at Tyler in HB 1** The University of Texas' MD Anderson Cancer Center in Houston and Health Science Center at Tyler do not educate medical students and are thereby ineligible for state formula funding for the instruction of medical students. In lieu of this, they receive support through operations formulae, as follows: ○ Funding for MD Anderson is based on the total number of Texas cancer patients served in FY2010, using a rate of $1,752 per patient per year, for a biennial total of $201 million. This reflects a funding cut of 37		Base rate reduced by 37 percent for UT MD Anderson and by 17 percent for UT Health Science Center at Tyler

	percent from $2,773 per patient per year in the 2010/11 Appropriations Act. o UT Health Science Center at Tyler is funded based on the care of patients diagnosed with pulmonary, respiratory, and other diseases of the chest, at $322 per patient per year, for a biennial total of $44.7 million. Funding for this institution was reduced by 17 percent from a base rate of $389 per patient in the 2010/11 Appropriations Act.	
Primary Care Physician Workforce Development	**DEFUNDING of Primary Care Preceptorship Program for Medical Students in HB 1** *NO FUNDING* was provided for the primary care preceptorship program which was designed to promote interest among medical students in three primary care specialties: family medicine, general internal medicine, and general pediatrics. This is a **loss of $904,000 from 2010/11**. The program, established at the Higher Education Coordinating Board in 1995, provided stipends and travel expenses to allow medical students the option of spending one month with primary care physicians in community practice.	**Defunded: loss of $904,000.**
Physician Workforce Diversity	**Joint Admission Medical Program (JAMP) in HB 1** JAMP was created by the Texas Legislature in 2001 to increase access to medical education for students who are economically disadvantaged. Each Texas medical school sets aside 10 percent of each medical school class for JAMP students each year, with students entering the program in their 2nd year of college. JAMP was funded at **$7 million for 2012/13** and given the authority to carry-over any unexpended funds from 2012 to 2013. This is a funding cut of $3.6 million or 34 percent from the $10.6 million initially received for 2010/11. As a result, the number of students admitted to the program each year must be reduced by 54 (or 36 percent) from 150 to 96. Administrative budgets were reduced for the 2012/13 biennium for the central agency as well as each of the institution-based programs.	**Funding reduced by 34 percent, loss of $3.6 million. Number of new participants admitted each year to be reduced 36 percent from 150 to 96.**
Permanent Health Fund for Higher Education	**Permanent Health Fund for Higher Education in HB 1** As a result of the state's lawsuit against major tobacco companies in 1999, the health-related institutions receive allocations each year from the permanent health fund for higher education. Section 41, Special Provisions Relating Only to State Agencies of Higher Education (pg. III-231) of HB 1, references appropriations to the health-related institutions from the estimated earnings on the Permanent Health Fund for Higher Education at **$15,750,000 each year and $31,500,000 for the biennium** to be distributed for the purposes of medical research, health education, or treatment programs. During the regular session, a senate proposal was filed to liquidate the fund's corpus and earnings for distribution among the health-related institutions. This was described as an effort to provide additional funding to the health-related institutions. The proposal did not pass.	
Physician Education Loan Repayment	**Underserved Area-State Physician Education Loan Repayment Program in HB 1** Funding was cut from $23 million in 2010/11 to **$5.6 million in 2012 and no funding in 2013**, for a biennial loss of	**Funding reduced by 78 percent, loss of**

	$17.4 million or 78 percent. This reverses major expansions to this program adopted by the legislature in 2009 when total repayment levels were increased from $45,000 to $160,000 for physicians who made commitments to practice in an underserved area for 4 years. The board has determined that sufficient funds are available to provide loan repayment to physicians currently in the program for 3 of their 4 years of commitment, covering FYs 2011, 2012, and 2013. No new physicians will be added to the program! Funding for the 4th and final year of the physicians' practice commitments is dependent on actions by the Texas legislature in the 2013 session. The Higher Education Coordinating Board estimates more than one million Texans in underserved areas may be affected by the cuts to the program. Underserved communities typically have fewer insured residents and higher numbers of Medicaid and Medicare patients. Loan repayment helped to offset these financial challenges for physicians entering practice in an underserved area.	**$17.4 million over the biennium.**
	DEFUNDING of FREW Medicaid Children's Loan Repayment Program in HB 1 *NO FUNDING* was provided to continue the physician and dentist loan repayment program established in 2008 as a part of the court settlement of the *FREW vs Hawkins* court case. This represents a **loss of $32.9 million for loan repayment**. In Fiscal Year 2011, 172 physicians received loan repayment assistance through the program in return for a commitment to provide services to a minimum number of Medicaid children. The program had been open to physicians in general pediatrics and in pediatric subspecialties in all areas of the state, with no geographic limits.	**Defunded: loss of $32.9 million.**
	HB 1908, Madden (R-Richardson); Sponsored by Sen. Whitmire (D-Houston) Expands eligibility of state underserved area Physician Education Loan Repayment Program to include physicians employed by state correctional and Texas Youth Commission facilities located in underserved areas. (Note: physicians employed by these agencies were previously eligible for this program until 2009 legislative revisions.) Also establishes a **NEW** loan repayment program for medical and mental health physicians, and other staff providing correctional managed health care using state funds appropriated for correctional managed health care. **HB 3579, L. Gonzales (R-Round Rock); Sponsored by Sen. Zaffirini (D-Laredo)** Removes current restriction from underserved area Physician Education Loan Repayment Program that limits state payment to only the principal portion of educational loans for physicians participating in the program. This restriction had been difficult to enforce by the state administering program with lenders either unwilling or unable to comply.	**PASSED** **PASSED**
Faculty Credentialing	**SB 822, Watson (D-Austin) & HB 1333, Zerwas (R-Richmond)** Adds physicians who are joining faculty plans to the provision already in law for expediting the physician credentialing process used by managed care plans. New faculty members had been inadvertently omitted from the legislation adopted in 2009 for physicians in other practice settings.	**SB 822 PASSED.** TMA registered in support of bill at committee hearings.

Physician and Physician Assistant Corporations	**HB 2098 J. Davis (R-Houston) & SB 961, Uresti (D-San Antonio)** Authorizes physicians and PAs to form corporations for specific purposes, including: 1) research in medical science, economics, public health, sociology, or related field; 2) *to support medical education in medical schools through grants and scholarships;* 3) develop capabilities of individuals or institutions studying, teaching, or practicing medicine as a physician or PA; 4) delivering health care; or 5) instructing the public on medical science, public health, hygiene, or related matter. Does not authorize a practitioner other than a physician to practice medicine or to direct activities of a physician in the practice of medicine. PAs are limited to a minority ownership interest in the corporation. The bill was signed by the governor and became effective on June 17, 2011.	**HB 2098 PASSED**
State Medical Licensing	**HB 1380, Truitt (R-Keller) & SB 1022, Rodriguez (D-El Paso)** With the goal of facilitating the board certification process for family physicians and other specialties, this bill reduces the minimum GME requirements for international medical graduates from 3 to 2 years. Currently, the 3-year GME requirement causes some physicians to be delayed in taking national board-certification exams, such as family medicine which requires a physician to have an unrestricted license to sit for the exam. As a result, anecdotal reports indicate many seek licensure in other states and then leave Texas after completion of residency training.	**HB 1380 PASSED** TMA testified in support of HB 1380 on 3/9.
	HB 680, Schwertner (R-Georgetown); Sponsored by Sen. Huffman (R-Houston) Gives physicians more time to prepare a response to a complaint filed against them at the Texas Medical Board (TMB), by extending the current deadline from 30 to 45 days. Also extends TMB's deadline for notifying a physician named in the complaint of an informal meeting from 30 to 45 days. Bill was amended late in the session to incorporate elements of SBs 177 and 190 (neither passed); SB 227 (this bill also passed—see summary below); and SB 191 (passed both chambers but was VETOED by the governor on June 17, 2011). Bill amendments included the following: 1) established a statute of limitations for complaints against physicians by patients at 7-years, or in the case of a minor, the date the minor reaches 21 years of age; 2) disallows anonymous complaints, with some exceptions; 3) gives TMB more time to conduct a preliminary investigation of a complaint by extending the deadline from 30 to 45 days after receipt of the complaint; 4) authorizes TMB to issue and establish terms of a remedial plan to resolve the investigation of a complaint; 5) allows physicians under review to request that TMB record an informal settlement conference proceeding; 6) directs TMB to dispose of a contested case by issuing a final order based on the administrative law judge's findings of fact and conclusions of law; and 7) affirms that TMB has sole authority and discretion to determine the appropriate action or sanction in contested cases, and administrative law judges may not recommend appropriate actions or sanctions.	**PASSED**
	SB 227, Nelson (R-Denton); Sponsored by Rep. S. King (R-Abilene) Appears to be identical language to the provision in HB 680 (above) that authorizes TMB to issue a remedial plan under certain circumstances.	**PASSED**
	SB 189, Nelson (R-Denton); Sponsored by Rep. Zerwas (R-Richmond)	**PASSED**

	Imposes a 3-year service obligation in underserved areas on physicians applying for Texas licensure who are not U.S. citizens or permanent legal residents. Does not apply if a physician joins a GME program. The intent is to require comparable practice requirements for physicians with H-1B visas as those with J-1 visa waivers. Current federal regulations require physicians with J-1 visa waivers, but not H-1B visas, to complete a 3-year practice obligation in an underserved area (HPSA or MUA). This bill places standard practice requirements on non-citizen medical license applicants in Texas. TMB is to adopt rules for implementing these changes by May 1, 2012, with changes effective Sept. 1, 2012.	
	SB 1733, Van de Putte (D-San Antonio); Sponsored by Rep. Menendez (D-San Antonio) Directs state licensing agencies, including the Texas Medical Board, to add an alternative license procedure for spouses of military personnel on active duty in Texas. The spouse must: 1) hold a current license in another state that has licensing requirements substantially equivalent to Texas; or 2) within the 5 years preceding the application date, held a license in this state that expired while the applicant lived in another state for at least 6 months. New rules must include provisions to allow alternative demonstrations of competency to meet the license requirements. The bill was signed by the governor and became effective on June 17, 2011.	**PASSED**
	HB 2975, Hunter, Naishtat, Parker, and Brown & SB 1360 (Identical), Harris Encourages, *but does not mandate*, that physicians who treat patients with tick-borne diseases take CME courses on the treatment of tick-borne diseases. The same provisions are made for nurses. TMB is to adopt rules to establish the content and approval requirements for this type of CME programming by Feb. 1, 2012. In cases where a physician or nurse is under investigation by the board as a result of the selection of clinical care for the treatment of tick-borne diseases, the medical or nursing board is to consider participation by the physician or nurse in a CME/CE course on tick-borne diseases completed within 2 years of the start of the board's investigation. The bill was authored by Sen. Chris Harris who battled Lyme disease. He reports there are 2 types of recognized standards of care for treating Lyme disease: the Infectious Diseases Society of America (IDSA) and the International Lyme and Associated Diseases Society (ILADS). Sen. Harris reports that most Texas doctors use the IDSA treatment; thereby patients who prefer the ILADS treatment leave Texas to receive the long-term antibiotic treatment. This bill seeks to educate physicians and nurses through the continuing education process about the spectrum of relevant medical clinical treatment for this disease.	***BOTH* BILLS PASSED**
	SB 191, Nelson (R-Denton); Sponsored by Rep. S. King (R-Abilene) Would have required the Texas Medical Board to issue a final order based on an administrative law judge's findings of fact and conclusions of law, rather than requiring the board to determine the charges "on the merits" in contested cases under the Administrative Procedure Act. Would have prohibited the board from changing a finding of fact or conclusion of law or to vacate or modify an order of an administrative law judge and took away the board's current ability to make such changes in certain circumstances. New language would have been added to give the board sole authority and discretion to determine the appropriate action or sanction, and the administrative law judge would not have had the authority to make any recommendation regarding the	**Passed both chambers but was VETOED.** **Governor Perry vetoed the bill on June 17, 2011.** **Same provisions,**

	appropriate action or sanction. **Governor's Veto** Gov. Perry vetoed SB 191 on June 17, 2011, out of serious concerns for an overreliance on the State Office of Administrative Hearings (SOAH) in the disposition of contested case hearings at the board. The governor acknowledged, however that the same SOAH provisions are included in HB 680 which he signed on June 17. The governor's statement pointed to SB 191 as weakening the board's authority to oversee physicians and the bill treated TMB differently than other health professions boards by mandating acceptance of rulings by administrative law judges. It was determined that the responsibility for deciding whether a physician has violated a standard of conduct should belong to the board and not a single administrative law judge and their role is to assist agencies in reaching a proper decision, not to supplant them or relieve them of that duty.	**however, are in HB 680 (see above) which was signed by the governor on June 17, 2011.**
Other Health Professions Scope of Practice	**HB 2703, Truitt (R-Ft. Worth) & SB 1143, Uresti (D-San Antonio)** Permits an orthotist or prosthetist to take an order from a PA or advanced practice nurse with delegated authority or from a chiropractor or podiatrist. Specifies that the PA or APN must be acting under the delegation and supervision of a physician.	**HB 2703 PASSED**
	HB 2080, T. King (D-Eagle Pass) & SB 963, Uresti (D-San Antonio) This allows more physicians to delegate the preparation of documents needed by patients to obtain a disabled parking placard to others by removing the current county population-size restriction which had previously limited this eligibility to counties with less than 125,000 people. PAs also have the authority to prepare these documents. The bill was signed by the governor and became effective on June 17, 2011.	**HB 2080 PASSED**
	SB 1857, Zaffirini (D-Laredo) & HB 3611, Truitt (R-Ft. Worth) Amends the Nursing Practice Act and the Medicaid (Dept. of Aging and Disability Services, DADS) statute to give nurses, both RNs and LVNs, the authority to assess a client and to train and supervise an unlicensed person (defined in the bill to include a subordinate of a nurse, e.g., nurse aides, or even nonemployees, such as unpaid volunteers or nursing students) to assist with self-administered medication or the administration of medication only to clients with an intellectual and developmental disability who receive services at intermediate care facilities for the mentally disabled (Chap. 252, Health & Safety Code) or certain types of DADS facilities. Texas Bd. of Nursing and DADS are to enter into a memorandum of understanding to implement the changes and the nursing board is to convene a workgroup for development of the program rules. The bill was signed by the governor and became effective on June 17, 2011.	**SB 1857 PASSED**
	HB 1797, Naishtat (D-Austin); Sponsored by Sen. Rodriguez (D-El Paso) Amends the social work practice act to specify that a person may not engage in the practice of social work without an appropriate license. The bill was signed by the governor and became effective on June 17, 2011.	**PASSED**
	HB 3146, Naishtat (D-Austin) & SB 1448, Zaffirini (D-Laredo) Expands the types of health professionals qualified to obtain a patient's consent for therapy or treatment for	**HB 3146 PASSED**

	chemical dependency in a treatment facility (excludes prescribing or administering medication) to include (in addition to a treating physician) a psychologist, social worker, professional counselor, or chemical dependency counselor. Also grants these professionals the authority to inform patients (and obtain a new consent) of any new information about a therapy or treatment for which consent was previously obtained. Patient screening must be reviewed by a qualified professional. Reduces in-service training requirements related to these duties from the current 8 hours, down to 2.	
Post-Doctoral Fellows and Graduate Student Participation in ERS	**SB 29, Zaffirini (D-Laredo); Sponsored by Rep. Branch (R-Dallas)** Allows post-doctoral fellows and graduate students at Texas higher education institutions to participate in the state employee retirement system (ERS) group benefits program even if not employed by the institution or other state agency.	**PASSED**
Educational Requirements for Entry-to-Practice for Audiologists	**SB 613, Rodriguez (D-El Paso); Sponsored by Rep. Alvarado (D-Houston)** Brings state licensing laws for audiologists in line with national standards by increasing educational requirements for entry-to-practice from the master's degree to the doctorate degree level. Makes other changes related to the state regulation of speech-language pathologists.	**PASSED**
Regulation of Other Health Professions	**SB 795, Nelson (R-Denton) & HB 2320, Naishtat (D-Austin)** Amends state laws that regulate nurse aides. Beginning Sept. 1, 2013, nurse aides must complete specific training programs to be eligible for inclusion on the nurse aide registry maintained by the Health and Human Services Commission. The training programs must be approved by the Dept. of Aging and Disability Services and: 1) include not less than 100 hours of course work; and 2) administer a competency evaluation at the completion of the program. An aide's listing on the registry is limited to 2 years and after Sept. 1, 2013, an aide must complete the following training to be eligible for relisting on the registry: at least 24 hrs. of in-service education every 2 yrs., including training in geriatrics, and when applicable, training in the care of patients with Alzheimer's disease. Aides who are listed on the registry as of Aug. 31, 2012, are exempted from the new educational and training requirements. Rules are to be adopted by the commission by May 1, 2013.	**SB 795 PASSED**
Funding for Nursing Education Programs	**SB 794, Nelson (R-Denton) & HB 1662, S. King (R-Abilene)** Extends the deadline from Aug. 31, 2011, to Aug. 31, 2015, for use of monies from the permanent fund for health-related programs to provide grants to nursing education programs. The Higher Education Coordinating Board is directed to prioritize grants from the permanent fund for institutions that propose to address the shortage of RNs by promoting innovations in the education, recruitment, and retention of nursing students and qualified faculty. The bill was signed by the governor and became effective on June 17, 2011.	**SB 794 PASSED**
Feasibility Study on New Dental School in El Paso	**SB 1020, Rodriguez (D-El Paso) & HB 2090, Marquez (D-El Paso)** Directs the Higher Education Coordinating Board to conduct a study of the need and feasibility for adding a dental school at the Texas Tech University Health Sciences Center in El Paso. The bill was signed by the governor and became effective on June 17, 2011.	**SB 1020 PASSED**

Health Facilities Licensing	**HB 3369, S. King (R-Abilene); Sponsored by Sen. Nelson (R-Denton)** Gives the Texas Board of Physical Therapy Examiners the authority to exempt additional type of facilities (by rule) from the requirement to register as a physical therapy facility. Currently, facilities that are regulated under the Health & Safety Code, Title 4 (Health Facilities), Subtitle B, are already exempt, such as hospitals, nursing homes, and surgical centers.	**PASSED**
Health-Related Institutions	**SB 5, Zaffirini (D-Laredo); Sponsored by Rep. Branch (R-Dallas)** This voluminous bill amends numerous laws affecting accounting procedures used by higher education institutions but few are applicable to medical education, with the following exceptions: The governor and the Legislative Budget Board are directed to review the legislative appropriation requests from the health-related institutions (as well as other higher education institutions) to identify opportunities for greater efficiency, better transparency of funding sources, for elimination of unnecessary duplication and to otherwise reduce the cost or difficulty of providing information related to legislative appropriation requests. Recodifies the authorizing legislation for the Texas A&M University Health Science Center as a housekeeping measure. This bill was signed by the governor and became effective on June 17, 2011.	**PASSED**

BILLS THAT DID *NOT* PASS

Graduate Medical Education (GME)	**HB 987, Shelton (R-Ft. Worth)** Dr. Shelton's bill would have established a competitive grant process for funding up to 420 new GME slots. Grants were to be used for stipends, up to $65K/year, and to supplement salaries at GME programs. Priority was to be given to programs in underserved communities and those sponsored by partnerships between health care facilities, corporations, and community groups.	Bill was not heard in committee and **DID NOT PASS**
	HB 393, V. Gonzales (D-McAllen) Would have created a competitive GME funding program at the Higher Education Coordinating Board for new residency programs in physician shortage areas. This program was to be funded with excess state medical licensing fees and other sources. Priority was to be given to applicants that would expand training opportunities in a shortage specialty, programs located in an underserved area, specialties identified as having a substantial number of graduates leaving the state for GME, and programs with innovative training processes.	Bill was not heard in committee and **DID NOT PASS**
	HB 3189, V. Gonzales (D-McAllen) & SB 1648, Watson (D-Austin) Would have established a new definition for a system academic health center in state law. Would have required the Higher Education Coordinating Board to approve centers that meet defined criteria. Also would have required partnerships between an undergraduate university and a health science center as well as a minimum # of GME programs.	**NEITHER PASSED**

Stem Cell Research	**SB 228, Nelson (R-Denton)** Would have required higher education institutions to provide an annual report to the legislature on the amount of funds expended on human embryonic and adult stem cell research.	**DID NOT PASS**
State Medical Licensing	**SB 240, Huffman (R-Houston) & SB 612, Rodriguez (D-El Paso)** **HB 527, Eissler (R-The Woodlands) & SB 1021, Rodriguez (D-Paso)** These bills would have diminished state medical licensing requirements by reducing or removing 2 testing thresholds for physicians. Current law, with some exceptions, sets an overall 10-year limit for passage of the full US Medical Licensing Exam (USMLE) testing series for physicians who are board certified, and a 7-year limit for those without board certification. In addition, current law limits physicians to 3 attempts at passage for each of the 3 step exams in the USMLE testing series, *with some exceptions*. SB 240 and SB 612 (identical bills) asked for NO limits on both the total length of time for completing the full USMLE testing series AND the number of passage attempts per step exam, if a physician made a commitment to practice in an underserved area. To qualify for this provision, physicians MUST have: 1) had an unrestricted license in another state; 2) been licensed at least 5 years; and 3) had no licensing restrictions. This medical license would have been in effect only with regard to practice in an underserved area. HB 527 asked for: 1) NO limits on the length of time for completing the USMLE testing series for physicians who are board certified; and 2) an increase in the number of passage-attempts from 3 to 6 for each of the 3 step exams of the USMLE testing series for physicians who are NOT board certified . In contrast to SB 240 and SB 612 above, practice in an underserved area and licensure in another state would not have been required. SB 1021 was initially filed as an identical bill to HB 527 but was amended on May 17, 2011. Similar to HB 527, SB 1021 asked for: 1) NO limits on the length of time for completing the USMLE testing series for physicians who are board certified; and 2) NO passage-attempt limits for physicians who are board certified. The bill was amended on the Senate floor on May 17 by Sen. Deuell (R-Greenville) to allow physicians who are NOT board certified to take 5 attempts to pass a single step of the USMLE's 3-step series, combined with a total of 4 attempts on the remaining 2 step exams, for an overall total of 9 attempts to pass the USMLE testing series.	**NONE PASSED**
	HB 177, J. Jackson (R-Carrollton); HB 197, Solomons (R-Carrollton); and HB 623, Bonnen (R-Angleton) All would have required physicians to provide proof of citizenship at the time of medical license application or renewal. These bills did NOT pass, but proof of citizenship will be required, to some degree by the Texas Medical Board, of medical license applicants as part of the implementation of SB 189 (see summary on pg. 7).	**NONE PASSED**
	SB 190, Nelson (R-Denton); Sponsored by Rep. Kolkhorst (R-Brenham); and SB 177, Huffman (R-Houston)	**NEITHER PASSED**

	The broad majority of the medical licensing provisions in these bills were incorporated into HB 680 which passed (see description above). The following provision in the bills was NOT found in bills that passed this session. To prohibit TMB from issuing a medical license (i.e., medical license, provisional medical license to practice in underserved areas, or faculty temporary license) to a physician who had their license canceled or surrendered for cause, or whose license was under investigation by another state *or country*. Current law prohibits this in relation to such action by another state or *the provinces of Canada*.	
	HB 3426, Zedler (R-Arlington) & SB 1785, Patrick (R-Houston) Would have created a new state agency, Texas Dept. of Health Professions, and replaced individual state health professions licensing boards with a "super" board, as proposed in the governor's 2012/13 budget proposal. Physicians would have lost their own board and allotted only 2 positions on the super board.	**NEITHER PASSED**
Physician Drug Dispensing	**SB 546, Deuell (R-Greenville)** Would have given physicians the authorization to dispense and charge a patient for dangerous drugs (excluding controlled substances, Schedule II-V).	**DID NOT PASS**
Other Health Professions' Licensing	**HB 1893, Zerwas (R-Richmond) & SB 1566, Uresti (D-San Antonio)** A new licensure process would have been established for anesthesiologist assistants, and a new advisory board would have been established for this profession for reporting to the Texas Medical Board. The anesthesiologist assistants would have been required to be directly supervised by a board-certified anesthesiologist, with a maximum of 4 assistants per anesthesiologist.	**NEITHER PASSED**
Scope of Practice	**HB 3249, Pena (R-Edinburg) & SB 1750, Uresti (D-San Antonio)** Would have expanded sites where physician assistants could carry out prescription drug orders for Schedule II controlled substances (but not independent prescribing) to include: medical schools, dental schools, hospitals, hospice, state and federal facilities, and physicians' clinics.	**NEITHER PASSED**
	HB 708, Hancock (R-N. Richland Hills), SB 1260, Ellis (D-Dallas) & HB 1266, Coleman (D-Houston). HB 915 and HB 2079, Christian (R-Center). SB 846, Patrick (R-Houston). SB 1601, Seliger (R-Amarillo). HB 3164, Hancock (R-N. Richland Hills) & SB 1770, Williams (R-The Woodlands). HB 1980, Laubenberg (R-Parker) Majority of these bills would have removed, *in varying degrees*, current restrictions on the ability of advanced practice nurses (certified registered nurse anesthetists, nurse practitioners, nurse midwives, and clinical nurse specialists), to diagnose, prescribe, and/or order treatments--all independent of physician supervision and delegation. Two other bills would have expanded scope of practice for chiropractors or podiatrists. A summary of each is shown below, with groupings for advanced practice nurses, chiropractors, and podiatrists. *Advanced Practice Registered Nurses* ○ HB 708, SB 1260, and HB 1266 sought autonomous practice for advanced practice registered nurses, including autonomous authority to diagnose, prescribe drugs (Schedule II-IV), and order medical devices or services. The bill would have added a new scope of practice to the Nursing Practice Act that defined advanced practice	**NONE PASSED**

registered nurses (APRNs) (preferred term in place of advanced practice nurses) which includes nurse practitioners, certified nurse anesthetists, nurse-midwives, and clinical nurse specialists. It would have authorized the board to recognize APRNs to "prescribe, procure, administer, and dispense dangerous drugs and controlled substances." Current law only allows advanced practice nurses to treat and prescribe under physician delegation, guided by agreed-upon written protocols or physician orders. The bill would have had these restrictions retained in the laws for physician assistants.
Changes would have been made to the Texas Pharmacy Act, Texas Controlled Substances Act, and Texas Dangerous Drug Act to include APRNs under the definition of "practitioner" in each of these acts to establish autonomous prescriptive authority for this profession. The bill also would have changed the Insurance Code to recognize APRNs as independent practitioners.

- HB 915 contained many of the same changes in HB 708 and SB 1260, including autonomous authority to diagnose, prescribe, and order. A major difference, however, is that this bill retained the current provision where advanced practice nurses can be recognized to "carry out a prescription drug order" under physician delegation and guided by agreed-upon written protocols or physician orders. This would have given advanced practice nurses two options, autonomous practice or practice under physician delegation. This bill sought the authority for advanced practice nurses to "diagnose, prescribe, and institute therapy or referrals of patients to health care agencies, health care providers, and community resources" to "prescribe, procure, administer, and dispense dangerous drugs and controlled substances;" and to "plan and initiate a therapeutic regimen that includes ordering and prescribing medical devices and equipment, nutrition, and diagnostic and supportive services, including home health care, hospice, physical therapy, and occupational therapy."

- HB 3164 sought removal of the requirement for advanced practice nurses to practice under a physician's delegated authority if they are practicing "within the limits of their knowledge, skills, and training pursuant to a contract" with either an HMO or a preferred provider.

- SB 1770 is markedly similar to HB 3164. This bill also sought removal of the requirement for advanced practice nurses to practice under a physician's delegated authority if they are practicing "within the limits of their knowledge, skills, and training pursuant to a contract" with either an HMO or a preferred provider. In addition, this bill sought removal of the requirement for a physician's delegated authority when an"advanced practice nurse practices within the limits of their knowledge, skills, and training pursuant to a contract with an insurer."

- HB 2079 contained far fewer changes in comparison to the bills summarized above. It sought changes to the Nursing Practice Act to allow nurses to "administer a medication or treatment as ordered by a health care practitioner legally authorized to order the medication or treatment." In contrast, current law only allows nurses to do so when ordered by a physician, podiatrist or dentist. The bill sought a similar expansion to the list

	of health care professionals who are eligible to make referrals for implementation of direct occupational therapy. Current law limits this authority to a physician, dentist, chiropractor, podiatrist, or other qualified health care professional. The bill would have substituted the following: occupational therapy must be based on a referral from a health care practitioner who is legally authorized to refer for health care services within the scope of the practitioner's license. ○ HB 1266 sought an interim study, to be completed by Jan. 1, 2013, on the "independent practice of advanced practice registered nurses to perform basic emergency and non-emergency health care services and preventive health care services within the scope of the health care providers' practice and license, including potential cost savings of health care providers who are not physicians performing these health care services; the impact on access to health care services for underserved communities and health professional shortage areas; any projected impact on patient safety and the quality of care for persons treated by health care providers who are not physicians; the effect on the state's overall health care system; and the potential cost savings and other foreseeable consequences of expanding the authority of advanced practice registered nurses to prescribe medication to patients." ○ SB 846 contained a relatively small change to current law by retaining the current provisions for advanced practice nurses to carry-out prescriptive authority under physician delegation and protocols. In addition, the bill would have created a new authority for advanced practice nurses at certain medically underserved sites to provide limited health services without the delegation or supervision of a physician. These services would have included health care services not requiring a medical diagnosis or the prescription of therapeutic or corrective measures, including immunizations, well child care, tuberculosis control, wellness screenings, epidemiologic investigations, and routine prenatal care. *Chiropractors* ○ SB 1601 would have added a definition for "diagnose" and changes to the definition of "incisive or surgical procedure" as it relates to chiropractors to include acupuncture, electromyography for diagnostic testing, and manipulation under anesthesia. Would have added the word "diagnose" to the definition of the practice of chiropractic and would have added procedures for improving the "biomechanical condition of the spine." Chiropractors would also have been required to inform any patient for whom chiropractic treatment was contraindicated or otherwise inappropriate and to make a proper referral to an appropriate health care provider. *Podiatrists* ○ HB 1980 would have added "ankle" to the state definition of podiatry, expanding the scope for podiatrists.	
	HB 2066, Zerwas (R-Richmond) Would have given physicians the authority to delegate to physician assistants, advanced practice nurses, and other qualified, trained, and supervised individuals, the administration of certain drugs, including BOTOX and dermal filler.	**DID NOT PASS**

	HB 3143, Zerwas (R-Richmond) Would have granted dentists, who completed the prescribed training, the authority to provide "portability of deep sedation anesthesia services" in locations other than a facility or satellite facility.	**DID NOT PASS**
	HB 104, F. Brown (R-College Station) Would have abolished the Higher Education Coordinating Board and transferred the agency's functions to the Texas Education Agency.	**DID NOT PASS**
Tuition Revenue Bonds	**SB 16 (1st Called Special Session) and SB 272 (Regular Session), Zaffirini (D-Laredo)** Would have established a process at the Higher Education Coordinating Board to allow higher education institutions to finance individual projects up to $100 million through the issuance of tuition revenue bonds. Two-thirds of project costs must have been financed from private philanthropic sources or other funds and the institution must have agreed to pay 20 percent of the bond debt service from funds other than future appropriations of undedicated general revenue. **HB 752, Lewis (R-Odessa)** $12.6 million in tuition revenue bonds would have been authorized for the Texas Tech University Health Sciences Center to construct a new facility for medical education in Odessa. **HB 1892, S. Davis (R-Houston)** Would have authorized $54 million in tuition revenue bonds for: 1) renovation/modernization of educational and research facilities at The University of Texas Health Science Center at Houston; and 2) $50 million for capital projects for the Basic Science Research Building at The University of Texas MD Anderson Cancer Center in Houston.	SB 16 (1st Called Session) and SB 272 (Regular Session) **NEITHER BILL PASSED.** **DID NOT PASS** **DID NOT PASS**
Billing for Student Health Centers	**HB 381, Brown (R-College Station)** Would have required student health centers at universities to assist patients in filing claims with a student's personal health plan, if applicable. Further, would have authorized institutions of higher education to contract with health plans to provide health care services to insured students. Universities were to provide annual reports to the Texas Legislature on sources of income for funding student health centers.	**DID NOT PASS**
Nurse Loan Repayment	**SB 145, Hinojosa (D-McAllen); Sponsored by Rep. Alonzo (D-Dallas)** Would have created a new student loan repayment program for nurses employed as faculty members at certain institutions of higher education. Would have been funded through uncommitted monies from the state underserved area Physician Education Loan Repayment Program at the Higher Education Coordinating Board.	**DID NOT PASS**
Other Health Professions Licensing	**SB 805, Lucio (D-Brownsville)** Would have established licensing and regulatory processes at the Dept. of State Health Services for medical lab science professionals, including: medical lab scientists, categorical medical lab scientists, and medical lab technicians.	**DID NOT PASS**

Sources: Texas Legislature Online and Texas Legislative Budget Board Websites (last accessed 7/14/2011), Texas Higher Education Coordinating Board; Baylor and UT System. Prepared by: Medical Education Dept., Texas Medical Association, 10/14/2011.

**PLEASE NOTE: Unless otherwise noted in the matrix, new legislative bills go into effect on Sept. 1, 2011. Funding for the health-related institutions identified in the matrix does not represent all sources of state funding, but only selected state funding sources for these institution in HB 1 (the appropriations bill for 2012/13) and HB 4 (supplemental funding bill) (82nd Regular Session). Funding amounts identified for 2010/11 represent original appropriated amounts and may have been subject to funding cuts during the biennium.*

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[1] State GME funding for Baylor College of Medicine is technically NOT included in state formula funding, but is allocated separately to the Higher Education Coordinating Board. Base rate for state GME formula funding to public health-related institutions is in Section 29.4-Special Provisions Relating Only to State Agencies of Higher Education, pg. III-229 of the 2012/13 Appropriations Act. State GME funding for Baylor College of Medicine is on pg. III-38 of the 2012/13 Appropriations Act. Additional appropriations were made to the health-related institutions in HB 4, the supplemental funding bill.

[2] Base rate for state GME formula funding to public health-related institutions is in Section 29.4-Special Provisions Relating Only to State Agencies of Higher Education, pg. III-244. State GME funding for Baylor College of Medicine is on pg. III-48 of the 2010/11 Appropriations Act.

[3] Base rate for medical education formula funding for public medical schools is in Section 29.1-Special Provisions Relating Only to State Agencies of Higher Education," pg. III-229 of 2012/13 Appropriations Act. The state medical education allocation for Baylor College of Medicine is on pg. III-38 and Rider #8, pg. III-42. Additional funding is provided to medical schools with smaller class sizes, defined as less than 200 students at an individual campus, through "small class supplements." Typically, four of the state's medical schools qualify for this supplemental funding. The Texas Tech Paul Foster Medical School in El Paso will become eligible for separate state medical education formula funding in 2014/15. Additional appropriations were made in HB 4.

[4] The base rate for state medical education funding for the public medical schools is found on pgs. III-243 and 244 of the 2010/11 Appropriations Act. The state medical education funding allocation for Baylor College of Medicine is on pg. III-48 and in Rider #8, pg. III-52 of this act.