

# **Texas Medical Board**

**Bill Number: H.B. 1504**

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## **Continue**

- Continue the Texas Medical Board for 12 years.

## **Licensing**

- Require the Medical Board to adopt an expedited licensing process for qualified out-of-state physicians and amend statutory caps on the number of attempts made by a physician licensure applicant to take the United States Medical Licensing Examination or any other licensing exam recognized by the Medical Board.
- Establish in statute an advanced-level medical radiologic technologist (MRT) certificate and define the term “radiologist assistant” as an individual who holds an advanced-level MRT certificate. Require that radiologist assistants only practice under the supervision of a radiologist, and require the Board of Medical Radiologic Technology, with approval of the Medical Board, to adopt rules for education and training, practice restrictions, and supervision levels required for radiologist assistants.
- Remove unnecessary qualifications for surgical assistant applicants that restrict entry to practice.
- Amend statute to clearly authorize the board’s current practice to conduct fingerprint-based criminal background checks of acupuncture and surgical assistant applicants.

## **Enforcement**

- Establish that willfully failing to make a reasonable effort to transfer a patient to a physician who will comply with the patient’s advanced directive is a violation of the Medical Practice Act.
- Allow the Medical Board to remove certain actions that resulted in a remedial plan from a physician’s public profile after a period of five years, provided these actions were not related to the delivery of care or in cases where two or more remedial plans have been issued for the same violations, including those not related to the delivery of healthcare.
- Clarify the process by which the Medical Board, as part of a disciplinary case, may appeal an administrative law judge’s findings of facts and conclusions of law before the board issues a final decision on the case.
- Authorize the Medical Board to take an additional 15 days beyond the current 45-day time limit to complete a preliminary investigation of a complaint if the board shows good cause for doing so.
- Change requirements for the Medical Board’s updating of a physician’s public profile:
  - Require the Medical Board to remove and replace a formal complaint and any prior disciplinary action concerning the complaint with the board’s final order within 10 working days of issuing the order.

- For any formal complaint on which the Medical Board takes no action or dismisses as baseless, unfounded, or not supported by sufficient evidence that a violation occurred, require the board to remove and replace any record of the formal complaint and any prior disciplinary action concerning the formal complaint with the board's final order within 10 working days of issuing the order.
- For any investigation of medical malpractice claims the Medical Board resolves without taking action against the physician's license, require the board to remove any record of the investigation within 10 working days of the final resolution of the investigation.
- Authorize the board to establish a risk-based approach to its office-based anesthesia inspection, focusing on the length of time since equipment and procedures were last inspected.
- Remove the requirement that the Medical Board's formal complaints filed with the State Office of Administrative Hearings (SOAH) be sworn to.
- Authorize the Medical Board to offer a remedial plan — which is a nondisciplinary action for less serious violations — for a physician at most once every five years, instead of once per lifetime.
- For a site visit the Medical Board makes as part of an investigation or inspection, require the Medical Board to establish practices that preclude the use of Drug Enforcement Administration personnel, or any peace officer whose primary assignment is drug enforcement, as security personnel. (Management action – nonstatutory)
- As part of an informal settlement conference for a case involving an allegation of a standard of care violation, require the Medical Board to share with the license holder who is the subject of the allegation a complete copy of each preliminary written report produced by each expert physician reviewer for the license holder's case, not just the final report currently required by law. As part of this provision, require the Medical Board to redact all identifying information of each expert physician reviewer, except the reviewer's specialty.
- As part of their evaluation of whether a physician has committed a violation of the standard of care, require members of the informal settlement conference disciplinary panel to consider whether the physician was practicing complementary and alternative medicine.
- Require notice of a SOAH hearing by the Medical Board to physicians to be sent by certified mail.

### **Texas Physician Health Program**

- Require the Medical Board and Texas Physician Health Program to develop a memorandum of understanding covering services and operations, including performance measures and auditing requirements.
- Authorize the Texas Physician Health Program to accept gifts, grants, and donations.

### **Governance**

- Direct internal staff to create a central location to receive and review complaints made about the Medical Board, and report regularly to the board these complaints and their status. (Management action – nonstatutory)

- Update the standard across-the-board requirement related to board member training, including training on anticompetitive board behavior, for the medical, acupuncture, respiratory care, and medical radiologic technology boards.