# 78th Texas Legislature 2003
## Enacted Bills That Affect APNs

CS - Controlled Substances  
DM - disease management  
HCP - health care practitioner or provider

HHSC - Health & Human Services Commission - the state agency with sole authority to administer the Texas Medicaid and CHIP programs  
A - Author  
S - Sponsor

Highlighted bill numbers indicate CNAP took action to modify the bill for APNs

## APN Legislation

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Author &amp; Sponsor</th>
<th>General Description &amp; Implications for APN Practice or Patients</th>
<th>What Does the Bill Do?</th>
<th>Effective Date</th>
</tr>
</thead>
</table>
| HB 1095 | A: Rep. Jaime Capelo  
S: Sen. Jane Nelson  
(D-Corpus Christi-HD# 34)  
(R-Flower Mound-SD# 12) | This is the APN legislation that expands prescriptive authority and requires HMOs, PPOs and hospitals to use a standard credentialing form.  
APNs will be able to prescribe Schedule III-V medications for their patients after securing a DPS Controlled Substances permit and a federal DEA #. | Allows physicians to delegate Controlled Substances, Schedules III-V with the following limitations:  
• 30 day prescription;  
• no refills without prior consultation & noted in the chart  
• no CS prescription for children under 2 without prior consultation & consultation noted in the chart  
HMOs, PPOs and hospitals must use the standard credentialing application form available from the TDI website, http://www.tdi.state.tx.us/company/hmoqual/crform.html | Immediate |

## Nursing - These new laws affect nursing education, CE, regulation or the work environment for nurses

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Author &amp; Sponsor</th>
<th>General Description &amp; Implications for APN Practice or Patients</th>
<th>What Does the Bill Do?</th>
</tr>
</thead>
</table>
| SB 718  | A: Sen Frank Madla  
(D-San Antonio SD#19)  
(D-Lufkin-HD# 12) | Addresses the practice and regulatory environment for registered nurses and licensed vocational nurses.  
May help create a more supportive work environment for nurses, especially those working in hospitals, and identify alternatives to mandatory reporting requirements that may inhibit finding deficiencies in processes that create system errors. | 1 - Authorizes the BNE to approve pilot programs that allow innovative approaches to nursing regulation that will encourage identification of system errors and remediation of deficiencies in a nurse’s knowledge or skills in the workplace.  
2 - Protects the title “nurse” and limits use to LVNs and RNs.  
3-4 - Changes “continuing education” to “continuing competency” in the Nurse Practice Act.  
5 - Specifies the information that may be included on the identification a nurse must wear when working.  
6 - Clarifies that a nurse does not have to be reported for minor incidents.  
7 - Extends safe harbor provisions that protect nurses who report concerns about patient safety or care to include LVNs.  
8 - Only permits the term nurse aide or nurse assistant, etc. to be used by a person acting under the direction of a RN.  
9 - In investigating a complaint against a RN, directs the board to weigh the extent to which a deficiency in care resulted from the RN’s lack of knowledge and skills versus factors beyond the | Immediate |
### SB 718

**nurse’s control.**

10-12 - Extends peer review protections to LVNs, prevents members of a peer review committee from reporting a nurse if the committee determines the conduct is not reportable, and requires committees to consider factors that were beyond the nurse’s control that may have contributed to the deficiency in care.  

13-14 - Requires hospitals to adopt guidelines to improve workplace safety by 1/1/04.

### HB 1483

**A: Rep. Ray Allen**  
(R-Grand Prairie-HD# 106)  
Rep. Jaime Capelo  
Rep. Arlene Wohlgemuth  
(R-Burleson-HD# 58)  
**S: Sen. Jane Nelson**

Forms a single Board of Nurse Examiners  

------------------  

APNs will have one designated slot on the Board.  

APNs and other RNs will be required to have obtained 2 hrs. of CE on bioterrorism for those renewing licenses after June 1, 2006.

**Article 1.** Forms a 13-member board composed of 1 APN, 2 RNs (not APNs or faculty members), 3 LVNs, 3 RN faculty members (1 BSN, 1 AD & 1 LVN program) and 4 public members who are not RNs. Conforms language in Chapter 301, Occupations Code to include both RNs and LVNs. Also contains a provision in SECTION 1.126 that requires nurses to take 2 hours of CE in bioterrorism during a 2-year renewal cycle. Unless renewed, this provision is repealed on Sept. 1, 2007.  

**Article 2.** Contains conforming amendments in other laws.  

**Article 3.** Repeals Chapter 302, Occupations Code, the current LVN board law, as of Feb 1, 2004. Also provides for staggering board member terms as the board is reconstituted to conform with HB 1483. During the next regular review of the BNE, requires the Sunset Commission to consider the value of requiring targeted CE.  

**Articles 1 & 3 are effective 9/1/03. Article 2 is effective 2/1/04**

### HB 2131

**A: Rep. Bill Zedler**  
(R-Arlington-HD#96)  
**S: Sen Bob Deuell**  
(R-Greenville-SD#2)

Allows certain RNs that are not RNFA to assist certain HCPs in some surgical activities.  

**Article 1.** Allows RNs working with physicians, podiatrists or dentists and having more than 2,500 hrs of surgical assisting prior to 9/1/03 to perform certain surgical assisting activities until 9/1/07. After that date only these RNs in small hospitals will be permitted to perform these services. The bill does not pertain to RNFA and does not permit the nurses covered under this bill to use the title RNFA or to bill for their services.  

**9/1/03 but §301.1526 expires 1/1/07, the effective date for §301.1527**

### HB 2208

**A: Rep. Ray Allen**  
(R-Grand Prairie-HD# 106)  
**S: Jane Nelson**

Allows BNE to obtain criminal background checks.  

1. Permits BNE to get the criminal background checks from the FBI for applicants for licensure, renewal, and nursing students that ask for a predetermination of eligibility for licensure.  

2-3. Requires applicants for licensure or renewal to complete a set of fingerprints on a form furnished by the BNE.  

**9/1/03**

### HB 3126

**A: Rep. Vicki Truitt**  
(R-Southlake-HD# 98)  
**S: Sen. Kyle Janek**  
(R-Houston-SD#17)

Addresses educating health professionals, composition and functions of the Statewide Health Coordinating Council (SHCC), and nursing workforce data collected by the Department of Health.  

Provides mechanisms to support nursing education and to collect and disseminate reliable information on the nursing  

1-2. Requires the Higher Education Coordinating Board (HECB) assure funds allocated for enrollment growth in professional nursing programs are used for the intended purpose and distributed in a timely fashion. Allows funds to be allocated on a competitive basis, with preference for innovative approaches in education, recruitment and retention of students and qualified faculty.  

3-4. Provides grants for students enrolled in health care education programs if the profession has a shortage of practitioners.  

5-7. Adds a RN to the SHCC and forms a nursing advisory
### Liability for Health Care Providers

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Author &amp; Sponsor</th>
<th>General Description &amp; Implications for APN Practice or Patients</th>
<th>What Does the Bill Do?</th>
<th>Effective Date</th>
</tr>
</thead>
</table>
| HB 4   | A: Rep. Joe Nixon S: Sen. Bill Ratliff | This is a 133 pg. comprehensive tort reform bill. Limits non-economic damages for APNs named in law suits and should reduce malpractice rates. | Addresses many issues in the civil court system. C.S.H.B. 4 contains elements addressing class action lawsuits, settlements, venue, proportionate responsibility, product liability, appeal bonds, seat belts and child safety seats, medical malpractice, charitable volunteer immunity and liability, admissibility of evidence regarding nursing homes, and liability relating to asbestos claims. Several key provisions for practitioners & hospitals in Article 10:  
- $250,000 cap on noneconomic damages for physicians and other health care providers;  
- a $250,000 cap on noneconomic damages on hospitals (and systems) and nursing homes, including their staff members;  
- a $250,000 cap on noneconomic damages per institution when two or more non-related institutions are included in the suit;  
- periodic payment of future medical costs;  
- clarifies existing law limiting liability for free or emergency care and limits liability of hospitals providing charity care. If Proposition 12 does not pass, allows cap to apply for HCPs that carry certain levels of malpractice insurance. | Most Articles are effective 9-1-03 |
| SB 144 | A: Sen. Kip Averitt (R-Waco-SD# 22)  
S: Rep. Jaime Capelo  
Rep. Vicki Truitt  
Rep. Elliott Naishtat (D-Austin-HD# 49)  
Rep. Bill Zedler  
Rep. Garnet Coleman (D-Houston-HD# 147) | Information on Controlled Substances to be distributed by certain licensing boards. The information that the BNE will be required to distribute through the RN Update will be helpful for APNs, especially for those with the authority to prescribe Controlled Substances. | Requires the BNE and several other licensing agencies to provide information to licensees once every two years regarding the:  
- use of certain controlled drugs, especially Schedules II and III; and  
- poison control centers. The information will be provided through standard means of communication the board maintains with its licensees. | 9-1-03 |
| SB 1549 | A: Sen Jane Nelson  
S: Rep. Elliott Naishtat  
S: Rep. Elliott Naishtat | SB 1549 & HB 776 are almost identical and both passed. They require nursing homes to include one hour of training in dementia. May be an opportunity for some APNs to do the dementia training. | Requires convalescent and nursing homes to provide one hour of training in dementia for RNs, LVNs, and nursing assistants working in those facilities. | 9/1/03 and rules to be adopted by 1/1/04 |
<p>| HB 776 | A: Sen Jane Nelson | | | |</p>
<table>
<thead>
<tr>
<th>Bill #</th>
<th>Author &amp; Sponsor</th>
<th>General Description &amp; Implications for APN Practice or Patients</th>
<th>What Does the Bill Do?</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HJR 3 Prop. 12</td>
<td>A: Rep. Joe Nixon S: Sen. Jane Nelson</td>
<td>Calls for a constitutional amendment allowing the Texas Legislature to set limits on non-economic damages. If Prop. 12 passes, APNs will not have to carry malpractice insurance to have the $250,000 cap on non-economic damages.</td>
<td>Allows legislature to set non-economic damage caps on actions against health care providers now. After Jan. 1, 2005 allows legislature to set non-economic caps on damages for other causes of action</td>
<td>Special Election on 9-13-03</td>
</tr>
<tr>
<td>HB 3439</td>
<td>A: Rep. Patrick Rose S: Sen. John Carona</td>
<td><strong>Original just exempted from liability physicians who perform sports physicals at no charge. Now includes APNs in the definition of “health care practitioner.”</strong> May be of benefit to APNs volunteering to perform sports physicals.</td>
<td>Exempts APNs from liability performing a sports physical if:  - performed at no charge and in good faith  - the guardian signs a statement that the HCP is not being compensated and there are limitations on damages.  - the HCP is acting within scope of practice and has liability insurance of $100,000/$300,000.</td>
<td>9/1/03</td>
</tr>
<tr>
<td>HB 111</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prompt Pay for Healthcare Providers and Other Insurance Bills**

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Author &amp; Sponsor</th>
<th>General Description &amp; Implications for APN Practice or Patients</th>
<th>What Does the Bill Do?</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB 418</td>
<td>A: Sen. Jane Nelson S: Rep. John Smithee (R-Amarillo- HD# 86)</td>
<td>Closes loopholes in existing laws and regulations that allow managed care and insurance companies to delay payment. Defines the elements of a clean claim. APNs are protected by this bill, but will also be subject to the 95-day filing deadline and provisions for return of overpayments.</td>
<td>Major provisions of the bill include the following:  - defines a &quot;clean claim&quot; as one submitted using the Professional and Institutional 837 (ASC X12N 837) format;  - establishes a payment time frame of 30 days for claims filed electronically, and 45 days for paper claims;  - defines &quot;pre-authorization&quot; and &quot;verification&quot; in statute;  - requires verification to be valid for not less than 30 days;  - requires health plans to provide a specific reason for failing to verify eligibility/coverage;  - prohibits health plans from denying or reducing payment once a preauthorization or verification has been issued unless the provider misrepresented the facts or did not perform the service;  - establishes a standard 95-day filing deadline for providers to submit claims;  - creates graduated penalties for late payments by health plans and requires payment of the penalty at the time the claim is paid;  - requires health plans to send an explanation of payment indicating any penalty amount;  - establishes a &quot;safe harbor&quot; from Texas Department of Insurance administrative fines for health plans that pay 98 percent of their claims on time;  - sets a 180-day time frame for health plans to recover any overpayments to providers;  - mandates that health plans have personnel available from</td>
<td>Immediate</td>
</tr>
</tbody>
</table>
**SB 418**

6 a.m. to 6 p.m. Monday through Friday and from 9 a.m. to noon on weekends and holidays to provide verification and pre-authorization; and
- removes the coordination of payment responsibilities from the provider and places it on the payors.

**SB 494**

May improve public access to listing of APNs that are on MCO provider panels

S.B. 494 requires insurers, group hospital service corporations, and HMOs that maintain an Internet site to list on that site those physicians and providers that may be used by insureds or enrollees, and to indicate which providers are accepting new patients.

**SB 752**

In 1999 a bill passed allowing competing physicians to jointly negotiate with health plans, but prohibited them from negotiating to exclude a provider type. The prohibition against negotiating to exclude APNs is continued until 2007

Senate Bill 752 amends the Insurance Code by extending the expiration date of provisions relating to joint negotiations by physicians with health benefit plans from September 1, 2003 to September 1, 2007.

### Health Consumer Bills

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Author &amp; Sponsor</th>
<th>General Description &amp; Implications for APN Practice or Patients</th>
<th>What Does the Bill Do?</th>
<th>Effective Date</th>
</tr>
</thead>
</table>
| HB 2985 | A: Rep. Jaime Capelo  
Will increase licensure fees by $5 | Requires the office to develop a standard complaint form and assist consumers with complaints against a health professional. Office to monitor rules of health professions’ licensing agencies and may recommend changes to the Legislature, agencies, and Sunset Commission that would benefit consumers. Provides that the office will be funded by a $5 increase in the licensing fees charged to licensees of all health professions’ agencies after 1/1/04. | 9/1/03 and office must be established by 1/1/04 |
| HB 1614 | A: Rep. Vicki Truitt  
Rep. Jaime Capelo  
Rep. Bill Zedler  
S: Sen. Frank Madla | Promotes detection of statewide trends in the occurrence of certain medical errors in hospitals, ambulatory surgical centers and mental hospitals. Many APNs practice in hospitals and should know that this reporting will be required. | Requires the state agency licensing divisions for hospitals, ambulatory surgical centers (ACSs) and mental hospitals to form patient safety programs by January 1, 2004. Beginning July 1, 2004, on renewal of licenses, hospitals, ASCs, and mental hospitals must report certain events in an annual report submitted to the appropriate patient safety program. Effective immediately, these institutions must perform a root cause analysis within 45 days of the occurrence of any of the events listed in the bill and form a corrective action plan. TDH may assess an administrative penalty of up to $1,000 for each offense for failure to comply with the requirements in this law. By Dec. 1, 2006 the Commissioner of Health must submit a report to the Legislature on the effectiveness of the patient safety programs. The law contains provisions of confidentiality that prevent reporting of these errors or events except in the aggregate. | Immediate |
### Disease Management (DM)

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Author &amp; Sponsor</th>
<th>General Description &amp; Implications for APN Practice or Patients</th>
<th>What Does the Bill Do?</th>
<th>Effective Date</th>
</tr>
</thead>
</table>
| HB 727 | A: Rep. Dianne Delisi (R-Temple-HD# 55)  
S: Sen. Kyle Janek (R-Houston-SD# 17) | **DM providers are required to work with RNs and APNs when specified by a physician.** Communication about Medicaid fee for service patients on DM programs can go directly to and from the APN. | Requires HHSC to request contract proposals from providers of disease management programs to provide program services to Medicaid recipients who have certain diseases or chronic health conditions that HHSC determines need disease management, and who are not eligible to receive those services under a Medicaid managed care plan. | 9-1-03 |
| HB1735 | A: Rep. Dianne Delisi  
S: Sen. Kyle Janek | **Made multiple attempts to change the language in the bill to change “physician-directed or physician-supervised care.” The bill sponsor would not change the language. He did read legislative intent into the record indicating there was no intent to limit the providers who could be reimbursed for disease management services.** | Requires HHSC (CHIP & Medicaid), the Teacher Retirement System, Employees Retirement System, Texas Criminal Justice System, and the University of Texas and Texas A&M health systems to ensure that the managed care plans that are offered include disease management programs for people with chronic illness such as heart disease, respiratory illness, diabetes, asthma, HIV or AIDS. Additionally, both HHSC and the institutions are to study the outcomes and utilization rates as a result of implementation of disease management programs. The bill mandates that the DM program include the following:  
(1) patient self-management education;  
(2) provider education;  
(3) evidence-based models and minimum standards of care;  
(4) standardized protocols and participation criteria; and  
(5) physician-directed or physician-supervised care. | 9-1-03 |

### Medicaid & CHIP

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Author &amp; Sponsor</th>
<th>General Description &amp; Implications for APN Practice or Patients</th>
<th>What Does the Bill Do?</th>
<th>Effective Date</th>
</tr>
</thead>
</table>
S: Sen. Judith Zaffirini | Providers must get prior approval for non-emergency transport by ambulance. If providers fail to obtain prior approval, are liable for the cost. APNs must get prior approval or be held responsible to pay the ambulance provider. | Holds health care providers financially responsible if the ambulance service provider is denied payment because the health care provider did not receive prior authorization for the service. Also requires HHSC to incorporate into current medical education courses physician oriented instruction on the appropriate procedures for authorizing ambulance service. | Immediate |
| HB 1743 | A: Rep. Dianne Delisi  
S: Sen. Jane Nelson | **This is a Medicaid fraud & abuse bill.** APNs who bill Medicaid are subject to these provisions. | Among several other provisions, the bill clearly prohibits kickbacks for referrals or inducements to patients. One of the most important provisions for HCPs is authority for HHSC to impose a postpayment hold on payment of future claims submitted by a provider if HHSC has reliable evidence that the provider has committed fraud or willful misrepresentation regarding a claim for reimbursement under Medicaid. There are provider rights to an expedited hearing if request is filed within 10 days. | 9-1-03 for all provisions but one |
<table>
<thead>
<tr>
<th><strong>HB2292</strong></th>
<th><strong>Article 1 Agency Consolidation</strong></th>
</tr>
</thead>
</table>
| A: Rep. Arlene Wohlgemuth | - Realigns operations of the existing 12 health and human services agencies by consolidating similar functions into 5 agencies. The agencies within the health and human services system will be:  
  o Health and Human Services Commission (HHSC)  
  o Department of State Health Services  
  o Department of Aging and Disability Services  
  o Department of Assistive and Rehabilitative Services  
  o Department of Family and Protective Services |
| S: Sen. Jane Nelson | **Article 2 Service Delivery** (a few highlights from a 16 pg. list) |

- Requires billing Medicare before billing Medicaid for dually-eligible clients, except for home health services provided to a person determined not to be homebound (Section 2.108)  
- Requires providers to seek third-party reimbursement before billing Medicaid (Section 2.106)  
- If cost effective, establishes a call center for determining eligibility  
- Extensive changes in Medicaid & CHIP including 6 mo terms of eligibility for both programs.  
- Establishes a preferred drug list (PDL)  
- TANF provisions include signing personal responsibility agreements and a system of pay for performance. Pays $20 a month for attending courses, such as parenting, up to a maximum of $60 a month.  
- Nursing home provisions allow JAHCO accreditation  
- Mental health provisions require local authorities to provide disease management practices with jail diversion strategies for adults with bipolar disorder, schizophrenia, or severe depression and children with serious emotional illnesses (Section 2.75)  
- Allows telemedicine to be used for psychiatric examination for in-patient admission (Section 2.83)  
- Home Health and Community Support Services (HCSS) provisions will allow HCSS agency employees who are nurses to purchase, store, and transport flu vaccines (Section 2.195)  
- Allows TxDOT to contract with any public or private transportation provider or regional broker for providing transportation services (Section 2.127)  
- Allows exceptions to the requirements for immunizations to enter public school or institutions of higher education if an affidavit states a physician believes the immunization poses a health risk to the recipient or family or if the guardian declines for reasons of conscience (Sections 2.160-2.164)  

| HHSC to develop a reorganization plan by 12-1-03 |
| Most provisions effective 9-1-03 |

This is a 311 pg. bill that reorganizes 12 health & human services agencies into 5 agencies, and makes many modifications in Medicaid, CHIP & TANF programs, and in mental health and long-term care services. Also contains fraud & abuse provisions.

Names APNs as CHIP and Medicaid providers who may authorize additional prescriptions for brand name drugs for children beyond the limit of four and may authorize supply of drugs to be dispensed beyond the 34 day limit.

Requires APNs to obtain preauthorization for drugs not on the preferred drug list. The original version only allowed physicians to seek preauthorizations.
<table>
<thead>
<tr>
<th>Bill #</th>
<th>Author &amp; Sponsor</th>
<th>General Description &amp; Implications for APN Practice or Patients</th>
<th>What Does the Bill Do?</th>
<th>Effective Date</th>
</tr>
</thead>
</table>
| HB 2229 |                                          | • Creates a Border Health Foundation within TDH to raise funds to finance health programs in areas of the state adjacent to the Mexico border (Section 2.54)  
• Requires licensing by TDH of physician’s office performing more than 50 abortions per year (Section 2.63)  
• Allows illegal aliens to be eligible for medical and hospital care, provided that only local funds are used for non-emergency health benefits (Section 2.70)  |                                                                      |                 |
| SB 245  | A: Sen Judith Zaffirini  
S: Rep. Arlene Wohlgemuth | Provision of services by respiratory therapists under the Medicaid program._________  
APNs will not be able to order these services for ventilator dependent patients.  | Provides Medicaid reimbursement for respiratory therapist services ordered by a physician when the patient is ventilator dependent and the physician determines the services will be cost-effective.  
Note: Current definition of “respiratory care procedure” in Chapter 601, Occupations Code, includes a requirement for physician order. Under the moratorium we could not change this.  | 9-1-03          |

### Public Health, School Health & Immunization Bills

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Author &amp; Sponsor</th>
<th>General Description &amp; Implications for APN Practice or Patients</th>
<th>What Does the Bill Do?</th>
<th>Effective Date</th>
</tr>
</thead>
</table>
| HB 197  | A: Rep. Jaime Capelo  
S: Sen. Mario Gallegos (D-Houston-SD# 6) | Strengthens the Texas Birth Defects Registry  
May require CNMs or other APNs to report  | Strengthens the birth defects registry by requiring its existence under TDH, rather than authorizing it.  
This bill also provides for both active and passive collection of birth defects information.  | Immediate          |
S: Sen. Judith Zaffirini | Attempts to increase awareness of the Vaccines for Children program and make the application process less of a burden for providers.  | 1 - Requires the Texas Department of Health (TDH) to develop CE programs for providers relating to immunizations and the vaccines for children program.  
Requires TDH to establish a work group to assist TDH in developing the CE programs and materials. Requires the work group to include nurses.  
2 - Requires the Health and Human Services Commission (HHSC) to ensure a provider can enroll in the vaccines for children program on the same form the provider completes to apply as a Medicaid health care provider. Requires HHSC to allow providers to report vaccines administered under the Vaccines for Children program to the immunization registry and to use the immunization registry, including individually identifiable information in accordance with state and federal law, to determine whether a child has received an immunization.  | 9-1-03          |
| HB 1921 | A: Rep. Jaime Capelo  
S: Sen. Judith Zaffirini | Modifies the state’s current immunization tracking system, ImmTrac, to increase collection data.  
APNs are required to report immunization information  | Provides that the written consent for children to be included in ImmTrac is required only one time, and the written consent is valid until the child becomes 18 years of age unless the consent is withdrawn in writing.  
Authorizes a parent, managing conservator, or guardian of a child to provide the written consent by using an electronic signature on the child’s birth certificate.  | Most sections are effective 9-1-03 |
<table>
<thead>
<tr>
<th>Bill</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB 1921</td>
<td>Requires payors and providers to provide the ImmTrac data elements to TDH. However, providers do not have to submit data sets if the immunization history is submitted to an insurance company, a HMO, or another organization that pays or reimburses a claim for an immunization to a person younger than 18 years of age. Requires the data elements report to be submitted in a format prescribed by TDH. Authorizes the parent, managing conservator, or guardian of a child to send evidence of the child's immunization history to TDH by facsimile transmission or by mail. Requires TDH to develop rules to ensure that the immunization history submitted by a parent, managing conservator, or guardian is medically verified immunization information. Provides that information submitted is confidential and bars TDH from keeping information if consent is not obtained. Provides that a person, including a health care provider, a payor, or an employee of TDH, that submits in good faith an immunization history or data to or obtains in good faith an immunization history or data from TDH in compliance with the provisions of this section and any rules adopted under this section is not liable for any civil damages.</td>
</tr>
</tbody>
</table>
| SB 40 | A: Sen. Judith Zaffirini  
S: Rep. Jaime Capelo | Increases public education about vaccines and forms a statewide coalition of stakeholders. APNs may want to be involved in the coalition. Requires TDH to establish a continuous statewide education program to educate the public about the importance of fully immunizing children. Also requires TDH to increase coordination among public and private local, regional, and statewide entities that have an interest in immunizations.  
| 9-1-03 |
| SB 43 | A: Sen. Judith Zaffirini  
S: Rep. Jaime Capelo | Authorizes a physician immunization education program and requires TDH to submit a report the Legislature. Some APNs in physician offices in the Houston area may benefit from the program. The Texas Pediatric Society, in partnership with Baylor College of Medicine and Texas Children's Hospital of Houston, has received a grant funded by TDH and the federal Centers for Disease Control and Prevention to pilot a Houston-based physician-to-physician immunization education program known as Educating Physicians In your Community (EPIC). EPIC's mission is to improve the health of children through community-based medical education. EPIC aims to provide quality, practical education to all members of a provider's office, including medical, nursing, and support staff. EPIC's functions include the education and evaluation of 100 pediatric and family medicine practices as well as an assessment of the program in the form of a final report.  
| 9-1-03 |
| SB 486 | A: Sen. Judith Zaffirini  
S: Rep. Jaime Capelo | Promotes immunization education and increases immunization programs in schools and preschools. Requires TDH and the Texas Education Agency to work together to increase immunization awareness and participation among parents of preschool and school age children. Limits liability for private providers participating in early childhood immunization programs. Requires all state agencies that contact children and families to develop strategies to educate parents about immunizations.  
| 9-1-03 |
### Long-term Care / End of Life Issues

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Author &amp; Sponsor</th>
<th>General Description &amp; Implications for APN Practice or Patients</th>
<th>What Does the Bill Do?</th>
<th>Effective Date</th>
</tr>
</thead>
</table>
| SB 1320 | A: Sen. Jane Nelson  
S: Rep. Jaime Capelo  
Rep. Vicki Truitt  
Rep. Elliott Naishtat  
Rep. Garnet Coleman | Clarifies that CPR is not required when a patient’s condition is terminal and death is imminent. Also clarifies action when the physician and the patient’s decisionmaker disagree on withholding treatment. | 1 – Adds decisions on behalf of a minor to the definition of “health care treatment decision” and adds a definition for cardiopulmonary resuscitation.  
4 – Outlines a process for the ethics committee review and transfer of the patient when the treating physician disagrees with advance directives and/or the patient's surrogate decisionmaker regarding the withholding, withdrawal, or continuation of life-sustaining treatment. The statement is to include a copy of the registry list maintained by the Texas Health Care Information Council of HCPs and referral groups that volunteer to consider transfer.  
5 – The text of the statement to be given the decision-makers  
6 – Specifies that a minor's parents, guardian or managing conservator may only execute a physician's out of hospital DNR order if a physician has diagnosed the child as having a terminal or irreversible condition.  
7 - Specifies a DNR order may be honored by health care personnel in out-of-hospital settings, and EMS personnel in out-of-hospital settings can only honor a properly executed “Out-of-Hospital Do-Not-Resuscitate Order” or a prescribed DNR identification device. | Immediate |

### Mental Health & Substance Abuse Programs

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Author &amp; Sponsor</th>
<th>General Description &amp; Implications for APN Practice or Patients</th>
<th>What Does the Bill Do?</th>
<th>Effective Date</th>
</tr>
</thead>
</table>
| SB 490 | A: Sen. Eliot Shapleigh  
S: Rep. Carlos Uresti | Coordinates services for mentally ill children under 7 years | Directs departments of Mental Health & Mental Retardation (MHMR) and Early Childhood Education (ECI) to jointly develop a continuum of care for children younger than seven years of age who have mental illness, and a plan to increase the expertise of MHMR's service providers on mental health issues for this population. | Immediate |
| SB 491 | A: Sen. Eliot Shapleigh  
S: Rep. Carlos Uresti | Will assess school-based mental health & substance abuse programs | Requires the Texas Education Agency, the Texas Department of Mental Health and Mental Retardation, the Texas Department of Health, and the Texas Commission on Alcohol and Drug Abuse to conduct a joint assessment of existing school-based mental health and substance abuse programs and report the results of the assessment to the 79th Legislature. The assessment will include recommendations regarding further development of these programs in Texas schools. | Immediate |
### Rural & Border Health Bills

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Author &amp; Sponsor</th>
<th>General Description &amp; Implications for APN Practice or Patients</th>
<th>What Does the Bill Do?</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB 1877</td>
<td>A: Rep. Rick Hardcastle (R-Vernon-HD# 68) Rep. Wayne Christian (R-Center-HD# 9) Rep. Bryan Hughes (R-Mineola-HD# 5) S: Sen. Frank Madla</td>
<td>This bill does not include APNs. However, once established, could pursue legislation to add APNs if it is determined the need exists.</td>
<td>Requires the Office of Rural and Community Affairs (ORCA) to create a program to provide affordable relief services to rural physicians practicing in the fields of general family medicine, general internal medicine, and general pediatrics to facilitate the ability of those physicians to take time away from their practices. Sec. 487.603 requires ORCA to charge a fee for rural physicians to participate in the program.</td>
<td>9-1-03</td>
</tr>
</tbody>
</table>

### Workers’ Compensation (TWC) Bills

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Author &amp; Sponsor</th>
<th>General Description &amp; Implications for APN Practice or Patients</th>
<th>What Does the Bill Do?</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB 833</td>
<td>A: Rep. Scott Hochberg S: Sen. Kyle Janek</td>
<td>Changed doctor’s prescription to a health care provider’s prescription</td>
<td>Gives workers’ compensation claimants the right to refuse a generic drug substitution, but the employee must pay the difference</td>
<td>9-1-03</td>
</tr>
<tr>
<td>SB 1572</td>
<td>A: Sen. John Carona (R-Dallas-SD# 16) S: Rep. Helen Giddings (D-DeSoto-HD# 109)</td>
<td>Clarifies a provision in HB 2600, enacted in 2001. In the future, APNs seeing TWC patients may be required to follow new treatment protocols adopted by TWCC.</td>
<td>HB 2600 required TWCC to adopt national treatment guidelines, but many workers’ comp. conditions do not have national treatment guidelines. SB 1572 allows the Texas Workers’ Compensation Commission to adopt, by rule, individual treatment protocols and pharmaceutical guidelines.</td>
<td>Immediate</td>
</tr>
<tr>
<td>SB 1804</td>
<td>A: Sen. Chris Harris S: Rep. Bill Zedler</td>
<td>Clarifies the rights of TWC insurers and health care providers. If services are preauthorized, the Workers’ Compensation insurance carrier must pay the APN for the service. (TWCC pays APNs billing under their own names at 85% of the fee schedule.)</td>
<td>Prevents TWCC from prohibiting an insurance carrier and a health care provider from voluntarily discussing pharmaceutical services, either prospectively or concurrently. Provides that the insurance carrier is liable for health care treatment and treatment plans and pharmaceutical services that are preauthorized and prohibits the insurance carrier from disputing the certified or agreed-upon preauthorized health care treatment and pharmaceutical services at a later date.</td>
<td>9-1-03</td>
</tr>
</tbody>
</table>

### Other Bills

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Author &amp; Sponsor</th>
<th>General Description &amp; Implications for APN Practice or Patients</th>
<th>What Does the Bill Do?</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB 864</td>
<td>A: Rep. Lois Kolkhorst (R-Brenham HD# 123) S: Sen. Todd Staples (R-Palestine-SD# 3)</td>
<td>In TDCJ, it was a crime to supply a dangerous drug or controlled substance except with a prescription from a physician. Now the bill reads “except on the prescription of a physician or practitioner.”</td>
<td>In a Texas Dept. of Criminal Justice (TDCJ) facility, makes it a criminal offense to provide money, a cigarette, or a tobacco products to an inmate; for an inmate to possess, or for an individual to provide an inmate with a cell phone; or for an unauthorized individual to possess a weapon in a penal institution or provide an inmate with a weapon.</td>
<td>9-1-03</td>
</tr>
</tbody>
</table>