

# **Nursing Practice Act, Nursing Peer Review Act, Nurse Licensure Compact, & Advanced Practice Registered Nurse Compact**

Texas Occupations Code and Rules Regulating the Practice of Nursing  
Effective September 2007

## **Agency Mission**

The mission of the Texas Board of Nursing (BON or Board) is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in this state is competent to practice safely. The Board fulfills its mission through the regulation of the practice of nursing and the approval of nursing educational programs. This mission, derived from the Nursing Practice Act, supersedes the interest of any individual, the nursing profession, or any special interest group.

## **Notice**

The 80<sup>th</sup> Regular Session of the Texas Legislature passed four bills which amended the Nursing Practice Act (NPA). House Bill (HB) 2426, the Sunset Bill for the Board, made many changes to the NPA. The Board was continued for 10 years; the next Sunset Review will be in 2017. Effective September 1, 2007, the name of the agency was changed from the Board of Nurse Examiners to the Texas Board of Nursing. Passage of HB 2426 required a number of changes to the Board's oversight of nursing educational programs including: streamlining the Board's process for approving nursing educational programs to remove unnecessary complexity, eliminate duplication, and accommodate changes in the delivery of nursing education; allowing the Board to recognize nursing accrediting agencies in lieu of educational programs meeting ongoing requirements of the Board; changing the law pertaining to diploma nursing education programs completed on or after December 31, 2014 to say that completion of these programs must entitle a student to receive a degree upon successful completion of a program of a public or private institution of higher education recognized by the Texas Higher Education Coordinating Board (THECB); requiring that the Board encourage innovation in nursing education to increase production of nurses and address the nursing shortage; and requiring the governing institution of a professional nursing school be accredited by an agency recognized by the THECB, or be in the process of gaining accreditation.

House Bill 2426 required that the Board clarify how it uses criminal history and arrest information in licensing and disciplining nurses and that the Board adopt an enforcement matrix in rule. The bill required that the Board add rules pertaining to advisory committees including changing the role of Board members on these committees and required that impaired nurses who commit practice violations be reported to the Board. The bill also strengthened the Board's oversight of targeted

continuing education to make the requirements workable for the Board and beneficial for nurses. The bill required that applicants for licensure, after September 2008, pass a nursing jurisprudence examination. House Bill 2426 enacted the Advanced Practice Registered Nurse Compact to be implemented no later than December 31, 2011.

Senate Bill 993 (SB 993) addressed nursing peer review. Changes included: adding the definition of Chief Nursing Officer (CNO) and Patient Safety Committee to the NPA; amending and clarifying rules relating to reporting of violations and patient care concerns; changing requirements to allow a nurse or other agency to report to a peer review committee (PRC) instead of the BON; adding a provision that permits a nurse to report a practitioner, agency, or facility when the nurse has patient safety concerns; adding prohibited acts of retaliation against a nurse who invokes Safe Harbor or who refuses an assignment that the nurse believes, in good faith, is beyond his/her ability to provide safe care; clarifying reporting duty of employers as related to a nurse's actions that constitute reportable conduct where, if a PRC determines that external factors impacted a nursing error, that information be provided to a patient safety committee or the CNO if there is no patient safety committee; stating that administrative decisions are not subject to peer review; adding requirement that the BON report external factors to a patient safety committee at a facility or to the CNO if they believe a nurse's deficiency in care was the result of a factor(s) beyond the nurse's control; and requiring that a facility that utilizes 10 or more "nurses" must have policies and be able to convene a peer review committee. Senate Bill 993 also gave the Board discretion to determine acceptable types of continuing education for license renewal effective September 1, 2007.

Other bills that amended the Nursing Practice Act were House Bill 3167 which addressed minor numbering errors in the NPA which occurred in the 79<sup>th</sup> Texas Legislative Session and House Bill 8 which added "*continuous sexual abuse of a child or children under Section 210.02 Penal Code*" to the list of 17 crimes located in section 301.4535 of the NPA. A commission of one of these crimes may limit an individual's ability to obtain or maintain a nursing license.

## **Introduction**

Welcome to the practice of nursing in the State of Texas. As you continue to practice as a nurse in Texas, it is your responsibility to be aware of changes to the law and the Board's rules and regulations. Changes are reported in the Board's quarterly newsletter mailed to all nurses licensed in Texas as well as posted on the BON web site. To assist you in understanding the Act, the Board offers the following information and detailed table of contents.

Chapter 301 of the Texas Occupations Code (TOC) contains the Nursing Practice Act (NPA) which creates the BON and defines its responsibility for regulating nursing education, licensure and practice. Chapter 303 relates to Nursing Peer Review and Chapter 304 relates to the Nurse Licensure Compact. New Chapter 305 relates to the Advanced Practice Registered Nurse Compact which will be implemented at a later date. These chapters of the TOC define nursing practice and give the Board the authority to make rules which implement and interpret the NPA. Licensees are required to comply with the NPA and the Board's rules. The NPA and the Rules are amended from time to time. Only the Legislature can change the NPA, so statutory changes only occur every two years. The Board makes rule changes as needed to assist in the application of the NPA to evolving practice conditions and settings. It is necessary, therefore, that you keep up with the changes. You may obtain copies of this pamphlet at a nominal cost by writing to the Board's office at 333 Guadalupe, Ste. 3-460, Austin, Texas 78701; calling 512/305-7400; or accessing our web page at [www.bon.state.tx.us](http://www.bon.state.tx.us).

Any person practicing or offering to practice nursing in this state is required to have a license. Your license must be renewed every two years in order to continue practicing in Texas. Once licensed, you are authorized to use the title "RN" or "LVN" and are required to wear a name tag identifying yourself as a RN or LVN while providing patient care.

You must keep the Board informed of your current address at all times. Do this by sending written notice, clearly marked "change of address" to the Board's office any time you move. Failure to do so can result in a lapse of your license and potential disciplinary action.

Nurses practicing in this state are expected to know and practice in compliance with chapters 301, 303, 304 and 305 of the TOC and with the Board's Rules. Please refer to the following "Quick Reference" section, as well as the rules and excerpts printed in the back of this booklet which all practicing nurses need to have available for ready reference. A complete set of the Board's Rules and Regulations Relating to Nurse Education, Licensure and Practice can be found at our web site or purchased from the Board office.

## Quick Reference

### Sections of the Act:

#### Chapter 301 - Nurses

Sec. 301.002(2) & (5)	Definitions of Nursing.
Sec. 301.004	Exceptions to the Nursing Practice Act.
Sec. 301.161	Enforcement: BON authority to establish criminal investigations unit to investigate suspected criminal acts.
Sec. 301.2511	Criminal History Record Information for License Applicants: Requirement to provide criminal history record as prerequisite for licensure.
Sec. 301.301	Renewal: Procedure to renew your license every two years.
Sec. 301.303	Continuing Competency: Describes the required types and number of hours of CE to keep your license current.
Sec. 301.306	Forensic Evidence Collection Component in Continuing Education: Continuing education requirement relating to Forensic Evidence Collection.
Sec. 301.351	Designations: Requirement to wear an insignia identifying yourself as a RN or LVN.
Sec. 301.353	Nurse First Assistants: Describes requirements for recognition as “nurse first assistant.”
Secs. 301.401-.402	Nurse Reporting: Duty to report colleagues who may expose others to risk of harm.
Sec. 301.601	Anesthesia in Outpatient Setting: Describes requirements for anesthesia services provided in an outpatient setting by a person licensed by the Board.
Sec. 303.003	Committee Membership: Describes changes in requirements for peer review committee membership.
Secs. 304.001-.010	Nurse Licensure Compact: Issuance and limitations of multistate licensure privilege for Texas nurses.

### Discipline

Sec. 301.452	Grounds for Disciplinary Action: Describes violations for which the Board should take action.
Sec. 301.453	Disciplinary Authority of Board; Methods of Discipline.

<b>Sec. 301.4535</b>	<b>Required Suspension, Revocation, or Refusal of License for Certain Offenses: Describes bars and restrictions to nurse licensure due to certain criminal offenses.</b>
<b>Sec. 301.458</b>	<b>Initiation of Formal Charges; Discovery.</b>
<b>Sec. 301.466</b>	<b>Confidentiality.</b>
<b>Sec. 301.467</b>	<b>Reinstatement.</b>
<b>Sec. 301.469</b>	<b>Notice of Final Action.</b>

### **Chapter 303 - Peer Review**

<b>Sec. 303.001</b>	<b>Definition.</b>
<b>Sec. 303.005</b>	<b>Request for Peer Review Committee Determination; Describes Safe Harbor Provisions.</b>
<b>Sec. 303.006</b>	<b>Confidential Proceedings.</b>
<b>Sec. 303.007</b>	<b>Disclosure of Information.</b>
<b>Sec. 303.010</b>	<b>Immunity/Protection from Liability.</b>

**TABLE OF CONTENTS**  
**SUBTITLE E. REGULATION OF NURSING**

**CHAPTER 301. NURSES**

**SUBCHAPTER A. GENERAL PROVISIONS**

Sec. 301.001.	SHORT TITLE .....	1
Sec. 301.002.	DEFINITIONS .....	1
Sec. 301.003.	APPLICATION OF SUNSET ACT .....	2
Sec. 301.004.	APPLICATION OF CHAPTER .....	2
Sec. 301.005.	REFERENCE IN OTHER LAW.....	2

**SUBCHAPTER B. TEXAS BOARD OF NURSING**

Sec. 301.051.	BOARD MEMBERSHIP .....	2
Sec. 301.052.	MEMBER ELIGIBILITY .....	3
Sec. 301.053.	MEMBERSHIP AND EMPLOYEE RESTRICTIONS .....	3
Sec. 301.054.	TERMS .....	4
Sec. 301.055.	GROUND FOR REMOVAL.....	4
Sec. 301.056.	PER DIEM; REIMBURSEMENT.....	4
Sec. 301.057.	OFFICERS .....	5
Sec. 301.058.	MEETINGS .....	5
Sec. 301.059.	TRAINING .....	5

**SUBCHAPTER C. EXECUTIVE DIRECTOR AND PERSONNEL**

Sec. 301.101.	EXECUTIVE DIRECTOR .....	5
Sec. 301.102.	[REPEALED].....	5
Sec. 301.103.	PUBLIC RECORDS; REGISTRY .....	5
Sec. 301.104.	PERSONNEL; EMPLOYMENT PRACTICES .....	6
Sec. 301.105.	DIVISION OF RESPONSIBILITIES .....	6
Sec. 301.106.	QUALIFICATIONS AND STANDARDS OF CONDUCT INFORMATION .....	6
Sec. 301.107.	CAREER LADDER PROGRAM; PERFORMANCE EVALUATIONS .....	6

Sec. 301.108.	EQUAL EMPLOYMENT OPPORTUNITY POLICY; REPORT .....	6
---------------	--	---

**SUBCHAPTER D. GENERAL POWERS AND DUTIES OF BOARD**

Sec. 301.151.	GENERAL RULEMAKING AUTHORITY .....	7
Sec. 301.152.	RULES REGARDING SPECIALIZED TRAINING.....	7
Sec. 301.153.	RULES REGARDING ADVERTISING AND COMPETITIVE BIDDING.....	8
Sec. 301.154.	RULES REGARDING DELEGATION OF CERTAIN MEDICAL ACTS.....	8
Sec. 301.1545.	RULES ON CONSEQUENCES OF CRIMINAL CONVICTION OR DEFERRED ADJUDICATION .....	8
Sec. 301.155.	FEES.....	8
Sec. 301.156.	GIFTS AND GRANTS.....	9
Sec. 301.157.	PROGRAMS OF STUDY AND APPROVAL.....	9
Sec. 301.158.	DISSEMINATION OF INFORMATION.....	11
Sec. 301.1581.	INFORMATION PROVIDED TO LICENSE HOLDERS .....	12
Sec. 301.1582.	POISON CONTROL CENTER INFORMATION .....	12
Sec. 301.159.	BOARD DUTIES REGARDING COMPLAINTS .....	12
Sec. 301.1595.	ADVISORY COMMITTEES.....	12
Sec. 301.160.	PILOT PROGRAMS .....	13
Sec. 301.1605.	PILOT PROGRAMS FOR INNOVATIVE APPLICATIONS .....	14
Sec. 301.1606.	PILOT PROGRAMS ON NURSE REPORTING SYSTEMS .....	14
Sec. 301.161.	ENFORCEMENT .....	15
Sec. 301.1615.	OBTAINING CRIMINAL HISTORY RECORD INFORMATION; HEARING .....	15
Sec. 301.162.	LEGAL COUNSEL .....	15
Sec. 301.163.	RECORD OF PROCEEDINGS; REPORT.....	15
Sec. 301.164.	ASSISTANCE OF PROSECUTOR .....	15
Sec. 301.165.	ANNUAL REPORT .....	16
Sec. 301.166.	USE OF TECHNOLOGY.....	16
Sec. 301.167.	NEGOTIATED RULEMAKING; ALTERNATIVE DISPUTE RESOLUTION.....	16

**SUBCHAPTER E. PUBLIC INTEREST INFORMATION AND COMPLAINT PROCEDURES**

Sec. 301.201.	PUBLIC INTEREST INFORMATION .....	16
Sec. 301.202.	COMPLAINTS .....	16

Sec. 301.203.	RECORDS AND ANALYSIS OF COMPLAINTS .....	17
Sec. 301.204.	GENERAL RULES, POLICIES, AND PROCEDURES REGARDING COMPLAINT INVESTIGATION AND DISPOSITION.....	17
Sec. 301.205.	PUBLIC PARTICIPATION .....	18

**SUBCHAPTER F. LICENSE REQUIREMENTS**

Sec. 301.251.	LICENSE REQUIRED .....	18
Sec. 301.2511.	CRIMINAL HISTORY RECORD INFORMATION FOR LICENSE APPLICANTS .....	19
Sec. 301.252.	LICENSE APPLICATION .....	19
Sec. 301.253.	EXAMINATION .....	20
Sec. 301.254.	EXAMINATION RESULTS .....	20
Sec. 301.255.	REEXAMINATION .....	21
Sec. 301.256.	ISSUANCE OF LICENSE .....	21
Sec. 301.257.	DECLARATORY ORDER OF LICENSE ELIGIBILITY .....	21
Sec. 301.258.	TEMPORARY PERMIT .....	22
Sec. 301.259.	RECIPROCAL LICENSE BY ENDORSEMENT FOR CERTAIN FOREIGN APPLICANTS .....	22
Sec. 301.260.	TEMPORARY LICENSE BY ENDORSEMENT .....	23
Sec. 301.261.	INACTIVE STATUS .....	23

**SUBCHAPTER G. LICENSE RENEWAL**

Sec. 301.301.	LICENSE RENEWAL .....	23
Sec. 301.3011.	CRIMINAL HISTORY RECORD INFORMATION REQUIREMENT FOR RENEWAL .....	24
Sec. 301.302.	RENEWAL OF EXPIRED LICENSE BY OUT-OF-STATE PRACTITIONER.....	24
Sec. 301.303.	CONTINUING COMPETENCY .....	25
Sec. 301.304.	HEPATITIS C COMPONENT IN CONTINUING EDUCATION [EXPIRED]..	25
Sec. 301.305.	BIOTERRORISM RESPONSE COMPONENT IN CONTINUING EDUCATION .....	26
Sec. 301.306.	FORENSIC EVIDENCE COLLECTION COMPONENT IN CONTINUING EDUCATION .....	26



**SUBCHAPTER H. PRACTICE BY LICENSE HOLDER**

Sec. 301.351. DESIGNATIONS .....26  
Sec. 301.352. PROTECTION FOR REFUSAL TO ENGAGE IN  
CERTAIN CONDUCT .....27  
Sec. 301.353. SUPERVISION OF VOCATIONAL NURSE .....28  
Sec. 301.354. NURSE FIRST ASSISTANTS; ASSISTING AT SURGERY BY  
OTHER NURSES.....28  
Sec. 301.355. POLICIES APPLICABLE TO NURSES EMPLOYED BY MEDICAL  
AND DENTAL UNITS.....29

**SUBCHAPTER I. REPORTING VIOLATIONS AND  
PATIENT CARE CONCERNS**

Sec. 301.401. DEFINITIONS.....29  
Sec. 301.402. MANDATORY REPORT BY NURSE.....29  
Sec. 301.4025. OPTIONAL REPORT BY NURSE.....30  
Sec. 301.403. DUTY OF PEER REVIEW COMMITTEE TO REPORT.....30  
Sec. 301.404. DUTY OF NURSING EDUCATIONAL PROGRAM TO REPORT.....31  
Sec. 301.405. DUTY OF PERSON EMPLOYING NURSE TO REPORT .....31  
Sec. 301.406. DUTY OF CERTAIN PROFESSIONAL ASSOCIATIONS AND  
ORGANIZATIONS TO REPORT .....32  
Sec. 301.407. DUTY OF STATE AGENCY TO REPORT .....32  
Sec. 301.408. DUTY OF LIABILITY INSURER TO REPORT.....32  
Sec. 301.409. DUTY OF PROSECUTING ATTORNEY TO REPORT .....33  
Sec. 301.410. REPORT REGARDING IMPAIRMENT BY CHEMICAL DEPENDENCY,  
MENTAL ILLNESS, OR DIMINISHED MENTAL CAPACITY.....33  
Sec. 301.4105. BOARD RESPONSIBILITY FOLLOWING REPORT.....34  
Sec. 301.4106. PEER ASSISTANCE PROGRAMS.....34  
Sec. 301.411. EFFECT OF FAILURE TO REPORT.....34  
Sec. 301.412. REPORTING IMMUNITY .....34  
Sec. 301.413. RETALIATORY ACTION .....35  
Sec. 301.414. NOTICE AND REVIEW OF REPORT.....36  
Sec. 301.415. REBUTTAL STATEMENT.....36  
Sec. 301.416. INVESTIGATION .....36  
Sec. 301.417. CONFIDENTIALITY REQUIREMENTS;  
DISCLOSURE OF INFORMATION .....36  
Sec. 301.418. DISCLOSURE OF CHARGES OR DISCIPLINARY ACTION .....37

Sec. 301.419.	GENERAL PROVISIONS REGARDING DUTY TO REPORT; MINOR INCIDENTS.....	37
---------------	--	----

**SUBCHAPTER J.      PROHIBITED PRACTICES AND  
DISCIPLINARY ACTIONS**

Sec. 301.451.	CERTAIN PROHIBITED PRACTICES.....	38
Sec. 301.4515.	USE OF CERTAIN NURSING TITLES .....	38
Sec. 301.452.	GROUND FOR DISCIPLINARY ACTION .....	38
Sec. 301.453.	DISCIPLINARY AUTHORITY OF BOARD; METHODS OF DISCIPLINE .....	39
Sec. 301.4531.	SCHEDULE OF SANCTIONS.....	40
Sec. 301.4535.	REQUIRED SUSPENSION, REVOCATION, OR REFUSAL OF LICENSE FOR CERTAIN OFFENSES.....	40
Sec. 301.454.	NOTICE AND HEARING .....	41
Sec. 301.455.	TEMPORARY LICENSE SUSPENSION OR RESTRICTION .....	42
Sec. 301.456.	EVIDENCE .....	42
Sec. 301.457.	COMPLAINT AND INVESTIGATION.....	42
Sec. 301.458.	INITIATION OF FORMAL CHARGES; DISCOVERY .....	43
Sec. 301.459.	FORMAL HEARING.....	43
Sec. 301.460.	ACCESS TO INFORMATION.....	44
Sec. 301.461.	ASSESSMENT OF COSTS .....	44
Sec. 301.462.	VOLUNTARY SURRENDER OF LICENSE .....	44
Sec. 301.463.	AGREED DISPOSITION.....	44
Sec. 301.464.	INFORMAL PROCEEDINGS.....	45
Sec. 301.465.	SUBPOENAS; REQUEST FOR INFORMATION.....	45
Sec. 301.466.	CONFIDENTIALITY .....	45
Sec. 301.467.	REINSTATEMENT .....	46
Sec. 301.468.	PROBATION .....	46
Sec. 301.469.	NOTICE OF FINAL ACTION.....	46
Sec. 301.470.	REFUND.....	46
Sec. 301.471.	EMERGENCY CEASE AND DESIST ORDER.....	47

**SUBCHAPTER K.      ADMINISTRATIVE PENALTY**

Sec. 301.501.	IMPOSITION OF PENALTY.....	48
Sec. 301.502.	AMOUNT OF PENALTY.....	48
Sec. 301.503.	REPORT AND NOTICE OF VIOLATION AND PENALTY .....	48
Sec. 301.504.	PENALTY TO BE PAID OR HEARING REQUESTED.....	48

Sec. 301.505.	HEARING .....	49
Sec. 301.506.	DECISION BY BOARD.....	49
Sec. 301.507.	OPTIONS FOLLOWING DECISION: PAY OR APPEAL .....	49
Sec. 301.508.	COLLECTION OF PENALTY.....	50
Sec. 301.509.	DETERMINATION BY COURT .....	50
Sec. 301.510.	REMITTANCE OF PENALTY AND INTEREST.....	50
Sec. 301.511.	ADMINISTRATIVE PROCEDURE.....	50

**SUBCHAPTER L. OTHER PENALTIES AND ENFORCEMENT PROVISIONS**

Sec. 301.551.	INJUNCTION .....	50
Sec. 301.552.	MONITORING OF LICENSE HOLDER.....	51
Sec. 301.553.	CIVIL PENALTY .....	51
Sec. 301.554.	CRIMINAL PENALTY.....	51
Sec. 301.555.	APPEAL.....	51

**SUBCHAPTER M. ANESTHESIA IN OUTPATIENT SETTING**

Sec. 301.601.	DEFINITION .....	51
Sec. 301.602.	RULES.....	51
Sec. 301.603.	APPLICABILITY.....	52
Sec. 301.604.	REGISTRATION REQUIRED.....	52
Sec. 301.605.	BIENNIAL REGISTRATION .....	53
Sec. 301.606.	INSPECTIONS .....	53
Sec. 301.607.	REQUESTS FOR INSPECTION AND ADVISORY OPINION .....	53

**CHAPTER 303. NURSING PEER REVIEW**

Sec. 303.001.	DEFINITIONS .....	54
Sec. 303.0015.	REQUIRED ESTABLISHMENT OF NURSING PEER REVIEW COMMITTEE.....	54
Sec. 303.002.	GENERAL PROVISIONS REGARDING PEER REVIEW .....	55
Sec. 303.003.	COMMITTEE MEMBERSHIP.....	55
Sec. 303.004.	PEER REVIEW BY TWO ENTITIES .....	55
Sec. 303.005.	REQUEST FOR PEER REVIEW COMMITTEE DETERMINATION.....	56
Sec. 303.006.	CONFIDENTIALITY OF PEER REVIEW PROCEEDINGS.....	56
Sec. 303.007.	DISCLOSURE OF INFORMATION .....	57
Sec. 303.0075.	SHARING OF INFORMATION.....	58
Sec. 303.008.	REBUTTAL STATEMENT.....	58

Sec. 303.009.	RETALIATORY ACTIONS .....	58
Sec. 303.010.	CIVIL LIABILITY.....	58
Sec. 303.011.	EVALUATION BY COMMITTEE.....	59

**CHAPTER 304. NURSE LICENSURE COMPACT**

Sec. 304.001.	NURSE LICENSURE COMPACT .....	60
Art. 1	Findings and Declaration of Purpose.....	60
Art. 2	Definitions .....	60
Art. 3	General Provisions and Jurisdiction.....	61
Art. 4	Application for License in a Party State .....	62
Art. 5	Adverse Actions.....	63
Art. 6	Additional Authorities of Party State Nurse Licensing Board.....	63
Art. 7	Coordinated Licensure Information System .....	64
Art. 8	Compact Administration and Exchange of Information.....	64
Art. 9	Immunity.....	64
Art. 10	Effective Date, Withdrawal, and Amendment.....	65
Art. 11	Construction and Severability.....	65
Sec. 304.002.	ADMINISTRATION OF COMPACT.....	65
Sec. 304.003.	RULES.....	66
Sec. 304.004.	GENERAL PROVISIONS.....	66
Sec. 304.005.	ENFORCEMENT.....	66
Sec. 304.006.	INFORMATION MAINTAINED UNDER COMPACT.....	66
Sec. 304.007.	ACCESS TO PRACTICE-RELATED INFORMATION .....	67
Sec. 304.008.	DISCLOSURE OF PERSONAL INFORMATION.....	67
Sec. 304.009.	WITHDRAWAL FROM COMPACT.....	67

**CHAPTER 305. NCSBN ADVANCED PRACTICE REGISTERED NURSE COMPACT**

Sec. 305.001.	NCSBN ADVANCED PRACTICE REGISTERED NURSE COMPACT.....	68
Art. 1	Findings and Declaration of Purpose.....	68
Art. 2	Definitions .....	68
Art. 3	General Provisions and Jurisdiction.....	70
Art. 4	Applications for APRN Licensure/Authority to Practice in a Party State.....	71
Art. 5	Adverse Actions.....	71
Art. 6	Additional Authorities Invested in Party State Licensing Boards.....	72
Art. 7	Coordinated Licensure Information System .....	72
Art. 8	Compact Administration and Interchange of Information .....	73

Art. 9	Immunity .....	73
Art. 10	Entry into Force, Withdrawal, and Amendment.....	73
Art. 11	Construction and Severability.....	74
Sec. 305.002.	BOARD AUTHORITY.....	74
Sec. 305.003.	RULES; EXPIRATION OF CHAPTER.....	74
Sec. 305.004.	APPLICABILITY OF CHAPTER.....	74
Sec. 305.005.	RIGHTS AND OBLIGATIONS.....	74
Sec. 305.006.	ENFORCEMENT.....	75

## **Subchapter A. General Provisions**

### **Sec. 301.001. Short Title.**

This chapter may be cited as the Nursing Practice Act.

### **Sec. 301.002. Definitions.**

In this chapter:

- (1) “Board” means the Texas Board of Nursing.
- (1-a) “Chief nursing officer” means the registered nurse who is administratively responsible for the nursing services at a facility.
- (1-b) “Patient safety committee” has the meaning assigned by Section 303.001.
- (2) “Professional nursing” means the performance of an act that requires substantial specialized judgment and skill, the proper performance of which is based on knowledge and application of the principles of biological, physical, and social science as acquired by a completed course in an approved school of professional nursing. The term does not include acts of medical diagnosis or the prescription of therapeutic or corrective measures. Professional nursing involves:
  - (A) the observation, assessment, intervention, evaluation, rehabilitation, care and counsel, or health teachings of a person who is ill, injured, infirm, or experiencing a change in normal health processes;
  - (B) the maintenance of health or prevention of illness;
  - (C) the administration of a medication or treatment as ordered by a physician, podiatrist, or dentist;
  - (D) the supervision or teaching of nursing;
  - (E) the administration, supervision, and evaluation of nursing practices, policies, and procedures;
  - (F) the requesting, receiving, signing for, and distribution of prescription drug samples to patients at sites in which a registered nurse is authorized to sign prescription drug orders as provided by Subchapter B, Chapter 157;
  - (G) the performance of an act delegated by a physician under Section 157.052, 157.053, 157.054, 157.0541, 157.0542, 157.058, or 157.059; and
  - (H) the development of the nursing care plan.
- (3) “Nurse” means a person required to be licensed under this chapter to engage in professional or vocational nursing.
- (4) “Nursing” means professional or vocational nursing.
- (5) “Vocational nursing” means a directed scope of nursing practice, including the performance of an act that requires specialized judgment and skill, the proper performance of which is based on knowledge and application of the principles of biological, physical, and social science as acquired by a completed course in an approved school of vocational nursing. The term does not include acts of medical diagnosis or the prescription of therapeutic or corrective measures. Vocational nursing involves:
  - (A) collecting data and performing focused nursing assessments of the health status of an individual;
  - (B) participating in the planning of the nursing care needs of an individual;
  - (C) participating in the development and modification of the nursing care plan;
  - (D) participating in health teaching and counseling to promote, attain, and maintain the optimum health level of an individual;
  - (E) assisting in the evaluation of an individual’s response to a nursing intervention and the identification of an individual’s needs; and

- (F) engaging in other acts that require education and training, as prescribed by board rules and policies, commensurate with the nurse's experience, continuing education, and demonstrated competency.

[Sections (1) amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007; Sections (1-a) and (1-b) added by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.003. Application of Sunset Act.**

The Texas Board of Nursing is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the board is abolished September 1, 2017.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.004. Application of Chapter.**

- (a) This chapter does not apply to:
  - (1) gratuitous nursing care of the sick that is provided by a friend;
  - (2) nursing care provided during a disaster under the state emergency management plan adopted under Section 418.042, Government Code, if the person providing the care does not hold the person out as a nurse unless the person is licensed in another state;
  - (3) nursing care in which treatment is solely by prayer or spiritual means;
  - (4) an act performed by a person under the delegated authority of a person licensed by the Texas Medical Board;
  - (5) an act performed by a person licensed by another state agency if the act is authorized by the statute under which the person is licensed;
  - (6) the practice of nursing that is incidental to a program of study by a student enrolled in a nursing education program approved under Section 301.157(d) leading to an initial license as a nurse; or
  - (7) the practice of nursing by a person licensed in another state who is in this state on a nonroutine basis for a period not to exceed 72 hours to:
    - (A) provide care to a patient being transported into, out of, or through this state;
    - (B) provide nursing consulting services; or
    - (C) attend or present a continuing nursing education program.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.005. Reference in Other Law.**

A reference in any other law to the former Board of Nurse Examiners means the Texas Board of Nursing.

[Added by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Subchapter B. Texas Board of Nursing**

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.051. Board Membership.**

- (a) The Texas Board of Nursing consists of 13 members appointed by the governor with the advice and consent of the senate as follows:
  - (1) six nurse members, including:
    - (A) one advanced practice nurse;

- (B) two registered nurses who are not advanced practice nurses or members of a nurse faculty; and
- (C) three vocational nurses who are not members of a nurse faculty;
- (2) three members who are nurse faculty members of schools of nursing:
  - (A) one of whom is a nurse faculty member of a school of nursing offering a baccalaureate degree program in preparing registered nurses;
  - (B) one of whom is a nurse faculty member of a school of nursing offering an associate degree program in preparing registered nurses; and
  - (C) one of whom is a nurse faculty member of a school of nursing at an institution of higher education preparing vocational nurses; and
- (3) four members who represent the public.

(b) Appointments to the Board shall be made without regard to the race, color, disability, sex, religion, age, or national origin of the appointee.

[Section (a) amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.052. Member Eligibility.**

- (a) A person is not eligible for appointment as a registered nurse or vocational nurse member of the board unless the person has practiced nursing in the role for which the member was appointed for at least three of the five years preceding the date of appointment.
- (b) A person is not eligible for appointment as a public member of the board if the person or the person’s spouse:
  - (1) is registered, certified, or licensed by an occupational regulatory agency in the field of health care;
  - (2) is employed by or participates in the management of a business entity or other organization that:
    - (A) provides health care services;
    - (B) sells, manufactures, or distributes health care supplies or equipment; or
    - (C) is regulated by or receives money from the board;
  - (3) owns or controls, directly or indirectly, more than a 10 percent interest in a business entity or other organization that:
    - (A) provides health care services;
    - (B) sells, manufactures, or distributes health care supplies or equipment; or
    - (C) is regulated by or receives money from the board; or
  - (4) uses or receives a substantial amount of tangible goods, services, or funds from the board, other than compensation or reimbursement authorized by law for board membership, attendance, or expenses.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.053. Membership and Employee Restrictions.**

- (a) In this section, “Texas Trade Association” means a cooperative and voluntarily joined statewide association of business or professional competitors in this state designed to assist its members and its industry or profession in dealing with mutual business or professional problems and in promoting their common interest.
- (b) A person may not be a member of the board and may not be a board employee employed in a “bona fide executive, administrative, or professional capacity,” as that phrase is used for the purposes of establishing an exemption to the overtime provisions of the federal Fair Labor Standards Act of 1938



(29 U.S.C. Section 201 et seq.), if:

- (1) the person is an officer, employee, or paid consultant of a Texas trade association in the field of health care; or
- (2) the person's spouse is an officer, manager, or paid consultant of a Texas trade association in the field of health care.

- (c) A person may not be a member of the board or act as the general counsel to the board if the person is required to register as a lobbyist under Chapter 305, Government Code, because of the person's activities for compensation on behalf of a profession related to the board's operation.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007. The changes in Sections 301.052 and 301.053, Occupations Code, as amended by HB 2426, apply only to a member appointed on or after September 1, 2007.]

**Sec. 301.054. Terms.**

Members of the board serve staggered six-year terms, with the terms of as near to one-third of the members as possible expiring on January 31 of each odd-numbered year.

**Sec. 301.055. Grounds for Removal.**

- (a) It is a ground for removal from the Board that a member:
- (1) does not have at the time of taking office the qualifications required by Section 301.051(a);
  - (2) does not maintain during service on the board the qualifications required by Section 301.051(a);
  - (3) is ineligible for membership under Section 301.053;
  - (4) cannot, because of illness or disability, discharge the member's duties for a substantial part of the member's term; or
  - (5) is absent from more than half of the regularly scheduled board meetings that the member is eligible to attend during a calendar year unless the absence is excused by majority vote of the Board.
- (b) The validity of an action of the board is not affected by the fact that the action is taken when a ground for removal of a board member exists.
- (c) If the executive director has knowledge that a potential ground for removal exists, the executive director shall notify the presiding officer of the Board of the potential ground. The presiding officer shall then notify the governor and the attorney general that a potential ground for removal exists. If the potential ground for removal involves the presiding officer, the executive director shall notify the next highest ranking officer of the board, who shall then notify the governor and the attorney general that a potential ground for removal exists.

[Sections (a) and (c) amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.056. Per Diem; Reimbursement.**

- (a) Each board member is entitled to receive a per diem as set by the General Appropriations Act for each day the member engages in the business of the Board.
- (b) A board member is entitled to reimbursement for travel expenses incurred while conducting board business, including expenses for transportation, meals, and lodging, as provided by the General Appropriations Act.

[Section (b) amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.057. Officers.**

- (a) The Governor shall designate a member of the Board as presiding officer to serve in that capacity at the pleasure of the governor.
- (b) The Board shall elect other officers from its members.

**Sec. 301.058. Meetings.**

The presiding officer shall call a special Board meeting on the written request of at least two board members.

**Sec. 301.059. Training.**

- (a) A person who is appointed to and qualifies for office as a member of the board may not vote, deliberate, or be counted in attendance at a meeting of the board until the person completes a training program that complies with this section.
- (b) The training program must provide the person with information regarding:
  - (1) the legislation that created the board and the board's programs, functions, rules, and budget;
  - (2) the results of the most recent formal audit of the board;
  - (3) the requirements of laws relating to open meetings, public information, administrative procedure, and conflicts of interest; and
  - (4) any applicable ethics policies adopted by the board or the Texas Ethics Commission.
- (c) A person appointed to the board is entitled to reimbursement, as provided by the General Appropriations Act, for the travel expenses incurred in attending the training program regardless of whether the attendance at the program occurs before or after the person qualifies for office.

[Amended by Acts 2007 (H.B. 2426), Section (d) repealed, 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Subchapter C. Executive Director and Personnel**

**Sec. 301.101. Executive Director.**

- (a) The Board shall employ an executive director. The Executive Director may not be a member of the Board.
- (b) Under the direction of the Board, the Executive Director shall perform the duties required by this chapter or designated by the Board.

**Sec. 301.103. Public Records; Registry.**

- (a) The Executive Director shall keep:
  - (1) a record of each meeting of the Board; and
  - (2) a registry of the name of each nurse registered under this chapter.
- (b) Information maintained under this section is open to public inspection at all times.

**Sec. 301.104. Personnel; Employment Practices.**

The Board shall employ persons as necessary to carry on the work of the Board.

**Sec. 301.105. Division of Responsibilities.**

- (a) The Board shall develop and implement policies that clearly define the respective responsibilities of the Board and the staff of the Board.
- (b) The Board shall determine the salaries and compensation to be paid to employees and persons retained by the Board.

**Sec. 301.106. Qualifications and Standards of Conduct Information.**

The Board shall provide, as often as necessary, to its members and employees information regarding their:

- (1) qualifications for office or employment under this chapter; and
- (2) responsibilities under applicable laws relating to standards of conduct for state officers or employees.

**Sec. 301.107. Career Ladder Program; Performance Evaluations.**

- (a) The Executive Director or the Executive Director's designee shall develop an intra-agency career ladder program. The program must require intra-agency posting of all non-entry level positions concurrently with any public posting.
- (b) The Executive Director or the Executive Director's designee shall develop a system of annual performance evaluations based on measurable job tasks. All merit pay for Board employees must be based on the system established under this subsection.

**Sec. 301.108. Equal Employment Opportunity Policy; Report.**

- (a) The Executive Director or the Executive Director's designee shall prepare and maintain a written policy statement to ensure implementation of an equal employment opportunity program under which all personnel transactions are made without regard to race, color, disability, sex, religion, age, or national origin. The policy statement must include:
  - (1) personnel policies, including policies relating to recruitment, evaluation, selection, application, training, and promotion of personnel that are in compliance with the requirements of Chapter 21, Labor Code;
  - (2) a comprehensive analysis of the Board workforce that meets federal and state guidelines;
  - (3) procedures by which a determination can be made of significant under use in the board workforce of all persons for whom federal or state guidelines encourage a more equitable balance; and
  - (4) reasonable methods to appropriately address those areas of under use.
- (b) A policy statement prepared under Subsection (a) must:
  - (1) cover an annual period;
  - (2) be updated annually;
  - (3) be reviewed by the Commission on Human Rights for compliance with Subsection (a)(1); and
  - (4) be filed with the Governor.

- (c) The Governor shall deliver a biennial report to the Legislature based on the information received under Subsection (b). The report may be made separately or as part of other biennial reports to the legislature.

## **Subchapter D. General Powers and Duties of Board**

### **Sec. 301.151. General Rulemaking Authority.**

The Board may adopt and enforce rules consistent with this chapter and necessary to:

- (1) perform its duties and conduct proceedings before the Board;
- (2) regulate the practice of professional nursing and vocational nursing;
- (3) establish standards of professional conduct for license holders under this chapter; and
- (4) determine whether an act constitutes the practice of professional nursing or vocational nursing.

### **Sec. 301.152. Rules Regarding Specialized Training.**

- (a) In this section, “advanced practice nurse” means a registered nurse approved by the Board to practice as an advanced practice nurse on the basis of completion of an advanced educational program. The term includes a nurse practitioner, nurse midwife, nurse anesthetist, and clinical nurse specialist. The term is synonymous with “advanced nurse practitioner.”
- (b) The Board shall adopt rules to:
  - (1) establish:
    - (A) any specialized education or training, including pharmacology, that a registered nurse must have to carry out a prescription drug order under Section 157.052; and
    - (B) a system for assigning an identification number to a registered nurse who provides the Board with evidence of completing the specialized education and training requirement under Subdivision (1)(A);
  - (2) approve a registered nurse as an advanced practice nurse; and
  - (3) initially approve and biennially renew an advanced practice nurse’s authority to carry out or sign a prescription drug order under Chapter 157.
- (c) At a minimum, the rules adopted under Subsection (b)(3) must:
  - (1) require completion of pharmacology and related pathology education for initial approval;
  - (2) require continuing education in clinical pharmacology and related pathology in addition to any continuing education otherwise required under Section 301.303; and
  - (3) provide for the issuance of a prescription authorization number to an advanced practice nurse approved under this section.
- (d) The signature of an advanced practice nurse attesting to the provision of a legally authorized service by the advanced practice nurse satisfies any documentation requirement for that service established by a state agency.

### **Sec. 301.1525. Nurse First Assistants.**

[Repealed by Acts 2005 (H.B. 1718), 79<sup>th</sup> Leg., eff. Sept. 1, 2005. Replaced by Sec. 301.353]

**Sec. 301.1526. Certain Nurses Directly Assisting in Surgery.**

[Repealed by Acts 2005 (H.B. 1718), 79<sup>th</sup> Leg., eff. Sept. 1, 2005. Replaced by Sec. 301.353]

**Sec. 301.1527. Certain Nurses Directly Assisting in Surgery in Small Hospitals.**

[Repealed by Acts 2005 (H.B. 1718), 79<sup>th</sup> Leg., eff. Sept. 1, 2005. Replaced by Sec. 301.353]

**Sec. 301.153. Rules Regarding Advertising and Competitive Bidding.**

- (a) The Board may not adopt rules restricting advertising or competitive bidding by a person except to prohibit false, misleading, or deceptive practices by the person.
- (b) The Board may not include in its rules to prohibit false, misleading, or deceptive practices by a person regulated by the board a rule that:
  - (1) restricts the person's use of any medium for advertising;
  - (2) restricts the person's personal appearance or use of the person's voice in an advertisement;
  - (3) relates to the size or duration of an advertisement by the person; or
  - (4) restricts the use of a trade name in advertising by the person.

**Sec. 301.154. Rules Regarding Delegation of Certain Medical Acts.**

- (a) The Board may recommend to the Texas State Board of Medical Examiners the adoption of rules relating to the delegation by physicians of medical acts to registered nurses and vocational nurses licensed by the Board. In making a recommendation, the Board may distinguish between nurses on the basis of special training and education.
- (b) A recommendation under Subsection (a) shall be treated in the same manner as a petition for the adoption of a rule by an interested party under Chapter 2001, Government Code.
- (c) The Board in recommending a rule and the Texas State Board of Medical Examiners in acting on a recommended rule shall, to the extent allowable under state and federal statutes, rules, and regulations, act to enable the state to obtain its fair share of the federal funds available for the delivery of health care in this state.

**Sec. 301.1545. Rules on Consequences of Criminal Conviction or Deferred Adjudication.**

- (a) The board shall adopt rules and guidelines necessary to comply with Chapter 53, except to the extent the requirements of this subtitle are stricter than the requirements of that chapter.
- (b) In its rules under this section, the board shall list the offenses for which a conviction would constitute grounds for the board to take action under Section 53.021 or for which placement on deferred adjudication community supervision would constitute grounds for the board to take action under this chapter.

[Added by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.155. Fees.**

- (a) The Board by rule shall establish fees in amounts reasonable and necessary to cover the costs of administering this chapter. The Board may not set a fee that existed on September 1, 1993, in an amount less than the amount of that fee on that date.

- (b) The Board may adopt a fee in an amount necessary for a periodic newsletter to produce and disseminate to license holders the information required under Section 301.158.
- (c) The board shall assess a \$3 surcharge for a registered nurse and a \$2 surcharge for a vocational nurse to the fee established by the board under Subsection (a) for a license holder to renew a license under this chapter. The board may use nine cents of the registered nurse surcharge and six cents of the vocational nurse surcharge to cover the administrative costs of collecting and depositing the surcharge. The board quarterly shall transmit the remainder of each surcharge to the Department of State Health Services to be used only to implement the nursing resource section under Section 105.002, Health and Safety Code. The board is not required to collect the surcharge if the board determines the funds collected are not appropriated for the purpose of funding the nursing resource section.

**Sec. 301.156. Gifts and Grants.**

The Board may receive gifts, grants, or other funds or assets.

**Sec. 301.157. Programs of Study and Approval.**

- (a) The board shall prescribe three programs of study to prepare a person to receive an initial license as a registered nurse under this chapter as follows:
  - (1) a baccalaureate degree program that is conducted by an educational unit in nursing that is a part of a senior college or university and that leads to a baccalaureate degree in nursing;
  - (2) an associate degree program that is conducted by an educational unit in nursing within the structure of a college or a university and that leads to an associate degree in nursing; and
  - (3) a diploma program that is conducted by a single purpose school, usually under the control of a hospital, and that leads to a diploma in nursing.
- (a-1) A diploma program of study in this state that leads to an initial license as a registered nurse under this chapter and that is completed on or after December 31, 2014, must entitle a student to receive a degree on the student's successful completion of a degree program of a public or private institution of higher education accredited by an agency recognized by the Texas Higher Education Coordinating Board.
- (b) The board shall:
  - (1) prescribe two programs of study to prepare a person to receive an initial vocational nurse license under this chapter as follows:
    - (A) a program conducted by an educational unit in nursing within the structure of a school, including a college, university, or proprietary school; and
    - (B) a program conducted by a hospital;
  - (2) prescribe and publish the minimum requirements and standards for a course of study in each program that prepares registered nurses or vocational nurses;
  - (3) prescribe other rules as necessary to conduct approved schools of nursing and educational programs for the preparation of registered nurses or vocational nurses;
  - (4) approve schools of nursing and educational programs that meet the board's requirements;
  - (5) select one or more national nursing accrediting agencies, recognized by the United States Department of Education and determined by the board to have acceptable standards, to accredit schools of nursing and educational programs; and
  - (6) deny or withdraw approval from a school of nursing or educational program that:
    - (A) fails to meet the prescribed course of study or other standard under which it sought approval by the board;
    - (B) fails to meet or maintain accreditation with the national nursing accrediting agency selected

- by the board under Subdivision (5) under which it was approved or sought approval by the board; or
- (C) fails to maintain the approval of the state board of nursing of another state and the board under which it was approved.
- (b-1) The board may not require accreditation of the governing institution of a school of nursing. The board shall accept the requirements established by the Texas Higher Education Coordinating Board for accrediting the governing institution of a school of nursing. The governing institution of a professional nursing school, not including a diploma program, must be accredited by an agency recognized by the Texas Higher Education Coordinating Board or hold a certificate of authority from the Texas Higher Education Coordinating Board under provisions leading to accreditation of the institution in due course.
- (c) A program approved to prepare registered nurses may not be less than two academic years or more than four calendar years.
- (d) A person may not be certified as a graduate of any school of nursing or educational program unless the person has completed the requirements of the prescribed course of study, including clinical practice, of a school of nursing or educational program that:
- (1) is approved by the board;
  - (2) is accredited by a national nursing accreditation agency determined by the board to have acceptable standards; or
  - (3) is approved by a state board of nursing of another state and the board, subject to Subsection (d-4).
- (d-1) A school of nursing or educational program is considered approved by the board and, except as provided by Subsection (d-7), is exempt from board rules that require ongoing approval if the school or program:
- (1) is accredited and maintains accreditation through a national nursing accrediting agency selected by the board under Subsection (b)(5); and
  - (2) maintains an acceptable pass rate as determined by the board on the applicable licensing examination under this chapter.
- (d-2) A school of nursing or educational program that fails to meet or maintain an acceptable pass rate on applicable licensing examinations under this chapter is subject to review by the board. The board may assist the school or program in its effort to achieve compliance with the board's standards.
- (d-3) A school or program from which approval has been withdrawn under this section may reapply for approval.
- (d-4) The board may recognize and accept as approved under this section a school of nursing or educational program operated in another state and approved by a state board of nursing of another state. The board shall develop policies to ensure that the other state board's standards are substantially equivalent to the board's standards.
- (d-5) The board shall streamline the process for initially approving a school of nursing or educational program under this section by identifying and eliminating tasks performed by the board that duplicate or overlap tasks performed by the Texas Higher Education Coordinating Board or the Texas Workforce Commission.

- (d-6) The board, in cooperation with the Texas Higher Education Coordinating Board and the Texas Workforce Commission, shall establish guidelines for the initial approval of schools of nursing or educational programs. The guidelines must:
  - (1) identify the approval processes to be conducted by the Texas Higher Education Coordinating Board or the Texas Workforce Commission;
  - (2) require the approval process identified under Subdivision (1) to precede the approval process conducted by the board; and
  - (3) be made available on the board's Internet website and in a written form.
- (d-7) A school of nursing or educational program approved under Subsection (d-1) shall:
  - (1) provide the board with copies of any reports submitted to or received from the national nursing accrediting agency selected by the board;
  - (2) notify the board of any change in accreditation status; and
  - (3) provide other information required by the board as necessary to evaluate and establish nursing education and workforce policy in this state.
- (e) The Board shall give each person, including an organization, affected by an order or decision of the board under this section reasonable notice of not less than 20 days and an opportunity to appear and be heard regarding the order or decision. The Board shall hear each protest or complaint from a person affected by a rule or decision regarding:
  - (1) the inadequacy or unreasonableness of any rule or order the Board adopts; or
  - (2) the injustice of any order or decision of the Board.
- (f) Not later than the 30th day after the date an order is entered and approved by the Board, a person is entitled to bring an action against the board in a district court of Travis County to have the rule or order vacated or modified, if that person:
  - (1) is affected by the order or decision;
  - (2) is dissatisfied with any rule or order of the Board; and
  - (3) sets forth in a petition the principal grounds of objection to the rule or order.
- (g) An appeal under this section shall be tried de novo as if it were an appeal from a justice court to a county court.
- (h) The board, in collaboration with the nursing educators, the Texas Higher Education Coordinating Board, and the Texas Health Care Policy Council, shall implement, monitor, and evaluate a plan for the creation of innovative nursing education models that promote increased enrollment in this state's nursing programs.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007. Not later than January 1, 2008, the Texas Board of Nursing shall implement the plan for creating innovative nursing education models as required under Section 301.157(h), Occupations Code, as added by this Act, and report to the Sunset Advisory Commission regarding the plan and the board's effort to increase enrollment in nursing education programs]

**Sec. 301.158. Dissemination of Information.**

The Board shall disseminate, at least twice a year and at other times the Board determines necessary, information that is of significant interest to nurses and employers of nurses in this state, including summaries of final disciplinary action taken against nurses by the Board since its last dissemination of information.



**Sec. 301.1581. Information Provided to License Holders.**

At least once each biennium, the board shall provide to license holders information on:

- (1) prescribing and dispensing pain medications, with particular emphasis on Schedule II and Schedule III controlled substances;
- (2) abusive and addictive behavior of certain persons who use prescription pain medications;
- (3) common diversion strategies employed by certain persons who use prescription pain medications, including fraudulent prescription patterns; and
- (4) the appropriate use of pain medications and the differences between addiction, pseudo-addiction, tolerance, and physical dependence.

**Sec. 301.1582. Poison Control Center Information.**

The board shall provide to license holders information regarding the services provided by poison control centers.

**Sec. 301.159. Board Duties Regarding Complaints.**

- (a) The board by rule shall:
  - (1) adopt a form to standardize information concerning complaints made to the board; and
  - (2) prescribe information to be provided to a person when the person files a complaint with the Board.
- (b) The Board shall provide reasonable assistance to a person who wishes to file a complaint with the Board.

**Sec. 301.1595. Advisory Committees.**

- (a) The board may appoint advisory committees to perform the advisory functions assigned by the board.
- (b) An advisory committee shall provide independent expertise on board functions and policies, but may not be involved in setting board policy.
- (c) The board shall adopt rules regarding the purpose, structure, and use of advisory committees, including rules on:
  - (1) the purpose, role, responsibility, and goal of an advisory committee;
  - (2) the size and quorum requirements for an advisory committee;
  - (3) the composition and representation of an advisory committee;
  - (4) the qualifications of advisory committee members, such as experience or area of residence;
  - (5) the appointment procedures for advisory committees;
  - (6) the terms of service for advisory committee members;
  - (7) the training requirements for advisory committee members, if necessary;
  - (8) the method the board will use to receive public input on issues addressed by an advisory committee; and
  - (9) the development of board policies and procedures to ensure advisory committees meet the requirements for open meetings under Chapter 551, Government Code, including notification requirements.

- (d) A board member may not serve as a member of an advisory committee, but may serve as a liaison between an advisory committee and the board. A board member liaison that attends advisory committee meetings may attend only as an observer and not as a participant. A board member liaison is not required to attend advisory committee meetings. The role of a board member liaison is limited to clarifying the board's charge and intent to the advisory committee.
- (e) To the extent of any conflict with Chapter 2110, Government Code, this section and board rules adopted under this section control.

[Added by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.160. Pilot Programs.**

- (a) In this section:
  - (1) "Proactive nursing peer review" means peer review that is not initiated to determine culpability with respect to a particular incident.
  - (2) "Targeted continuing nursing education" means continuing education focusing on a skill that would likely benefit a significant proportion of registered nurses in a particular practice area.
- (b) The Board may develop pilot programs to evaluate the effectiveness of mechanisms, including proactive nursing peer review and targeted continuing nursing education, for maintenance of the clinical competency of a registered nurse in the nurse's area of practice and the understanding by registered nurses of the laws, including regulations, governing the practice of professional nursing.
- (c) A pilot program under Subsection (b) must be designed to test the effectiveness of a variety of mechanisms in a variety of practice settings.
- (d) The Board may approve a pilot program under Subsection (b) that is to be conducted by a person other than the board.
- (e) The Board may spend funds to develop or fund a pilot program and may contract with, make grants to, or make other arrangements with an agency, professional association, institution, individual, or other person to implement this section.
- (i) Except as provided by this subsection, in developing or approving a pilot program under this section the Board may exempt the program from rules adopted under this chapter. Subchapter I and Chapter 303 apply to pilot programs, except that Sections 303.002(e), 303.003, and 303.008(b) do not apply to a pilot program using proactive peer review. The Board may establish alternative criteria for nursing peer review committees conducting proactive peer review.
- (j) The Board shall issue an annual report regarding any pilot programs developed or approved and a status report on those programs, including preliminary or final findings concerning their effectiveness. The Board shall mail the report to statewide associations of registered nurses, registered nurse educators, and employers of registered nurses that request a copy. The Board shall issue a final report not later than September 1, 2000.

[Sections (f), (g) and (h) repealed by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.1605. Pilot Programs for Innovative Applications.**

- (a) The board may approve and adopt rules regarding pilot programs for innovative applications in the practice and regulation of professional nursing.
- (b) The board shall specify the procedures to be followed in applying for approval of a pilot program. The board may condition approval of a program on compliance with this section and rules adopted under this section.
- (c) In approving a pilot program, the board may grant the program an exception to the mandatory reporting requirements of Sections 301.401-301.409 or to a rule adopted under this chapter or Chapter 303 that relates to the practice of professional nursing, including education and reporting requirements for registered nurses. The board may not grant an exception to:
  - (1) the education requirements of this chapter unless the program includes alternate but substantially equivalent requirements; or
  - (2) the mandatory reporting requirements unless the program:
    - (A) is designed to evaluate the efficiency of alternative reporting methods; and
    - (B) provides consumers adequate protection from registered nurses whose continued practice is a threat to public safety.

**Sec. 301.1606. Pilot Programs on Nurse Reporting Systems.**

- (a) Before January 1, 2004, the board shall solicit proposals for pilot programs designed to evaluate the efficacy and effect on protection of the public of reporting systems designed to encourage identification of system errors.
- (b) The board may grant a pilot program approved under this section an exception to the mandatory reporting requirements of Sections 301.401-301.409 or to a rule adopted under this chapter or Chapter 303 that relates to the practice of professional nursing, including education and reporting requirements for registered nurses. If the board grants an exception, the board may require that the program:
  - (1) provide for the remediation of the deficiencies of a registered nurse who has knowledge or skill deficiencies that unless corrected may result in an unreasonable risk to public safety;
  - (2) provide for supervision of the nurse during remediation of deficiencies under Subdivision (1);
  - (3) require reporting to the board of a registered nurse:
    - (A) who fails to satisfactorily complete remediation, or who does not make satisfactory progress in remediation, under Subdivision (1);
    - (B) whose incompetence in the practice of professional nursing would pose a continued risk of harm to the public; or
    - (C) whose error contributed to a patient death or serious patient injury; or
  - (4) provide for a nursing peer review committee to review whether a registered nurse is appropriate for remediation under Subdivision (1).
- (c) The board may require that the entity conducting a pilot program under this section reimburse the board for the cost of monitoring and evaluating the pilot program.
- (d) The board may contract with a third party to perform the monitoring and evaluation.
- (e) The board may limit the number of pilot programs that it approves under this section.

**Sec. 301.161. Enforcement.**

- (a) The Board shall aid in the enforcement of this chapter.
- (b) The Board may:
  - (1) issue a subpoena;
  - (2) compel the attendance of a witness;
  - (3) administer an oath to a person giving testimony at hearings; and
  - (4) cause the prosecution of each person violating this chapter.
- (c) The Attorney General shall provide legal assistance necessary to enforce this chapter. This subsection does not relieve a local prosecuting officer of any duty under the law.
- (d) The board may establish a criminal investigations unit to investigate suspected criminal acts relating to the practice of nursing as authorized by this chapter.
- (e) The board may assist federal, state, or local law enforcement agencies in the investigation and prosecution of crimes related to the practice of nursing.

**Sec. 301.1615. Obtaining Criminal History Record Information; Hearing.**

- (a) In addition to the information to which the board is entitled under Section 411.125, Government Code, the board may request and receive criminal history record information from the Federal Bureau of Investigation as provided by Section 411.087, Government Code.
- (b) Criminal history record information received by the board may be used only by the board and is privileged. The information may not be disclosed to any person other than:
  - (1) as required under a court order; or
  - (2) to a nursing board that is a member of the nurse licensure compact under Chapter 304.
- (c) If, on the basis of criminal history record information obtained by the board, the board proposes to deny an application for a license, refuse to renew a license, or suspend or revoke a license or temporary permit, the applicant or license holder is entitled to a hearing under Section 301.454.

**Sec. 301.162. Legal Counsel.**

The Board may retain legal counsel to represent the Board if first:

- (1) the Board requests the Attorney General to represent the Board; and
- (2) the Attorney General certifies to the Board that the Attorney General cannot provide those services.

**Sec. 301.163. Record of Proceedings; Report.**

The Board shall keep a record of its proceedings under this chapter and make an annual report to the Governor.

**Sec. 301.164. Assistance of Prosecutor.**

A board member may present to a prosecuting officer a complaint relating to a violation of this chapter. The Board, through its members, officers, counsel, or agents, shall assist in the trial of a case involving an alleged violation of this chapter, subject to the control of the prosecuting officers.

**Sec. 301.165. Annual Report.**

- (a) The Board shall file annually with the Governor and the presiding officer of each house of the legislature a complete and detailed written report accounting for all funds received and disbursed by the board during the preceding fiscal year.
- (b) The report must be in the form and reported in the time provided by the General Appropriations Act.

**Sec. 301.166. Use of Technology.**

The board shall implement a policy requiring the board to use appropriate technological solutions to improve the board's ability to perform its functions. The policy must ensure that the public is able to interact with the board on the Internet.

[Added by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007. Policies must be adopted by January 1, 2008]

**Sec. 301.167. Negotiated Rulemaking; Alternative Dispute Resolution.**

- (a) The board shall develop and implement a policy to encourage the use of:
  - (1) negotiated rulemaking procedures under Chapter 2008, Government Code, for the adoption of board rules; and
  - (2) appropriate alternative dispute resolution procedures under Chapter 2009, Government Code, to assist in the resolution of internal and external disputes under the board's jurisdiction.
- (b) The board's procedures relating to alternative dispute resolution must conform, to the extent possible, to any model guidelines issued by the State Office of Administrative Hearings for the use of alternative dispute resolution by state agencies.
- (c) The board shall designate a trained person to:
  - (1) coordinate the implementation of the policy adopted under Subsection (a);
  - (2) serve as a resource for any training needed to implement the procedures for negotiated rulemaking or alternative dispute resolution; and
  - (3) collect data concerning the effectiveness of those procedures, as implemented by the board.

[Added by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007. Policies must be adopted by January 1, 2008]

**Subchapter E. Public Interest Information and Complaint Procedures**

**Sec. 301.201. Public Interest Information.**

- (a) The board shall prepare information of public interest describing the functions of the board and the procedures by which complaints are filed with and resolved by the Board.
- (b) The board shall make the information available to the public and appropriate state agencies.

**Sec. 301.202. Complaints.**

- (a) The board by rule shall establish methods by which consumers and service recipients are notified of the name, mailing address, and telephone number of the Board for the purpose of directing complaints to the board. The Board may provide for that notice:
  - (1) on each registration form, application, or written contract for services of a person regulated by the Board;
  - (2) on a sign prominently displayed in the place of business of each person regulated by the Board;

or

(3) in a bill for service provided by a person regulated by the Board.

- (b) The Board shall enter into a memorandum of understanding with each state agency that licenses health care facilities or agencies to coordinate the notification requirement under Subsection (a) with notification requirements that may be imposed on the health care facility or agency by that state agency.
- (c) The Board shall list with its regular telephone number any toll-free telephone number established under other state law that may be called to present a complaint about a health professional.

**Sec. 301.203. Records and Analysis of Complaints.**

- (a) The board shall maintain a system to promptly and efficiently act on complaints filed with the board. The board shall maintain information about:
  - (1) parties to the complaint;
  - (2) the subject matter of the complaint;
  - (3) a summary of the results of the review or investigation of the complaint; and
  - (4) the complaint's disposition.
- (b) The board shall make information available describing its procedures for complaint investigation and resolution.
- (c) The board shall periodically notify the parties to the complaint of the status of the complaint until final disposition unless notice would jeopardize an undercover investigation.
- (d) The board shall develop a method for analyzing the sources and types of complaints and violations and establish categories for the complaints and violations. The board shall use the analysis to focus its information and education efforts on specific problem areas identified through the analysis.
- (e) The board shall analyze complaints filed with the board to identify any trends or issues related to certain violations, including:
  - (1) the reason for each complaint;
  - (2) how each complaint was resolved; and
  - (3) the subject matter of each complaint that was not within the jurisdiction of the board and how the board responded to the complaint.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.204. General Rules, Policies, and Procedures Regarding Complaint Investigation and Disposition.**

- (a) The board shall adopt rules, policies, and procedures concerning the investigation of a complaint filed with the board. The rules, policies, or procedures adopted under this subsection must:
  - (1) distinguish between categories of complaints;
  - (2) ensure that complaints are not dismissed without appropriate consideration;
  - (3) require that the board be advised of a complaint that is dismissed and that a letter be sent to the person who filed the complaint explaining the action taken on the dismissed complaint;
  - (4) ensure that the person who filed the complaint has an opportunity to explain the allegations made in the complaint;

- (5) prescribe guidelines concerning the categories of complaints that require the use of a private investigator and the procedures for the Board to obtain the services of a private investigator; and
  - (6) by rule allow appropriate employees of the board to dismiss a complaint if an investigation demonstrates that:
    - (A) a violation did not occur; or
    - (B) the subject of the complaint is outside the board's jurisdiction.
- (b) The board shall:
    - (1) dispose of all complaints in a timely manner; and
    - (2) establish a schedule for conducting each phase of a complaint that is under the control of the board not later than the 30th day after the date the board receives the complaint.
  - (c) The Board shall notify the parties of the projected time requirements for pursuing the complaint.
  - (d) The Board shall notify the parties to the complaint of any change in the schedule not later than the seventh day after the date the change is made.
  - (e) The Executive director of the Board shall notify the Board of a complaint that is unresolved after the time prescribed by the Board for resolving the complaint so that the Board may take necessary action on the complaint.
  - (f) At each public meeting of the board, the executive director shall report to the board each complaint dismissed under Subsection (a)(6) since the board's last public meeting.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.205. Public Participation.**

- (a) The Board shall develop and implement policies that provide the public with a reasonable opportunity to appear before the Board and to speak on any issue under the Board's jurisdiction.
- (b) The Board shall prepare and maintain a written plan that describes how a person who does not speak English can be provided reasonable access to the board's programs.

**Subchapter F. License Requirements**

**Sec. 301.251. License Required.**

- (a) A person may not practice or offer to practice professional nursing or vocational nursing in this state unless the person is licensed as provided by this chapter.
- (b) Unless the person holds a license under this chapter, a person may not use, in connection with the person's name:
  - (1) the title "Registered Nurse," "Professional Nurse," "Licensed Vocational Nurse," "Vocational Nurse," "Licensed Practical Nurse," "Practical Nurse," or "Graduate Nurse";
  - (2) the abbreviation "R.N.," "L.V.N.," "V.N.," "L.P.N.," or "P.N."; or
  - (3) any other designation tending to imply that the person is a licensed registered nurse or vocational nurse.
- (c) This section does not apply to a person entitled to practice nursing in this state under Chapter 304.

- (d) Unless the person holds a license under this chapter, a person may not use, in connection with the person's name:
  - (1) the title "nurse"; or
  - (2) any other designation tending to imply that the person is licensed to provide nursing care.

**Sec. 301.2511. Criminal History Record Information for License Applicants.**

- (a) An applicant for a registered nurse license must submit to the board, in addition to satisfying the other requirements of this subchapter, a complete and legible set of fingerprints, on a form prescribed by the board, for the purpose of obtaining criminal history record information from the Department of Public Safety and the Federal Bureau of Investigation.
- (b) The board may deny a license to an applicant who does not comply with the requirement of Subsection (a). Issuance of a license by the board is conditioned on the board obtaining the applicant's criminal history record information under this section.
- (c) The board by rule may develop a system for initiating the process of obtaining criminal history record information for applicants for a license under this chapter by requiring persons who enroll or plan to enroll in an educational program that prepares a person for a license as a registered nurse to submit to the board a set of fingerprints that meets the requirements of Subsection (a). The board may require payment of a fee by a person who is required to submit a set of fingerprints under this subsection.

**Sec. 301.252. License Application.**

- (a) Each applicant for a registered nurse license or a vocational nurse license must submit to the board a sworn application that demonstrates the applicant's qualifications under this chapter, accompanied by evidence that the applicant:
  - (1) has good professional character;
  - (2) has successfully completed a program of professional or vocational nursing education approved under Section 301.157(d); and
  - (3) has passed the jurisprudence examination approved by the board as provided by Subsection (a-1).
- (a-1) The jurisprudence examination shall be conducted on the licensing requirements under this chapter and board rules and other laws, rules, or regulations applicable to the nursing profession in this state. The board shall adopt rules for the jurisprudence examination under Subsection (a)(3) regarding:
  - (1) the development of the examination;
  - (2) applicable fees;
  - (3) administration of the examination;
  - (4) reexamination procedures;
  - (5) grading procedures; and
  - (6) notice of results.
- (b) The board may waive the requirement of Subsection (a)(2) for a vocational nurse applicant if the applicant provides satisfactory sworn evidence that the applicant has completed an acceptable level of education in:
  - (1) a professional nursing school approved under Section 301.157(d); or
  - (2) a school of professional nurse education located in another state or a foreign country.



(c) The board by rule shall determine acceptable levels of education under Subsection (b).

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007. The requirement to pass a jurisprudence examination, as amended by this Act, applies only to an individual who applies for a license as a nurse on or after September 1, 2008.]

**Sec. 301.253. Examination.**

- (a) Except as provided by Section 301.452, an applicant is entitled to take the examination prescribed by the Board if:
  - (1) the Board determines that the applicant meets the qualifications required by Section 301.252; and
  - (2) the applicant pays the fees required by the Board.
- (b) Each examination administered under this section must be prepared by a national testing service or the board. The board shall ensure that the examination is administered in various cities throughout the state.
- (c) The examination shall be designed to determine the fitness of the applicant to practice professional nursing or vocational nursing.
- (c-1) The board shall:
  - (1) adopt policies and guidelines detailing the procedures for the testing process, including test admission, test administration, and national examination requirements; and
  - (2) post on the board's Internet website the policies that reference the testing procedures by the national organization selected by the board to administer an examination.
- (d) The Board shall determine the criteria that determine a passing score on the examination. The criteria may not exceed those required by the majority of the states.
- (e) A written examination prepared, approved, or offered by the Board, including a standardized national examination, must be validated by an independent testing professional.
- (f) The board shall develop a written refund policy regarding examination fees that:
  - (1) defines the reasonable notification period and the emergencies that would qualify for a refund; and
  - (2) does not conflict with any examination fee or refund policy of the testing service involved in administering the examination.
- (g) The board may recommend to a national testing service selected by the board to offer examinations under this section the board's written policy for refunding an examination fee for an applicant who:
  - (1) provides advance notice of the applicant's inability to take the examination; or
  - (2) is unable to take the examination because of an emergency.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.254. Examination Results.**

- (a) The Board shall notify each examinee of the results of the examination not later than the 30th day after the date the examination is administered. If an examination is graded or reviewed by a national testing service, the Board shall notify each examinee of the results of the examination not later than the 14th day after the date the Board receives the results from the testing service.

- (b) If the notice of the examination results graded or reviewed by a national testing service will be delayed for longer than 90 days after the examination date, the Board shall notify each examinee of the reason for the delay before the 90th day.
- (c) If requested in writing by a person who fails an examination, the Board shall provide to the person an analysis of the person's performance on the examination.

**Sec. 301.255. Reexamination.**

The Board by rule shall establish conditions under which an applicant who fails an examination may retake the examination. For an applicant who fails the examination two or more times, the Board may:

- (1) require the applicant to fulfill additional educational requirements; or
- (2) deny the applicant the opportunity to retake the examination.

**Sec. 301.256. Issuance of License.**

If the results of an examination taken under Section 301.253 or 301.255 satisfy the criteria established by the Board under that section, the Board shall issue to the applicant a license to practice professional nursing or vocational nursing in this state. The license must be signed by the Board's Presiding Officer and the Executive Director and attested by the Board's Seal.

**Sec. 301.257. Declaratory Order of License Eligibility.**

- (a) A person may petition the board for a declaratory order as to the person's eligibility for a license under this chapter if the person:
  - (1) is enrolled or planning to enroll in an educational program that prepares a person for an initial license as a registered nurse or vocational nurse; and
  - (2) has reason to believe that the person is ineligible for the license.
- (b) The petition must state the basis for the person's potential ineligibility.
- (c) The Board has the same powers to investigate the petition and the person's eligibility that it has to investigate a person applying for a license.
- (d) The petitioner or the Board may amend the petition to include additional grounds for potential ineligibility at any time before a final determination is made.
- (e) If the Board determines that a ground for ineligibility does not exist, instead of issuing an order, the Board shall notify the petitioner in writing of the Board's determination on each ground of potential ineligibility. If the Board proposes to find that the petitioner is ineligible for a license, the petitioner is entitled to a hearing before the State Office of Administrative Hearings.
- (f) The Board's order must set out each basis for potential ineligibility and the Board's determination as to eligibility. In the absence of new evidence known to but not disclosed by the petitioner or not reasonably available to the Board at the time the order is issued, the Board's ruling on the petition determines the person's eligibility with respect to the grounds for potential ineligibility set out in the written notice or order.

- (g) The Board may require an individual accepted for enrollment or enrolled in an educational program preparing a student for initial licensure as a registered nurse or vocational nurse to submit information to the Board to permit the Board to determine whether the person is aware of the conditions that may disqualify the person from licensure as a registered nurse or vocational nurse on graduation and of the person's right to petition the Board for a declaratory order under this section. Instead of requiring the person to submit the information, the Board may require the educational program to collect and submit the information on each person accepted for enrollment or enrolled in the program.
- (h) The information required under Subsection (g) must be submitted in a form approved by the Board.
- (i) If, as a result of information provided under Subsection (g), the Board determines that a person may not be eligible for a license on graduation, the Board shall notify the educational program of its determination.

**Sec. 301.258. Temporary Permit.**

- (a) Pending the results of a licensing examination, the Board may issue to an applicant who is a graduate of an approved educational program a permit to practice professional nursing under the direct supervision of a registered nurse or to practice vocational nursing under the direct supervision of a registered nurse or vocational nurse.
- (b) The Board may not issue a permit under this section to an applicant who has previously failed an examination administered by the Board or another state.
- (c) A permit issued under Subsection (a) expires on the date of receipt of:
  - (1) a permanent license; or
  - (2) a notice from the Board that the permit holder has failed the examination.
- (d) The Board may issue a temporary permit to practice professional nursing or vocational nursing for the limited purpose of allowing a nurse to satisfy a requirement imposed by the Board necessary for:
  - (1) renewal of an expired license;
  - (2) reactivation of an inactive license; or
  - (3) reissuance of a suspended, revoked, or surrendered license.
- (e) A permit issued under Subsection (d) expires on the earlier of:
  - (1) the date of receipt of a permanent license; or
  - (2) six months after the date the permit is issued.
- (f) A person who holds a temporary permit issued under this section is considered to be a licensed registered nurse or vocational nurse for all purposes except to the extent of any stipulation or limitation on practice imposed by the Board as a condition of issuing the permit.

**Sec. 301.259. Reciprocal License by Endorsement for Certain Foreign Applicants.**

On payment of a fee established by the Board, the Board may issue a license to practice as a registered nurse or vocational nurse in this state by endorsement without examination to an applicant who holds a registration certificate as a registered nurse or vocational nurse, as applicable, issued by a territory or possession of the United States or a foreign country if the Board determines that the issuing agency of the territory or possession of the United States or foreign country required in its examination the same general degree of fitness required by this state.

**Sec. 301.260. Temporary License by Endorsement.**

- (a) An applicant for a license under this chapter who is licensed as a registered nurse or vocational nurse by another state may qualify for a temporary license by endorsement to practice as a registered nurse or vocational nurse, as applicable, by submitting to the Board:
  - (1) an endorsement fee as determined by the Board and a completed sworn application in the form prescribed by the Board;
  - (2) evidence that the person possessed, at the time of initial licensing as a nurse, the other qualifications necessary at that time to have been eligible for licensing in this state; and
  - (3) proof of initial licensing by examination and proof that the license and any other license issued to the applicant by another state have not been suspended, revoked, canceled, surrendered, or otherwise restricted.
- (b) A holder of a temporary license under this section is entitled to receive a permanent license if the applicant:
  - (1) verifies the applicant's academic and professional credentials; and
  - (2) satisfies any other requirement established by statute.
- (c) The Board shall grant or deny an application for a permanent license not later than the 180th day after the date the Board receives all required forms or information. The Board may extend that deadline to allow for the receipt and tabulation of examination results.

**Sec. 301.261. Inactive Status.**

- (a) The Board may place on inactive status the license of a person under this chapter who is not actively engaged in the practice of professional nursing or vocational nursing if the person submits a written request to the Board in the form and manner determined by the board. The inactive status begins on the expiration date of the person's license.
- (b) The Board shall maintain a list of each person whose license is on inactive status.
- (c) A person whose license is on inactive status may not perform any professional nursing or vocational nursing service or work.
- (d) The Board shall remove a person's license from inactive status if the person:
  - (1) requests that the Board remove the person's license from inactive status;
  - (2) pays each appropriate fee; and
  - (3) meets the requirements determined by the Board.
- (e) The Board by rule shall permit a person whose license is on inactive status and who is 65 years or older to use, as applicable, the title "Registered Nurse Retired," "R.N. Retired," "Vocational Nurse Retired," "L.V.N. Retired," or "V.N. Retired."

**Subchapter G. License Renewal**

**Sec. 301.301. License Renewal.**

- (a) The Board by rule may adopt a system under which licenses expire on various dates during the year.
- (b) A person may renew an unexpired license issued under this chapter on payment to the board of the required renewal fee before the expiration date of the license, payment to the board of any costs

assessed under Section 301.461, and compliance with any other renewal requirements adopted by the board. A person whose license has expired may not engage in activities that require a license until the license has been renewed.

- (c) A person whose license has been expired for 90 days or less may renew the license by paying to the board the required renewal fee and a late fee in the amount considered appropriate by the board to encourage timely renewal.
- (c-1) A person whose license has been expired for more than 90 days but less than one year may renew the license by paying to the board all unpaid renewal fees and a late fee that is equal to twice the amount of a late fee under Subsection (c).
- (d) The Board by rule shall set a length of time beyond which an expired license may not be renewed. The Board by rule may establish additional requirements that apply to the renewal of a license that has been expired for more than one year but less than the time limit set by the Board beyond which a license may not be renewed. The person may obtain a new license by submitting to reexamination and complying with the requirements and procedures for obtaining an original license.
- (e) At least 30 days before the expiration of the person's license, the Board shall send written notice of the impending license expiration to the person at the person's last known address according to the records of the Board.
- (f) A registered nurse who practices professional nursing or a vocational nurse who practices vocational nursing after the expiration of the nurse's license is an illegal practitioner whose license may be revoked or suspended.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.3011. Criminal History Record Information Requirement for Renewal.**

- (a) The board may require that an applicant for renewal of an unexpired license submit to the board, in addition to satisfying any other requirements for license renewal, a complete and legible set of fingerprints, on a form prescribed by the board, for the purpose of obtaining criminal history record information from the Department of Public Safety and the Federal Bureau of Investigation.
- (b) The board may refuse to renew the license of a person who does not comply with the requirement of Subsection (a). Renewal of a license by the board is conditioned on the board obtaining the person's criminal history record information under this section.

**Sec. 301.302. Renewal of Expired License by Out-of-State Practitioner.**

- (a) A person who was licensed to practice professional nursing or vocational nursing in this state, moved to another state, and is currently licensed and has been in practice in the other state for the two years preceding application may obtain a new license without examination.
- (b) The person must pay to the Board a fee that is equal to the amount of the initial fee for the license and the renewal fee.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.303. Continuing Competency.**

- (a) The board may recognize, prepare, or implement continuing competency programs for license holders under this chapter and may require participation in continuing competency programs as a condition of renewal of a license. The programs may allow a license holder to demonstrate competency through various methods, including:
  - (1) completion of targeted continuing education programs; and
  - (2) consideration of a license holder's professional portfolio, including certifications held by the license holder.
- (b) The Board may not require participation in more than a total of 20 hours of continuing education in a two-year licensing period.
- (c) If the Board requires participation in continuing education programs as a condition of license renewal, the Board by rule shall establish a system for the approval of programs and providers of continuing education.
- (d) [Repealed]
- (e) The Board may adopt other rules as necessary to implement this section.
- (f) The Board may assess each program and provider under this section a fee in an amount that is reasonable and necessary to defray the costs incurred in approving programs and providers.
- (g) The board by rule may establish guidelines for targeted continuing education required under this chapter. The rules adopted under this subsection must address:
  - (1) the nurses who are required to complete the targeted continuing education program;
  - (2) the type of courses that satisfy the targeted continuing education requirement;
  - (3) the time in which a nurse is required to complete the targeted continuing education;
  - (4) the frequency with which a nurse is required to meet the targeted continuing education requirement; and
  - (5) any other requirement considered necessary by the board.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007; Subsection (b) amended and Subsection (d) repealed by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007 ]

**Sec. 301.304. Hepatitis C Component in Continuing Education. [Expired]**

- (a) As part of any continuing education requirements under Section 301.303, a registered nurse shall participate in not less than two hours of continuing education relating to hepatitis C. This subsection applies only to a registered nurse who renews a license on or after June 1, 2002.
- (b) The Board shall recognize, prepare, or administer a hepatitis C training component for use in continuing education for license holders under Subsection (a).
- (c) The training component must provide information relating to the prevention, assessment, and treatment of hepatitis C.
- (d) This section expires June 1, 2004.

**Sec. 301.305. Bioterrorism Response Component in Continuing Education.**

- (a) As part of continuing education requirements under Section 301.303, a license holder shall participate during each two-year licensing period in at least two hours of continuing education relating to preparing for, reporting medical events resulting from, and responding to the consequences of an incident of bioterrorism.
- (b) The continuing education required under Subsection (a) must be part of a program approved under Section 301.303(c).
- (c) A license holder who does not comply with the continuing education required under Subsection (a) is subject only to one or both of the following sanctions:
  - (1) completion of the instruction in a period set by the board of 30 days or less; or
  - (2) an administrative penalty imposed under Subchapter K.
- (d) A license holder who fails to comply with a sanction imposed under Subsection (c) is subject to any sanction imposed under Section 301.453 or Subchapter K.
- (e) The board, in consultation with the Texas Department of Health, shall adopt rules establishing the content of the continuing education required under Subsection (a). The board may adopt other rules to implement this section, including rules under Section 301.303(c) for the approval of education programs and providers.
- (f) The board may divide the content of the continuing education required under Subsection (a) into one-hour segments and may require that those segments be taken in a certain sequence.
- (g) This section expires September 1, 2007.

**Sec. 301.306. Forensic Evidence Collection Component in Continuing Education.**

- (a) As part of continuing education requirements under Section 301.303, a license holder who is employed to work in an emergency room setting and who is required under board rules to comply with this section shall complete at least two hours of continuing education relating to forensic evidence collection not later than:
  - (1) September 1, 2008; or
  - (2) the second anniversary of the initial issuance of a license under this chapter to the license holder.
- (b) The continuing education required under Subsection (a) must be part of a program approved under Section 301.303(c).
- (c) The board shall adopt rules to identify the license holders who are required to complete continuing education under Subsection (a) and to establish the content of that continuing education. The board may adopt other rules to implement this section, including rules under Section 301.303(c) for the approval of education programs and providers.

**Subchapter H. Practice by License Holder**

**Sec. 301.351. Designations.**

- (a) A person who holds a license as a registered nurse under this chapter:
  - (1) is referred to as a registered nurse; and

- (2) may use the abbreviation “R.N.”
- (b) A person who holds a license as a vocational nurse under this chapter:
  - (1) is referred to as a licensed vocational nurse or vocational nurse; and
  - (2) may use the abbreviation “L.V.N.” or “V.N.”
- (c) While interacting with the public in a nursing role, each nurse shall wear a clearly legible insignia identifying the nurse as a registered or vocational nurse. The insignia may not contain information other than:
  - (1) the registered or vocational nurse designation;
  - (2) the nurse’s name, certifications, academic degrees, or practice position;
  - (3) the name of the employing facility or agency, or other employer;
  - (4) a picture of the nurse; or
  - (5) any other information authorized by the board.
- (d) The board may adopt rules establishing specifications for the insignia.

**Sec. 301.352. Protection for Refusal to Engage in Certain Conduct.**

- (a) A person may not suspend, terminate, or otherwise discipline or discriminate against a nurse who refuses to engage in an act or omission as provided by Subsection (a-1).
  - (a-1) A nurse may refuse to engage in an act or omission relating to patient care that would constitute grounds for reporting the nurse to the board under Subchapter I, that constitutes a minor incident, or that violates this chapter or a board rule if the nurse notifies the person at the time of the refusal that the reason for refusing is that the act or omission:
    - (1) constitutes grounds for reporting the nurse to the board; or
    - (2) is a violation of this chapter or a rule of the board.
  - (b) An act by a person under Subsection (a) does not constitute a violation of this section if a nursing peer review committee under Chapter 303 determines:
    - (1) that the act or omission the nurse refused to engage in was:
      - (A) not conduct reportable to the Board under Section 301.403;
      - (B) a minor incident; or
      - (C) a violation of this chapter or a board rule; or
    - (2) that:
      - (A) the act or omission in which the nurse refused to engage was conduct reportable to the Board, a minor incident, or a violation of this chapter or a board rule; and
      - (B) the person:
        - (i) rescinds any disciplinary or discriminatory action taken against the nurse;
        - (ii) compensates the nurse for lost wages; and
        - (iii) restores to the nurse any lost benefits.
  - (c) A nurse’s rights under this section may not be nullified by a contract.
  - (d) An appropriate licensing agency may take action against a person who violates this section.
  - (e) [Repealed]



(f) A violation of this section is subject to Section 301.413.

[Subsection (a) amended, Subsections (a-1) and (f) added and Subsection (e) deleted by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.353. Supervision of Vocational Nurse.**

The practice of vocational nursing must be performed under the supervision of a registered nurse, physician, physician assistant, podiatrist, or dentist.

[Amended by Acts 2007 (H.B. 3167), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.354. Nurse First Assistants; Assisting at Surgery by Other Nurses.**

- (a) In this section, “nurse first assistant” means a registered nurse who:
- (1) has completed a nurse first assistant educational program approved or recognized by an organization recognized by the board; and
  - (2) is either:
    - (A) certified in perioperative nursing by an organization recognized by the board; or
    - (B) recognized by the board as an advanced practice nurse and qualified by education, training, or experience to perform the tasks involved in perioperative nursing.
- (b) Unless the person is a nurse first assistant, the person may not use:
- (1) the title “nurse first assistant” or “registered nurse first assistant”;
  - (2) the abbreviation “R.N.F.A.”; or
  - (3) any other title or abbreviation that implies to the public that the person is qualified as a nurse first assistant under this section.
- (c) A health maintenance organization or an insurer, including an insurer offering a preferred provider benefit plan, may not, by contract or any other method, require a physician to use the services of a nurse first assistant.
- (d) A nurse who is not a nurse first assistant may assist a physician, podiatrist, or dentist in the performance of surgery if the nurse:
- (1) assists under the direct personal supervision and in the physical presence of the physician, podiatrist, or dentist;
  - (2) is in the same sterile field as the physician, podiatrist, or dentist;
  - (3) is employed by:
    - (A) the physician, podiatrist, or dentist;
    - (B) a group to which the physician, podiatrist, or dentist belongs; or
    - (C) a hospital licensed or owned by the state; and
  - (4) is qualified by education, training, or experience to perform the tasks assigned to the nurse.
- (e) A patient or third-party insurer may not be billed separately for the services performed by a nurse described by Subsection (d).

[Added by Acts 2007 (H.B. 3167), 80<sup>th</sup> Leg., eff. Sept. 1, 2007; duplicate Sec. 301.353, added by Acts 2005 (H.B. 1718), 79<sup>th</sup> Leg., effective Sept. 1, 2005, recodified to new Sec. 301.354]

**Sec. 301.355. Policies Applicable to Nurses Employed by Medical and Dental Units.**

- (a) The president of a medical and dental unit, as defined by Section 61.003, Education Code, shall determine whether a nurse who is employed by the unit for practice in patient care or in clinical activities is a full-time employee for purposes of:
  - (1) employees group benefits under Chapter 1551 or 1601, Insurance Code;
  - (2) leave under Chapter 661 or 662, Government Code; and
  - (3) longevity pay under Section 659.043, Government Code.
- (b) A determination under Subsection (a) does not entitle a nurse who works less than 40 hours a week to the full state contribution to the cost of any coverage or benefit. However, from money other than money appropriated from the general revenue fund, the medical and dental unit may contribute to the cost of any coverage or benefit an amount that exceeds the state contribution.

[Added by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Subchapter I. Reporting Violations and Patient Care Concerns**

[Title amended by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.401. Definitions.**

In this subchapter:

- (1) “Conduct subject to reporting” means conduct by a nurse that:
  - (A) violates this chapter or a board rule and contributed to the death or serious injury of a patient;
  - (B) causes a person to suspect that the nurse’s practice is impaired by chemical dependency or drug or alcohol abuse;
  - (C) constitutes abuse, exploitation, fraud, or a violation of professional boundaries; or
  - (D) indicates that the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that the nurse’s continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.
- (2) “Minor incident” means conduct by a nurse that does not indicate that the nurse’s continued practice poses a risk of harm to a patient or another person.
- (3) “Nursing educational program” means an educational program that is considered approved by the board that may lead to an initial license as a registered nurse or vocational nurse.
- (4) “Nursing student” means an individual who is enrolled in a nursing educational program.

[Amended by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.402. Mandatory Report by Nurse.**

- (a) [Repealed]
- (b) A nurse shall report to the board in the manner prescribed under Subsection (d) if the nurse has reasonable cause to suspect that:
  - (1) another nurse has engaged in conduct subject to reporting; or
  - (2) the ability of a nursing student to perform the services of the nursing profession would be, or would reasonably be expected to be, impaired by chemical dependency.

- (c) [Repealed]
- (d) A report by a nurse under Subsection (b) must:
  - (1) be written and signed; and
  - (2) include the identity of the nurse or student and any additional information required by the board.
- (e) Instead of reporting to the Board under Subsection (b), a nurse may make a report required under:
  - (1) Subsection (b)(1) to a nursing peer review committee under Chapter 303; or
  - (2) Subsection (b)(2) to the nursing educational program in which the student is enrolled.
- (f) A person may not suspend or terminate the employment of, or otherwise discipline or discriminate against, a person who reports, without malice, under this section. A violation of this subsection is subject to Section 301.413.

[Subsections (b), (e), and (f) amended, Subsections (a) and (c) repealed by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.4025. Optional Report by Nurse.**

- (a) In a written, signed report to the appropriate licensing board or accrediting body, a nurse may report a licensed health care practitioner, agency, or facility that the nurse has reasonable cause to believe has exposed a patient to substantial risk of harm as a result of failing to provide patient care that conforms to:
  - (1) minimum standards of acceptable and prevailing professional practice, for a report made regarding a practitioner; or
  - (2) statutory, regulatory, or accreditation standards, for a report made regarding an agency or facility.
- (b) A nurse may report to the nurse’s employer or another entity at which the nurse is authorized to practice any situation that the nurse has reasonable cause to believe exposes a patient to substantial risk of harm as a result of a failure to provide patient care that conforms to minimum standards of acceptable and prevailing professional practice or to statutory, regulatory, or accreditation standards. For purposes of this subsection, an employer or entity includes an employee or agent of the employer or entity.
- (c) A person may not suspend or terminate the employment of, or otherwise discipline or discriminate against, a person who reports, without malice, under this section. A violation of this subsection is subject to Section 301.413.

[Added by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.403. Duty of Peer Review Committee to Report.**

- (a) Except as provided by Subsection (b), a nursing peer review committee operating under Chapter 303 that determines that a nurse has engaged in conduct subject to reporting shall file with the Board a written, signed report that includes:
  - (1) the identity of the nurse;
  - (2) a description of any corrective action taken against the nurse;
  - (3) a recommendation whether the Board should take formal disciplinary action against the nurse and the basis for the recommendation;
  - (4) a description of the conduct subject to reporting;
  - (5) the extent to which any deficiency in care provided by the reported nurse was the result of a factor beyond the nurse’s control; and

(6) any additional information the Board requires.

(b) A report under Subsection (a) is not required if:

- (1) the nursing peer review committee determines that the reported conduct was a minor incident that is not required to be reported under board rule; or
- (2) the nurse has been reported to the board for the conduct under Section 301.405.

[Amended by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.404. Duty of Nursing Educational Program to Report.**

A nursing educational program that has reasonable cause to suspect that the ability of a nursing student to perform the services of the nursing profession would be, or would reasonably be expected to be, impaired by chemical dependency shall file with the Board a written, signed report that includes the identity of the student and any additional information the Board requires.

[Amended by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.405. Duty of Person Employing Nurse to Report.**

(a) This section applies only to a person who employs, hires, or contracts for the services of a nurse, including:

- (1) a health care facility, including a hospital, health science center, nursing home, or home health agency;
- (2) a state agency;
- (3) a political subdivision;
- (4) a school of nursing; and
- (5) a temporary nursing service.

(b) A person that terminates, suspends for more than seven days, or takes other substantive disciplinary action, as defined by the Board, against a nurse, or a substantially equivalent action against a nurse who is a staffing agency nurse, because the nurse engaged in conduct subject to reporting shall report in writing to the board:

- (1) the identity of the nurse;
- (2) the conduct subject to reporting that resulted in the termination, suspension, or other substantive disciplinary action or substantially equivalent action; and
- (3) any additional information the Board requires.

(c) If a person who makes a report required under Subsection (b) is required under Section 303.0015 to establish a nursing peer review committee, the person shall submit a copy of the report to the nursing peer review committee. The nursing peer review committee shall review the conduct to determine if any deficiency in care by the reported nurse was the result of a factor beyond the nurse's control. A nursing peer review committee that determines that there is reason to believe that the nurse's deficiency in care was the result of a factor beyond the nurse's control shall report the conduct to the patient safety committee at the facility where the reported conduct occurred, or if the facility does not have a patient safety committee, to the chief nursing officer.

(d) [Repealed]

- (e) The requirement under Subsection (c) that a nursing peer review committee review the nurse and the incident does not subject a person's administrative decision to discipline a nurse to the peer review process.
- (f) [Repealed]
- (g) [Repealed]
- (h) [Repealed]

[Subsections (b), (c), and (e) amended, Subsections (d), (f), (g), and (h) repealed by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.406. Duty of Certain Professional Associations and Organizations to Report.**

A professional association of nurses or an organization that conducts a certification or accreditation program for nurses and that expels, decertifies, or takes any other substantive disciplinary action, as defined by the Board, against a nurse as a result of the nurse's failure to conform to the minimum standards of acceptable nursing practice shall report in writing to the Board the identity of the nurse and any additional information the Board requires.

**Sec. 301.407. Duty of State Agency to Report.**

- (a) This section applies only to a state agency that:
  - (1) licenses, registers, or certifies:
    - (A) a hospital;
    - (B) a nursing home;
    - (C) a health science center;
    - (D) a home health agency; or
    - (E) another health care facility or agency;
  - (2) surveys a facility or agency listed in Subdivision (1) regarding the quality of nursing care provided by the facility or agency.
- (b) Unless expressly prohibited by state or federal law, a state agency that has reason to believe that a nurse has engaged in conduct subject to reporting shall report the nurse in writing to the Board or to a nursing peer review committee under Chapter 303.

[Amended by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.408. Duty of Liability Insurer to Report.**

- (a) Each insurer that provides to a nurse liability insurance that covers claims arising from providing or failing to provide nursing care shall submit to the Board the report or data required by this section at the time prescribed.
- (b) The report or data must be provided for:
  - (1) a complaint filed in court against a nurse that seeks damages related to the nurse's conduct in providing or failing to provide nursing care; and
  - (2) a settlement of a claim or lawsuit made on behalf of a nurse.
- (c) Not later than the 30th day after the date the insurer receives a complaint subject to Subsection (b), the insurer shall provide to the Board:
  - (1) the name of the nurse against whom the claim is filed;

- (2) the policy number;
  - (3) the policy limits;
  - (4) a copy of the petition;
  - (5) a copy of the answer; and
  - (6) other relevant information known by the insurer, as required by the Board.
- (d) Not later than the 30th day after the date of a judgment, dismissal, or settlement of a suit involving an insured nurse or settlement of a claim on behalf of the nurse without the filing of a lawsuit, the insurer shall provide to the Board information regarding the date of the judgment, dismissal, or settlement and, if appropriate:
- (1) whether an appeal has been taken from the judgment and by which party;
  - (2) the amount of the settlement or judgment against the nurse; and
  - (3) other relevant information known by the insurer, as required by the Board.
- (e) A nurse shall report the information required to be reported under this section if the nurse is named as a defendant in a claim arising from providing or failing to provide nursing care and the nurse:
- (1) does not carry or is not covered by liability insurance; or
  - (2) is insured by a non-admitted carrier.

**Sec. 301.409. Duty of Prosecuting Attorney to Report.**

- (a) The attorney representing the state shall cause the clerk of the court of record in which the conviction, adjudication, or finding is entered to prepare and forward to the Board a certified true and correct abstract of the court record of the case not later than the 30th day after the date:
- (1) a person known to be a nurse who is licensed, otherwise lawfully practicing in this state, or applying to be licensed to practice is convicted of:
    - (A) a felony;
    - (B) a misdemeanor involving moral turpitude;
    - (C) a violation of a state or federal narcotics or controlled substance law; or
    - (D) an offense involving fraud or abuse under the Medicare or Medicaid program; or
  - (2) a court finds that a nurse is mentally ill or mentally incompetent.
- (b) A prosecuting attorney shall comply with Subsection (a) even if the conviction, adjudication, or finding is entered, withheld, or appealed under the laws of this state.
- (c) The abstract required under Subsection (a) must include:
- (1) the name and address of the nurse or applicant;
  - (2) a description of the nature of the offense committed, if any;
  - (3) the sentence, if any; and
  - (4) the judgment of the court.

**Sec. 301.410. Report Regarding Impairment by Chemical Dependency, Mental Illness, or Diminished Mental Capacity.**

- (a) A person who is required to report a nurse under this subchapter because the nurse is impaired or suspected of being impaired by chemical dependency or mental illness may report to a peer assistance program approved by the Board under Chapter 467, Health and Safety Code, instead of reporting to the Board or requesting review by a nursing peer review committee.

- (b) A person who is required to report a nurse under this subchapter because the nurse is impaired or suspected of being impaired by chemical dependency or diminished mental capacity must report to the board if the person believes that an impaired nurse committed a practice violation.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.4105. Board Responsibility Following Report.**

The board shall determine whether a nurse violated this chapter or a rule adopted under this chapter for any case reported to the board in which the nurse's ability to perform the practice of nursing was impaired or suspected of being impaired by chemical dependency or diminished mental capacity and in which the nurse is suspected of committing a practice violation. The board, in deciding whether to take disciplinary action against the nurse for a violation of this chapter or board rules, shall balance the need to protect the public and the need to ensure the impaired nurse seeks treatment.

[Added by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.4106. Peer Assistance Programs.**

The board by rule shall develop guidelines to:

- (1) outline the roles and responsibilities of the board and a peer assistance program established or approved by the board under Chapter 467, Health and Safety Code;
- (2) outline the process for a peer assistance program to refer to the board complaints alleging a violation of the practice of nursing;
- (3) establish requirements for successfully completing a peer assistance program and for notification of the board of the successful completion by a nurse the board has ordered to attend or referred to the program; and
- (4) establish a procedure for evaluating the success of a peer assistance program established or approved by the board under Chapter 467, Health and Safety Code.

[Added by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.411. Effect of Failure to Report.**

- (a) A person is not liable in a civil action for failure to file a report required by this subchapter.
- (b) The appropriate state licensing agency may take action against a person regulated by the agency for a failure to report as required by this subchapter.

**Sec. 301.412. Reporting Immunity.**

A person who, without malice, makes a report required or authorized, or reasonably believed to be required or authorized, under this subchapter:

- (1) is immune from civil liability; and
- (2) may not be subjected to other retaliatory action as a result of making the report.

**Sec. 301.413. Retaliatory Action.**

- (a) A person named as a defendant in a civil action or subjected to other retaliatory action as a result of filing a report required, authorized, or reasonably believed to be required or authorized under this subchapter as a result of refusing to engage in conduct as authorized by Section 301.352, or as a result of requesting in good faith a nursing peer review determination under Section 303.005, may file a counterclaim in the pending action or prove a cause of action in a subsequent suit to recover defense costs, including reasonable attorney's fees and actual and punitive damages, if the suit or retaliatory action is determined to be frivolous, unreasonable, or taken in bad faith.
- (b) A person may not suspend or terminate the employment of, or otherwise discipline or discriminate against, a person who:
  - (1) reports, without malice, under this subchapter; or
  - (2) requests, in good faith, a nursing peer review determination under Section 303.005.
- (c) A person who reports under this subchapter, refuses to engage in conduct as authorized by Section 301.352, or requests a nursing peer review determination under Section 303.005 has a cause of action against a person who violates Subsection (b), and may recover:
  - (1) the greater of:
    - (A) actual damages, including damages for mental anguish even if no other injury is shown; or
    - (B) \$5,000;
  - (2) exemplary damages;
  - (3) court costs; and
  - (4) reasonable attorney's fees.
- (d) In addition to the amount recovered under Subsection (c), a person whose employment is suspended or terminated in violation of this section is entitled to:
  - (1) reinstatement in the employee's former position or severance pay in an amount equal to three months of the employee's most recent salary; and
  - (2) compensation for wages lost during the period of suspension or termination.
- (e) A person who brings an action under this section has the burden of proof. It is a rebuttable presumption that the person's employment was suspended or terminated for reporting under this subchapter, for refusing to engage in conduct as authorized by Section 301.352, or for requesting a peer review committee determination under Section 303.005 if:
  - (1) the person was suspended or terminated within 60 days after the date the report, refusal, or request was made; and
  - (2) the board or a court determines that:
    - (A) the report that is the subject of the cause of action was:
      - (i) authorized or required under Section 301.402, 301.4025, 301.403, 301.405, 301.406, 301.407, 301.408, 301.409, or 301.410; and
      - (ii) made without malice;
    - (B) the request for a peer review committee determination that is the subject of the cause of action was:
      - (i) authorized under Section 303.005; and
      - (ii) made in good faith; or
    - (C) the refusal to engage in conduct was authorized by Section 301.352.
- (f) An action under this section may be brought in a district court of the county in which:
  - (1) the plaintiff resides;
  - (2) the plaintiff was employed by the defendant; or



- (3) the defendant conducts business.

[Amended by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.414. Notice and Review of Report.**

- (a) The Board shall notify each nurse who is reported to the board under Section 301.402, 301.403, 301.405, 301.406, 301.407, 301.408, or 301.409 of the filing of the report unless the notification would jeopardize an active investigation.
- (b) The nurse or the nurse's authorized representative is entitled on request to review any report submitted to the board under a section specified under Subsection (a) unless doing so would jeopardize an active investigation. The Board may not reveal the identity of the person making or signing the report.

**Sec. 301.415. Rebuttal Statement.**

- (a) A nurse who is entitled to receive notice under Section 301.414 or the authorized representative of the nurse may file with the Board a statement of reasonable length containing the nurse's rebuttal of any information in the report to the Board.
- (b) The statement made under Subsection (a) must accompany the part of the report being rebutted.
- (c) In investigating the report, the board shall:
  - (1) review the statement made under Subsection (a); and
  - (2) evaluate each reason asserted by the nurse to justify the nurse's conduct.

**Sec. 301.416. Investigation.**

- (a) Except as provided by Subsections (b) and (c), a report under this subchapter shall be treated as a complaint under Section 301.457.
- (b) If the Board determines that the reported conduct does not indicate that the continued practice of nursing by the nurse poses a risk of harm to a client or other person, the Board, with the written consent of the nurse and the person making the report, may elect not to proceed with an investigation or to file formal charges. The Board shall:
  - (1) maintain a record of the report; and
  - (2) investigate the report if it receives two or more reports involving separate incidents regarding the nurse in any five-year period.
- (c) The Board is not required to investigate a report filed by an insurer under Section 301.408, but shall:
  - (1) maintain a record of the report; and
  - (2) investigate the report if it receives two or more reports involving separate incidents regarding the nurse in any five-year period.

**Sec. 301.417. Confidentiality Requirements; Disclosure of Information.**

- (a) A report required or authorized under this subchapter and the identity of the person making the report are confidential and may not be disclosed except as provided by this section and Section 301.414.
- (b) The Board may disclose the information to the same extent that the board may disclose information relating to a complaint under Section 301.466.

- (c) [Repealed.]
- (d) In addition to the other authorizations of this section, the information may be disclosed in:
  - (1) a civil action in which a reporting person is named as a defendant as a result of making the report;  
or
  - (2) the prosecution of a cause of action based on a claim that the reporting person was subject to retaliatory action as a result of making the report.

[Amended by Acts 2005 (S.B. 1000), Section (c) repealed by Section 18, 79<sup>th</sup> Leg., eff. May 20, 2005]

**Sec. 301.418. Disclosure of Charges or Disciplinary Action.**

- (a) This subchapter does not prevent disclosure under Section 301.466 of formal charges filed by the Board or a final disciplinary action taken by the board as a result, in whole or in part, of submission of a report under this subchapter.
- (b) A report or information submitted as required or authorized by this subchapter arising out of the provision or failure to provide nursing services may not be made available in a liability action for:
  - (1) discovery;
  - (2) court subpoena; or
  - (3) introduction into evidence.
- (c) A person is not prevented from taking disciplinary action against a nurse by:
  - (1) the filing of a report under this subchapter with the Board;
  - (2) an investigation by the Board; or
  - (3) the disposition of a matter by the Board.

**Sec. 301.419. General Provisions Regarding Duty to Report; Minor Incidents.**

- (a) [Repealed]
- (b) The Board shall adopt rules governing reporting required under this subchapter to minimize:
  - (1) unnecessary duplicative reporting; and
  - (2) the reporting of a minor incident.
- (c) If the Board determines that a report submitted under this subchapter is without merit, the board shall expunge the report from the nurse's file.
- (d) The Board shall inform, in the manner the board determines appropriate, nurses, facilities, agencies, and other persons of their duty to report under this subchapter.
- (e) The reporting required under this subchapter does not constitute state action on behalf of the person reporting.
- (f) The duty to report or any other requirement of this subchapter may not be nullified by a contract.

[Subsection (a) repealed by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

## **Subchapter J. Prohibited Practices and Disciplinary Actions**

### **Sec. 301.451. Certain Prohibited Practices.**

A person may not:

- (1) sell, fraudulently obtain, or fraudulently furnish a nursing diploma, license, renewal license, or record;
- (2) assist another person in selling, fraudulently obtaining, or fraudulently furnishing a nursing diploma, license, renewal license, or record;
- (3) practice nursing under a diploma, license, or record that was:
  - (A) obtained unlawfully or fraudulently; or
  - (B) signed or issued unlawfully or under false representation; or
- (4) practice nursing in a period in which the person's license is suspended or revoked.

### **Sec. 301.4515. Use of Certain Nursing Titles.**

Unless the person is practicing under the delegated authority of a registered nurse or is otherwise authorized by state or federal law, a person may not use, in connection with the person's name:

- (1) the title "nurse aide," "nurse assistant," or "nurse technician"; or
- (2) any other similar title.

### **Sec. 301.452. Grounds for Disciplinary Action.**

- (a) In this section, "intemperate use" includes practicing nursing or being on duty or on call while under the influence of alcohol or drugs.
- (b) A person is subject to denial of a license or to disciplinary action under this subchapter for:
  - (1) a violation of this chapter, a rule or regulation not inconsistent with this chapter, or an order issued under this chapter;
  - (2) fraud or deceit in procuring or attempting to procure a license to practice professional nursing or vocational nursing;
  - (3) a conviction for, or placement on deferred adjudication community supervision or deferred disposition for, a felony or for a misdemeanor involving moral turpitude;
  - (4) conduct that results in the revocation of probation imposed because of conviction for a felony or for a misdemeanor involving moral turpitude;
  - (5) use of a nursing license, diploma, or permit, or the transcript of such a document, that has been fraudulently purchased, issued, counterfeited, or materially altered;
  - (6) impersonating or acting as a proxy for another person in the licensing examination required under Section 301.253 or 301.255;
  - (7) directly or indirectly aiding or abetting an unlicensed person in connection with the unauthorized practice of nursing;
  - (8) revocation, suspension, or denial of, or any other action relating to, the person's license or privilege to practice nursing in another jurisdiction;
  - (9) intemperate use of alcohol or drugs that the Board determines endangers or could endanger a patient;

- (10) unprofessional or dishonorable conduct that, in the board's opinion, is likely to deceive, defraud, or injure a patient or the public;
  - (11) adjudication of mental incompetency;
  - (12) lack of fitness to practice because of a mental or physical health condition that could result in injury to a patient or the public; or
  - (13) failure to care adequately for a patient or to conform to the minimum standards of acceptable nursing practice in a manner that, in the Board's opinion, exposes a patient or other person unnecessarily to risk of harm.
- (c) The Board may refuse to admit a person to a licensing examination for a ground described under Subsection (b).
- (d) The board by rule shall establish guidelines to ensure that any arrest information, in particular information on arrests in which criminal action was not proven or charges were not filed or adjudicated, that is received by the board under this section is used consistently, fairly, and only to the extent the underlying conduct relates to the practice of nursing.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.453. Disciplinary Authority of Board; Methods of Discipline.**

- (a) If the Board determines that a person has committed an act listed in Section 301.452(b), the Board shall enter an order imposing one or more of the following:
- (1) denial of the person's application for a license, license renewal, or temporary permit;
  - (2) issuance of a written warning;
  - (3) administration of a public reprimand;
  - (4) limitation or restriction of the person's license, including:
    - (A) limiting to or excluding from the person's practice one or more specified activities of nursing; or
    - (B) stipulating periodic board review;
  - (5) suspension of the person's license for a period not to exceed five years;
  - (6) revocation of the person's license; or
  - (7) assessment of a fine.
- (b) In addition to or instead of an action under Subsection (a), the Board, by order, may require the person to:
- (1) submit to care, counseling, or treatment by a health provider designated by the Board as a condition for the issuance or renewal of a license;
  - (2) participate in a program of education or counseling prescribed by the Board;
  - (3) practice for a specified period under the direction of a registered nurse or vocational nurse designated by the Board; or
  - (4) perform public service the Board considers appropriate.
- (c) The Board may probate any penalty imposed on a nurse and may accept the voluntary surrender of a license. The Board may not reinstate a surrendered license unless it determines that the person is competent to resume practice.
- (d) If the Board suspends, revokes, or accepts surrender of a license, the Board may impose conditions for reinstatement that the person must satisfy before the Board may issue an unrestricted license.

**Sec. 301.4531. Schedule of Sanctions.**

- (a) The board by rule shall adopt a schedule of the disciplinary sanctions that the board may impose under this chapter. In adopting the schedule of sanctions, the board shall ensure that the severity of the sanction imposed is appropriate to the type of violation or conduct that is the basis for disciplinary action.
- (b) In determining the appropriate disciplinary action, including the amount of any administrative penalty to assess, the board shall consider:
  - (1) whether the person:
    - (A) is being disciplined for multiple violations of either this chapter or a rule or order adopted under this chapter; or
    - (B) has previously been the subject of disciplinary action by the board and has previously complied with board rules and this chapter;
  - (2) the seriousness of the violation;
  - (3) the threat to public safety; and
  - (4) any mitigating factors.
- (c) In the case of a person described by:
  - (1) Subsection (b)(1)(A), the board shall consider taking a more severe disciplinary action, including revocation of the person's license, than the disciplinary action that would be taken for a single violation; and
  - (2) Subsection (b)(1)(B), the board shall consider taking a more severe disciplinary action, including revocation of the person's license, than the disciplinary action that would be taken for a person who has not previously been the subject of disciplinary action by the board.

[Added by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.4535. Required Suspension, Revocation, or Refusal of License for Certain Offenses.**

- (a) The board shall suspend a nurse's license or refuse to issue a license to an applicant on proof that the nurse or applicant has been initially convicted of:
  - (1) murder under Section 19.02, Penal Code, capital murder under Section 19.03, Penal Code, or manslaughter under Section 19.04, Penal Code;
  - (2) kidnapping or unlawful restraint under Chapter 20, Penal Code, and the offense was punished as a felony or state jail felony;
  - (3) sexual assault under Section 22.011, Penal Code;
  - (4) aggravated sexual assault under Section 22.021, Penal Code;
  - (5) continuous sexual abuse of young child or children under Section 21.02, Penal Code, or indecency with a child under Section 21.11, Penal Code;
  - (6) aggravated assault under Section 22.02, Penal Code;
  - (7) intentionally, knowingly, or recklessly injuring a child, elderly individual, or disabled individual under Section 22.04, Penal Code;
  - (8) intentionally, knowingly, or recklessly abandoning or endangering a child under Section 22.041, Penal Code;
  - (9) aiding suicide under Section 22.08, Penal Code, and the offense was punished as a state jail felony;
  - (10) an offense under Section 25.07, Penal Code, punished as a felony;
  - (11) an offense under Section 25.071, Penal Code, punished as a felony;
  - (12) an agreement to abduct a child from custody under Section 25.031, Penal Code;
  - (13) the sale or purchase of a child under Section 25.08, Penal Code;

- (14) robbery under Section 29.02, Penal Code;
- (15) aggravated robbery under Section 29.03, Penal Code;
- (16) an offense for which a defendant is required to register as a sex offender under Chapter 62, Code of Criminal Procedure; or
- (17) an offense under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements that are substantially similar to the elements of an offense listed in this subsection.

(b) On final conviction or a plea of guilty or nolo contendere for an offense listed in Subsection (a), the board, as appropriate, may not issue a license to an applicant, shall refuse to renew a license, or shall revoke a license if the applicant or license holder did not previously disclose the conviction or plea and the fifth anniversary of the date the person successfully completed community supervision or parole has not occurred.

(c) A person is not eligible for an initial license or for reinstatement or endorsement of a license to practice nursing in this state before the fifth anniversary of the date the person successfully completed and was dismissed from community supervision or parole for an offense described by Subsection (a).

[NOTE: Section 301.4535, Occupations Code, applies only to a person who is initially convicted of an offense or placed on deferred adjudication after a plea of guilty or nolo contendere for an offense on or after September 1, 2005. A person initially convicted of an offense or placed on deferred adjudication before that date is governed by the law in effect on the date the conviction or plea occurred, and the former law is continued in effect for that purpose. Section (a)(5) amended by Acts 2007 (H.B. 8), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.454. Notice and Hearing.**

(a) Except in the case of a temporary suspension authorized under Section 301.455 or an action taken in accordance with an agreement between the board and a license holder, the Board may not initiate a disciplinary action relating to a license unless:

- (1) the Board has served notice to the license holder of the facts or conduct alleged to warrant the intended action; and
- (2) the license holder has been given an opportunity, in writing or through an informal meeting, to show compliance with all requirements of law for the retention of the license.

(b) If an informal meeting is held, a board member, staff member, or board representative who attends the meeting is considered to have participated in the hearing of the case for the purposes of ex parte communications under Section 2001.061, Government Code.

(c) A person is entitled to a hearing conducted by the State Office of Administrative Hearings if the Board proposes to:

- (1) refuse to admit the person to examination;
- (2) refuse to issue a license or temporary permit;
- (3) refuse to renew a license; or
- (4) suspend or revoke the person's license or permit.

(d) The State Office of Administrative Hearings shall use the schedule of sanctions adopted by the Board for any sanction imposed as the result of a hearing conducted by that office.

(e) Notwithstanding Subsection (a), a person is not entitled to a hearing on a refusal to renew a license if the person:

- (1) fails to submit a renewal application; or
- (2) submits an application that:

- (A) is incomplete;
- (B) shows on its face that the person does not meet the renewal requirements; or
- (C) is not accompanied by the correct fee.

**Sec. 301.455. Temporary License Suspension or Restriction.**

- (a) The license of a nurse shall be temporarily suspended or restricted on a determination by a majority of the Board or a three-member committee of board members designated by the board that, from the evidence or information presented, the continued practice of the nurse would constitute a continuing and imminent threat to the public welfare.
- (b) A license may be temporarily suspended or restricted under this section without notice or hearing on the complaint if:
  - (1) institution of proceedings for a hearing before the State Office of Administrative Hearings is initiated simultaneously with the temporary suspension or determination to restrict; and
  - (2) a hearing is held as soon as possible under this chapter and Chapter 2001, Government Code.
- (c) The State Office of Administrative Hearings shall hold a preliminary hearing not later than the 14th day after the date of the temporary suspension or restriction to determine whether probable cause exists that a continuing and imminent threat to the public welfare exists. The probable cause hearing shall be conducted as a de novo hearing.
- (d) A final hearing on the matter shall be held not later than the 61st day after the date of the temporary suspension or restriction.

**Sec. 301.456. Evidence.**

A certified copy of the order of the denial, suspension, or revocation or other action under Section 301.452(b)(8) is conclusive evidence of that action.

**Sec. 301.457. Complaint and Investigation.**

- (a) The Board or any person may initiate a proceeding under this subchapter by filing with the Board a complaint against a nurse. The complaint must be in writing and signed by the complainant.
- (b) Except as otherwise provided by this section, the Board or a person authorized by the board shall conduct each investigation. Each complaint against a nurse that requires a determination of nursing competency shall be reviewed by a board member, consultant, or employee with a nursing background the Board considers sufficient.
- (c) On the filing of a complaint, the board:
  - (1) may conduct a preliminary investigation into the identity of the nurse named or described in the complaint;
  - (2) shall make a timely and appropriate preliminary investigation of the complaint; and
  - (3) may issue a warning or reprimand to the nurse.
- (d) After any preliminary investigation to determine the identity of the subject of the complaint, unless it would jeopardize an investigation, the Board shall notify the nurse that a complaint has been filed and the nature of the complaint. If the investigation reveals probable cause to take further disciplinary action, the Board shall either attempt an informal disposition of the complaint or file a formal charge

against the nurse stating the provision of this chapter or board rule that is alleged to have been violated and a brief description of each act or omission that constitutes the violation.

- (e) The Board shall conduct an investigation of the complaint to determine:
  - (1) whether the nurse's continued practice of nursing poses a risk of harm to clients or other persons; and
  - (2) whether probable cause exists that a nurse committed an act listed in Section 301.452(b) or that violates other law.
- (f) In making a determination under Subsection (e), the board shall review the evidence to determine the extent to which a deficiency in care by the registered nurse was the result of deficiencies in the registered nurse's judgment, knowledge, training, or skill rather than other factors beyond the nurse's control. A determination that a deficiency in care is attributable to a registered nurse must be based on the extent to which the registered nurse's conduct was the result of a deficiency in the registered nurse's judgment, knowledge, training, or skill.
- (g) If the board determines after investigating a complaint under Subsection (e) that there is reason to believe that a nurse's deficiency in care was the result of a factor beyond the nurse's control, the board shall report that determination to the patient safety committee at the facility where the nurse's deficiency in care occurred, or if the facility does not have a patient safety committee, to the chief nursing officer.

[Subsection (g) added by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.458. Initiation of Formal Charges; Discovery.**

- (a) Unless there is an agreed disposition of the complaint under Section 301.463, and if probable cause is found under Section 301.457(e)(2), the Board or the Board's Authorized Representative shall initiate proceedings by filing formal charges against the nurse.
- (b) A formal charge must:
  - (1) be written;
  - (2) be specific enough to enable a person of common understanding to know what is meant by the formal charge; and
  - (3) contain a degree of certainty that gives the person who is the subject of the formal charge notice of each particular act alleged to violate a specific statute, board rule, or board order.
- (c) A copy of the formal charge shall be served on the nurse or the nurse's counsel of record.
- (d) The Board shall adopt reasonable rules to promote discovery by each party to a contested case.

**Sec. 301.459. Formal Hearing.**

- (a) The Board by rule shall adopt procedures under Chapter 2001, Government Code, governing formal disposition of a contested case. The State Office of Administrative Hearings shall conduct a formal hearing.
- (b) In any hearing under this section, a nurse is entitled to appear in person or by counsel.



**Sec. 301.460. Access to Information.**

- (a) Except for good cause shown for delay and subject to any other privilege or restriction set forth by statute, rule, or legal precedent, the Board shall, not later than the 30th day after the date the board receives a written request from a license holder who is the subject of a formal charge filed under Section 301.458 or from the license holder's counsel of record, provide the license holder with access to:
  - (1) all known exculpatory information in the Board's possession; and
  - (2) information in the Board's possession that the board intends to offer into evidence in presenting its case in chief at the contested hearing on the complaint.
- (b) The Board is not required to provide:
  - (1) Board investigative reports or investigative memoranda;
  - (2) the identity of non-testifying complainants;
  - (3) attorney-client communications;
  - (4) attorney work product; or
  - (5) other materials covered by a privilege as recognized by the Texas Rules of Civil Procedure or the Texas Rules of Evidence.
- (c) The provision of information under Subsection (a) does not constitute a waiver of privilege or confidentiality under this chapter or other applicable law.

**Sec. 301.461. Assessment of Costs.**

The Board may assess a person who is found to have violated this chapter the administrative costs of conducting a hearing to determine the violation.

**Sec. 301.462. Voluntary Surrender of License.**

The Board may revoke a nurse's license without formal charges, notice, or opportunity of hearing if the nurse voluntarily surrenders the nurse's license to the Board and executes a sworn statement that the nurse does not desire to be licensed.

**Sec. 301.463. Agreed Disposition.**

- (a) Unless precluded by this chapter or other law, the Board may dispose of a complaint by:
  - (1) stipulation;
  - (2) agreed settlement;
  - (3) agreed order; or
  - (4) dismissal.
- (b) An agreed disposition of a complaint is considered to be a disciplinary order for purposes of reporting under this chapter and an administrative hearing and proceeding by a state or federal regulatory agency regarding the practice of nursing.
- (c) An agreed order is a public record.
- (d) In civil or criminal litigation an agreed disposition is a settlement agreement under Rule 408, Texas Rules of Evidence.

**Sec. 301.464. Informal Proceedings.**

- (a) The Board by rule shall adopt procedures governing:
  - (1) informal disposition of a contested case under Section 2001.056, Government Code; and
  - (2) an informal proceeding held in compliance with Section 2001.054, Government Code.
- (b) Rules adopted under this section must:
  - (1) provide the complainant and the license holder an opportunity to be heard; and
  - (2) require the presence of a representative of the Board's legal staff or of the Attorney General to advise the Board or the Board's employees.

**Sec. 301.465. Subpoenas; Request for Information.**

- (a) The Board may request issuance of a subpoena to be served in any manner authorized by law, including personal service by a board investigator and service by certified mail.
- (b) Each person shall respond promptly and fully to a request for information by the board or to a subpoena issued by the Board. A request or subpoena may not be refused, denied, or resisted unless the request or subpoena calls for information within the attorney-client privilege. No other privilege applies to a board proceeding.
- (c) The Board may pay a reasonable fee for photocopies subpoenaed at the Board's request. The amount paid may not exceed the amount the Board charges for copies of its records.
- (d) The Board shall protect, to the extent possible, the identity of each patient named in information received by the Board.

**Sec. 301.466. Confidentiality.**

- (a) A complaint and investigation concerning a nurse under this subchapter and all information and material compiled by the board in connection with the complaint and investigation are:
  - (1) confidential and not subject to disclosure under Chapter 552, Government Code; and
  - (2) not subject to disclosure, discovery, subpoena, or other means of legal compulsion for release to anyone other than the Board or a board employee or agent involved in license holder discipline.
- (b) Notwithstanding Subsection (a), information regarding a complaint and an investigation may be disclosed to:
  - (1) a person involved with the Board in a disciplinary action against the nurse;
  - (2) a nursing licensing or disciplinary board in another jurisdiction;
  - (3) a peer assistance program approved by the Board under Chapter 467, Health and Safety Code;
  - (4) a law enforcement agency; or
  - (5) a person engaged in bona fide research, if all information identifying a specific individual has been deleted.
- (c) The filing of formal charges against a nurse by the Board, the nature of those charges, disciplinary proceedings of the board, and final disciplinary actions, including warnings and reprimands, by the Board are not confidential and are subject to disclosure in accordance with Chapter 552, Government Code.

**Sec. 301.467. Reinstatement.**

- (a) On application, the Board may reinstate a license to practice nursing to a person whose license has been revoked, suspended, or surrendered.
- (b) An application to reinstate a revoked license:
  - (1) may not be made before the first anniversary of the date of the revocation; and
  - (2) must be made in the manner and form the Board requires.
- (c) If the Board denies an application for reinstatement, it may set a reasonable waiting period before the applicant may reapply for reinstatement.

**Sec. 301.468. Probation.**

- (a) The Board may determine that an order denying a license application or suspending a license be probated. A person subject to a probation order shall conform to each condition the Board sets as the terms of probation, including a condition:
  - (1) limiting the practice of the person to, or excluding, one or more specified activities of professional nursing or vocational nursing; or
  - (2) requiring the person to submit to supervision, care, counseling, or treatment by a practitioner designated by the Board.
- (b) At the time the probation is granted, the Board shall establish the term of the probationary period.
- (c) At any time while the person remains subject to the probation order, the Board may hold a hearing and rescind the probation and enforce the Board's original action in denying or suspending the license. The hearing shall be called by the presiding officer of the Board, who shall issue a notice to be served on the person or the person's counsel not later than the 20th day before the date scheduled for the hearing that:
  - (1) sets the time and place for the hearing; and
  - (2) contains the charges or complaints against the probationer.
- (d) Notice under Subsection (c) is sufficient if sent by registered or certified mail to the affected person at the person's most recent address as shown in the Board's records.

**Sec. 301.469. Notice of Final Action.**

If the Board takes a final disciplinary action, including a warning or reprimand, against a nurse under this subchapter, the Board shall immediately send a copy of the Board's final order to the nurse and to the last known employer of the nurse.

**Sec. 301.470. Refund.**

- (a) Subject to Subsection (b), the board may order a license holder to pay a refund to a consumer as provided in an agreement resulting from an informal settlement conference instead of or in addition to imposing an administrative penalty under this chapter.
- (b) The amount of a refund ordered as provided in an agreement resulting from an informal settlement conference may not exceed the amount the consumer paid to a nurse for a service regulated by this

chapter or the actual amount stolen or defrauded from a patient by the nurse. The board may not require payment of other damages or estimate harm in a refund order.

[Added by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 301.471. Emergency Cease and Desist Order.**

- (a) If it appears to the board that a person who is not licensed under this chapter is violating this chapter, a rule adopted under this chapter, or another state statute or rule relating to the practice of professional nursing or vocational nursing and the board determines that the unauthorized activity constitutes a clear, imminent, or continuing threat to the public health and safety, the board may:
  - (1) issue an emergency cease and desist order prohibiting the person from engaging in the activity; and
  - (2) report the activity to a local law enforcement agency or the attorney general for prosecution.
- (b) An order issued under Subsection (a) must:
  - (1) be delivered on issuance to the person affected by the order by personal delivery or registered or certified mail, return receipt requested, to the person's last known address;
  - (2) state the acts or practices alleged to be an unauthorized activity and require the person immediately to cease and desist from the unauthorized activity; and
  - (3) contain a notice that a request for hearing may be filed under this section.
- (c) Unless the person against whom the emergency cease and desist order is directed requests a board hearing in writing before the 11th day after the date it is served on the person, the order is final and nonappealable as to that person. A request for a board hearing must:
  - (1) be in writing and directed to the board; and
  - (2) state the grounds for the request to set aside or modify the order.
- (d) On receiving a request for a hearing, the board shall serve notice of the time and place of the hearing by personal delivery or registered or certified mail, return receipt requested. The hearing must be held not later than the 10th day after the date the board receives the request for a hearing unless the parties agree to a later hearing date. A hearing under this subsection is subject to Chapter 2001, Government Code.
- (e) After the hearing, the board shall affirm, modify, or set aside wholly or partly the emergency cease and desist order. An order affirming or modifying the emergency cease and desist order is immediately final for purposes of enforcement and appeal.
- (f) An order under this section continues in effect unless the order is stayed by the board. The board may impose any condition before granting a stay of the order.
- (g) The board may release to the public a final cease and desist order issued under this section or information regarding the existence of the order if the board determines that the release would enhance the effective enforcement of the order or will serve the public interest.
- (h) A violation of an order issued under this section constitutes grounds for imposing an administrative penalty under this chapter.

[Added by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

## **Subchapter K. Administrative Penalty**

### **Sec. 301.501. Imposition of Penalty.**

The Board may impose an administrative penalty on a person licensed or regulated under this chapter who violates this chapter or a rule or order adopted under this chapter.

### **Sec. 301.502. Amount of Penalty.**

- (a) The amount of the administrative penalty may not exceed \$5,000 for each violation. Each day a violation continues or occurs is a separate violation for purposes of imposing a penalty.
- (b) The amount of the penalty shall be based on:
  - (1) the seriousness of the violation, including:
    - (A) the nature, circumstances, extent, and gravity of any prohibited acts; and
    - (B) the hazard or potential hazard created to the health, safety, or economic welfare of the public;
  - (2) the economic harm to property or the environment caused by the violation;
  - (3) the history of previous violations;
  - (4) the amount necessary to deter a future violation;
  - (5) efforts made to correct the violation; and
  - (6) any other matter that justice may require.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

### **Sec. 301.503. Report and Notice of Violation and Penalty.**

- (a) If the Executive Director determines that a violation has occurred, the Executive Director may issue to the Board a report stating:
  - (1) the facts on which the determination is based; and
  - (2) the Director's recommendation on the imposition of the administrative penalty, including a recommendation on the amount of the penalty.
- (b) Not later than the 14th day after the date the report is issued, the Executive Director shall give written notice of the report to the person on whom the penalty may be imposed. The notice may be given by certified mail. The notice must:
  - (1) include a brief summary of the alleged violation;
  - (2) state the amount of the recommended penalty; and
  - (3) inform the person of the person's right to a hearing on the occurrence of the violation, the amount of the penalty, or both.

### **Sec. 301.504. Penalty to be Paid or Hearing Requested.**

- (a) Not later than the 20th day after the date the person receives the notice, the person may:
  - (1) accept the Executive Director's determination and recommended administrative penalty in writing; or
  - (2) make a written request for a hearing on the occurrence of the violation, the amount of the penalty, or both.
- (b) If the person accepts the Executive Director's determination and recommended penalty, the board by order shall approve the determination and impose the recommended penalty.

**Sec. 301.505. Hearing.**

- (a) If the person requests a hearing or fails to respond in a timely manner to the notice, the Executive Director shall set a hearing and give notice of the hearing to the person.
- (b) An administrative law judge of the State Office of Administrative Hearings shall hold the hearing.
- (c) The administrative law judge shall make findings of fact and conclusions of law and promptly issue to the board a proposal for decision as to the occurrence of the violation and the amount of any proposed administrative penalty.

**Sec. 301.506. Decision by Board.**

- (a) Based on the findings of fact, conclusions of law, and proposal for decision, the Board by order may:
  - (1) find that a violation occurred and impose an administrative penalty; or
  - (2) find that a violation did not occur.
- (b) The notice of the Board's order given to the person under Chapter 2001, Government Code, must include a statement of the right of the person to judicial review of the order.

**Sec. 301.507. Options Following Decision: Pay or Appeal.**

- (a) Not later than the 30th day after the date the Board's order becomes final, the person shall:
  - (1) pay the administrative penalty;
  - (2) pay the penalty and file a petition for judicial review contesting the occurrence of the violation, the amount of the penalty, or both; or
  - (3) without paying the penalty, file a petition for judicial review contesting the occurrence of the violation, the amount of the penalty, or both.
- (b) Within the 30-day period, a person who acts under Subsection (a)(3) may:
  - (1) stay enforcement of the penalty by:
    - (A) paying the penalty to the court for placement in an escrow account; or
    - (B) giving to the court a supersedeas bond that is approved by the court and that:
      - (i) is for the amount of the penalty; and
      - (ii) is effective until judicial review of the Board's order is final; or
  - (2) request the court to stay enforcement of the penalty by:
    - (A) filing with the court a sworn affidavit of the person stating that the person is financially unable to pay the penalty and is financially unable to give the supersedeas bond; and
    - (B) giving a copy of the affidavit to the Executive Director by certified mail.
- (c) If the Executive Director receives a copy of an affidavit under Subsection (b)(2), the Executive Director may file with the court a contest to the affidavit not later than the fifth day after the date the copy is received.
- (d) The court shall hold a hearing on the facts alleged in the affidavit as soon as practicable and shall stay the enforcement of the penalty on finding that the alleged facts are true. The person who files an affidavit has the burden of proving that the person is financially unable to pay the penalty and to give a supersedeas bond.

**Sec. 301.508. Collection of Penalty.**

If the person does not pay the penalty and the enforcement of the penalty is not stayed, the executive director may refer the matter to the Attorney General for collection of the penalty.

**Sec. 301.509. Determination by Court.**

- (a) If a court sustains the determination that a violation occurred, the court may uphold or reduce the amount of the administrative penalty and order the person to pay the full or reduced penalty.
- (b) If the court does not sustain the determination that a violation occurred, the court shall order that a penalty is not owed.

**Sec. 301.510. Remittance of Penalty and Interest.**

- (a) If after judicial review, the administrative penalty is reduced or not imposed by the court, the court shall, after the judgment becomes final:
  - (1) order that the appropriate amount, plus accrued interest, be remitted to the person if the person paid the penalty; or
  - (2) order the release of the bond in full if the penalty is not imposed or order the release of the bond after the person pays the penalty imposed if the person posted a supersedeas bond.
- (b) The interest paid under Subsection (a)(1) is the rate charged on loans to depository institutions by the New York Federal Reserve Bank. The interest shall be paid for the period beginning on the date the penalty is paid and ending on the date the penalty is remitted.

**Sec. 301.511. Administrative Procedure.**

A proceeding under this subchapter is subject to Chapter 2001, Government Code.

**Subchapter L. Other Penalties and Enforcement Provisions**

**Sec. 301.551. Injunction.**

- (a) In addition to any other action authorized by law, the Board may institute an action in its name to enjoin a violation of this chapter or a board rule.
- (b) To obtain an injunction under this section, it is not necessary to allege or prove that:
  - (1) an adequate remedy at law does not exist; or
  - (2) substantial or irreparable damage would result from the continued violation.
- (c) Notwithstanding Subsection (b), in a proceeding for an injunction under Subsection (a), the defendant may assert and prove as a complete defense to the action that the Board's actions or proceedings were:
  - (1) arbitrary or capricious;
  - (2) contrary to legal requirements; or
  - (3) conducted without due process of law.
- (d) Either party to an action under Subsection (a) may appeal. The Board is not required to give an appeal bond in a cause arising under this section.

**Sec. 301.552. Monitoring of License Holder.**

The Board by rule shall develop a system for monitoring the compliance of license holders with the requirements of this chapter. Rules adopted under this section must include procedures to:

- (1) monitor for compliance a license holder who is ordered by the Board to perform certain acts; and
- (2) identify and monitor each license holder who represents a risk to the public.

**Sec. 301.553. Civil Penalty.**

- (a) A person who violates Section 301.451 or Section 301.251 is liable to the state for a civil penalty not to exceed \$1,000 a day.
- (b) The civil penalty may be collected in a suit initiated by the Board.

**Sec. 301.554. Criminal Penalty.**

- (a) A person commits an offense if the person violates Section 301.451 or Section 301.251.
- (b) An offense under Subsection (a) is a Class A misdemeanor, except that if it is shown on the trial of the offense that the defendant has been previously convicted under Subsection (a), the offense is a felony of the third degree.
- (c) Each day of violation constitutes a separate offense.
- (d) On final conviction of an offense under Subsection (a), the defendant forfeits all rights and privileges conferred by a license issued under this chapter.

**Sec. 301.555. Appeal.**

- (a) A person against whom the Board has taken adverse action under this chapter may appeal to a district court in the county of the person's residence or in Travis County.
- (b) The Board's decision may not be enjoined or stayed except on application to the district court after notice to the Board.

**Subchapter M. Anesthesia in Outpatient Setting**

**Sec. 301.601. Definition.**

In this subchapter, "outpatient setting" means a facility, clinic, center, office, or other setting that is not part of a licensed hospital or a licensed ambulatory surgical center.

**Sec. 301.602. Rules.**

- (a) The Board shall establish by rule the minimum standards for the provision of anesthesia services in outpatient settings by persons licensed by the Board.
- (b) The rules must be designed to protect the health, safety, and welfare of the public and must include requirements relating to:



- (1) general anesthesia, regional anesthesia, and monitored anesthesia care;
  - (2) patient assessment, counseling, and preparation;
  - (3) patient monitoring to be performed and equipment to be used during a procedure and during post-procedure monitoring;
  - (4) emergency procedures, drugs, and equipment, including education, training, and certification of personnel, as appropriate, and including protocols for transfers to a hospital;
  - (5) the documentation necessary to demonstrate compliance with this article; and
  - (6) the period in which protocols or procedures covered by rules of the Board shall be reviewed, updated, or amended.
- (c) The Board shall cooperate with the Texas State Board of Medical Examiners in the adoption of rules under this article to eliminate to the extent possible conflicts between the rules adopted by each board.

**Sec. 301.603. Applicability.**

Rules adopted by the board under Section 301.602 do not apply to:

- (1) an outpatient setting in which only local anesthesia, peripheral nerve blocks, or both are used;
- (2) a licensed hospital, including an outpatient facility of the hospital that is separately located apart from the hospital;
- (3) a licensed ambulatory surgical center;
- (4) a clinic located on land recognized as tribal land by the federal government and maintained or operated by a federally recognized Indian tribe or tribal organization as listed by the United States secretary of the interior under 25 U.S.C. Section 479a-1 or as listed under a successor federal statute or regulation;
- (5) a facility maintained or operated by a state or local governmental entity;
- (6) a clinic directly maintained or operated by the United States or by any of its departments, officers, or agencies; or
- (7) an outpatient setting accredited by:
  - (A) the Joint Commission on Accreditation of Healthcare Organizations relating to ambulatory surgical centers;
  - (B) the American Association for the Accreditation of Ambulatory Surgery Facilities; or
  - (C) the Accreditation Association for Ambulatory Health Care.

**Sec. 301.604. Registration Required.**

- (a) The Board shall require each certified registered nurse anesthetist who provides anesthesia services in an outpatient setting to register biennially by applying to the Board on a form prescribed by the board and paying to the Board a fee in an amount established by the Board.
- (b) The Board shall coordinate the registration required under this section with the license renewal requirements of Subchapter G so that the times of registration, payment, notice, and imposition of penalties for late payment are similar and provide a minimal administrative burden for the Board and certified registered nurse anesthetists.

**Sec. 301.605. Biennial Registration.**

- (a) A certified registered nurse anesthetist providing anesthesia services in an outpatient setting shall comply with the rules adopted by the Board under Section 301.602.
- (b) The Board may require a certified registered nurse anesthetist to submit and comply with a corrective action plan to remedy or address any current or potential deficiencies with the nurse anesthetist's provision of anesthesia in an outpatient setting in accordance with this chapter or board rule.

**Sec. 301.606. Inspections.**

- (a) The Board may conduct inspections to enforce this subchapter, including inspections of the equipment owned or leased by a certified registered nurse anesthetist and of documents of a certified registered nurse anesthetist's practice that relate to providing anesthesia in an outpatient setting. The Board may contract with another state agency or qualified person to conduct these inspections.
- (b) Unless it would jeopardize an ongoing investigation, the Board must provide notice at least five business days before the date of conducting an onsite inspection under this section.
- (c) This section does not require the Board to make an onsite inspection of an outpatient setting in which a certified registered nurse anesthetist provides anesthesia.

**Sec. 301.607. Requests for Inspection and Advisory Opinion.**

- (a) The Board may consider a request by a certified registered nurse anesthetist for an inspection of equipment owned or leased by the nurse anesthetist and of documents of the nurse anesthetist's practice that relate to the provision of anesthesia in an outpatient setting. The Board, on payment of a fee set by the board, may conduct the requested inspection and issue an advisory opinion.
- (b) An advisory opinion issued by the Board under this section is not binding on the board. Except as provided by Subsection (c), the board may take any action under this chapter relating to the situation addressed by the advisory opinion as the board considers appropriate.
- (c) A certified registered nurse anesthetist who requests and relies on a board advisory opinion may use the opinion as mitigating evidence in an action or proceeding by the Board to impose an administrative penalty or to assess a fine under this chapter. On receipt of proof of reliance on an advisory opinion, the Board shall consider the reliance and mitigate imposition of an administrative penalty or assessment of a fine accordingly.

## **Chapter 303. Nursing Peer Review**

### **Sec. 303.001. Definitions.**

In this chapter:

- (1) “Board” means the Board of Nurse Examiners.
- (2) “Nurse” means a registered nurse or a vocational nurse licensed under Chapter 301.
- (3) “Nursing” has the meaning assigned by Section 301.002.
- (4) “Nursing peer review committee” means a committee established under the authority of the governing body of a national, state, or local nursing association, a school of nursing, the nursing staff of a hospital, health science center, nursing home, home health agency, temporary nursing service, or other health care facility, or state agency or political subdivision for the purpose of conducting peer review. The committee includes an employee or agent of the committee, including an assistant, an investigator, an intervenor, an attorney, and any other person who serves the committee in any capacity.
- (4-a) “Patient safety committee” means a committee established by an association, school, agency, health care facility, or other organization to address issues relating to patient safety, including:
  - (A) the entity’s medical staff composed of individuals licensed under Subtitle B; or
  - (B) a medical committee under Subchapter D, Chapter 161, Health and Safety Code.
- (5) “Peer review” means the evaluation of nursing services, the qualifications of a nurse, the quality of patient care rendered by a nurse, the merits of a complaint concerning a nurse or nursing care, and a determination or recommendation regarding a complaint. The term includes:
  - (A) the evaluation of the accuracy of a nursing assessment and observation and the appropriateness and quality of the care rendered by a nurse;
  - (B) a report made to a nursing peer review committee concerning an activity under the committee’s review authority;
  - (C) a report made by a nursing peer review committee to another committee or to the Board as permitted or required by law; and
  - (D) implementation of a duty of a nursing peer review committee by a member, an agent, or an employee of the committee.

[Amended by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

### **Sec. 303.0015. Required Establishment of Nursing Peer Review Committee.**

- (a) A person shall establish a nursing peer review committee to conduct nursing peer review under this chapter and Chapter 301:
  - (1) for vocational nurses, if the person regularly employs, hires, or contracts for the services of 10 or more nurses; and
  - (2) for professional nurses, if the person regularly employs, hires, or contracts for the services of 10 or more nurses, at least five of whom are registered nurses.
- (b) A person required to establish a nursing peer review committee under this section may contract with another entity to conduct the peer review for the person.

[Added by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 303.002. General Provisions Regarding Peer Review.**

- (a) [Repealed.]
- (b) The board shall enter into a memorandum of understanding with each state agency that licenses, registers, or certifies a facility required by law to have a nursing peer review committee. The memorandum of understanding must:
  - (1) state the actions the board and agency are to take to encourage compliance with the requirement to have a nursing peer review committee; and
  - (2) be adopted as a rule of the board and the agency.
- (c) A court may not enjoin the activities of a nursing peer review committee under this chapter.
- (d) This chapter may not be nullified by a contract.
- (e) The committee shall give the nurse being reviewed at least minimum due process, including notice and opportunity for a hearing.

[Subsection (a) repealed by Acts 2003, 78<sup>th</sup> Leg., ch. 553, § 3.001.]

**Sec. 303.003. Committee Membership.**

- (a) A nursing peer review committee must have nurses as three-fourths of its members.
- (b) A nursing peer review committee that conducts a peer review that involves the practice of vocational nursing, to the extent feasible, must include vocational nurses as members and may have only registered nurses and vocational nurses as voting members.
- (c) A nursing peer review committee that conducts a peer review that involves the practice of professional nursing must have registered nurses as two-thirds of its members, and may have only registered nurses as voting members.
- (d) The committee shall include to the extent feasible at least one nurse who has a working familiarity with the area of nursing practice in which the nurse being reviewed practices.

**Sec. 303.004. Peer Review by Two Entities.**

- (a) A nurse who, as a temporary agency nurse, faculty member, or similar staff member, practices nursing for an educational institution, health care facility, agency, or entity, or a person other than the person who employs or directly compensates the nurse is subject to peer review by both the employer and the other person.
- (b) For the purposes of exchanging information, the peer review committee reviewing the nurse's conduct is considered to be established under the authority of both entities.
- (c) The two entities may contract as to which entity will conduct peer review of the nurse.

**Sec. 303.005. Request for Peer Review Committee Determination.**

- (a) In this section, “duty to a patient” means conduct required by standards of practice or professional conduct adopted by the board for nurses. The term includes administrative decisions directly affecting a nurse’s ability to comply with that duty.
- (a-1) For purposes of this section, a nurse or nurse administrator does not act in good faith in connection with a request made or an action taken by the nurse or nurse administrator if there is not a reasonable factual or legal basis for the request or action.
- (b) If a person who is required to establish a nursing peer review committee under Section 303.0015 requests a nurse to engage in conduct that the nurse believes violates a nurse’s duty to a patient, the nurse may request, on a form developed or approved by the board, a determination by a nursing peer review committee under this chapter of whether the conduct violates a nurse’s duty to a patient.
- (c) A nurse who in good faith requests a peer review determination under Subsection (b):
  - (1) may not be disciplined or discriminated against for making the request;
  - (2) may engage in the requested conduct pending the peer review;
  - (3) is not subject to the reporting requirement under Subchapter I, Chapter 301; and
  - (4) may not be disciplined by the board for engaging in that conduct while the peer review is pending.
- (d) If a nurse requests a peer review determination under Subsection (b) and refuses to engage in the requested conduct pending the peer review, the determination of the peer review committee shall be considered in any decision by the nurse’s employer to discipline the nurse for the refusal to engage in the requested conduct, but the determination is not binding if a nurse administrator believes in good faith that the peer review committee has incorrectly determined a nurse’s duty. This subsection does not affect the protections provided by Subsection (c)(1) or Section 301.352.
- (e) If the conduct for which the peer review is requested under Subsection (b) involves the medical reasonableness of a physician’s order, the medical staff or medical director shall be requested to make a determination as to the medical reasonableness of the physician’s order, and that determination is determinative of that issue.
- (f) A nurse’s rights under this section may not be nullified by a contract.
- (g) An appropriate licensing agency may take action against a person who violates this section.
- (h) [Repealed]
- (i) A person who is required to provide, on request, a nursing peer review committee determination under Subsection (b) shall adopt and implement a policy to inform nurses of the right to request a nursing peer review committee determination and the procedure for making a request.

[Subsection (a-1) and (i) added, Subsections (b), (d) and (h) amended, and Subsection (h) repealed by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 303.006. Confidentiality of Peer Review Proceedings.**

- (a) Except as otherwise provided by this chapter, a nursing peer review committee proceeding is confidential and any communication made to a nursing peer review committee is privileged.

- (b) A member, agent, or employee of a nursing peer review committee or a participant in a proceeding before the committee may not disclose or be required to disclose a communication made to the committee or a record or proceeding of the committee.
- (c) A person who attends a nursing peer review committee proceeding may not disclose or be required to disclose:
  - (1) information acquired in connection with the proceeding; or
  - (2) an opinion, recommendation, or evaluation of the committee or a committee member.
- (d) A nursing peer review committee member and a person who provides information to the committee may not be questioned about:
  - (1) the person's testimony before the committee; or
  - (2) an opinion formed as a result of the committee proceedings.
- (e) Except as permitted by this chapter, information that is confidential under this section:
  - (1) is not subject to subpoena or discovery in any civil matter;
  - (2) is not admissible as evidence in a judicial or administrative proceeding; and
  - (3) may not be introduced into evidence in a nursing liability suit arising out of the provision of or a failure to provide nursing services.
- (f) If a peer review committee determines that a nurse has not engaged in conduct required to be reported to the nurse's licensing board, a member of the peer review committee whose knowledge of the nurse's conduct was acquired only through the peer review may not report that nurse to the licensing board for that conduct. A committee member is not prohibited from reporting:
  - (1) the nurse, if the member has knowledge of the nurse's conduct independently of peer review; or
  - (2) the peer review committee to the licensing board, if the member believes the committee made its determination in bad faith.

**Sec. 303.007. Disclosure of Information.**

- (a) A nursing peer review committee on request shall disclose written or oral communications made to the committee and the records and proceedings of the committee to:
  - (1) a licensing authority of any state; or
  - (2) a law enforcement agency investigating a criminal matter.
- (b) A nursing peer review committee may disclose written or oral communications made to the committee and the records and proceedings of the committee to:
  - (1) a licensing agency of any state;
  - (2) a law enforcement agency investigating a criminal matter;
  - (3) the association, school, agency, facility, or other organization under whose authority the committee is established;
  - (4) another nursing peer review committee;
  - (5) a peer assistance program approved by the board under Chapter 467, Health and Safety Code;
  - (6) an appropriate state or federal agency or accrediting organization that accredits a health care facility or school of nursing or surveys a facility for quality of care; or
  - (7) a person engaged in bona fide research, if all information that identifies a specific individual is deleted.
- (c) If a committee discloses information under this section, the committee does not by that action waive the privilege of non-disclosure of committee information and proceedings.

- (d) A peer review committee that discloses information under this section and each person who receives the information shall protect, to the extent possible, the identity of each patient.

**Sec. 303.0075. Sharing of Information.**

- (a) A nursing peer review committee and a patient safety committee established by the same entity may share information.
- (b) A record or determination of a patient safety committee, or a communication made to a patient safety committee, is not subject to subpoena or discovery and is not admissible in any civil or administrative proceeding, regardless of whether the information has been provided to a nursing peer review committee. The privileges under this subsection may be waived only through a written waiver signed by the chair, vice chair, or secretary of the patient safety committee. This subsection does not affect the application of Section 303.007 to a nursing peer review committee.
- (c) A committee that receives information from another committee shall forward any request to disclose the information to the committee that provided the information.

[Added by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 303.008. Rebuttal Statement.**

- (a) If a nursing peer review committee makes an adverse finding against a nurse, the committee shall provide the nurse with a detailed description of the basis of its finding.
- (b) The peer review committee shall give the nurse the opportunity to offer rebuttal information and to submit a rebuttal statement of reasonable length. Any rebuttal statement must be included with any information disclosed by the committee under Section 303.007.

**Sec. 303.009. Retaliatory Actions.**

- (a) A nursing peer review committee, a person participating in peer review, or an organization named as a defendant in a civil action or subjected to other retaliatory action as a result of participation in peer review may file a counterclaim in a pending action or prove a cause of action in a subsequent suit to recover defense costs, including court costs, reasonable attorney's fees, and actual and punitive damages if the suit or retaliatory action is determined to be frivolous, unreasonable, without foundation, or taken in bad faith.
- (b) A nursing peer review committee member or a person participating in peer review under this chapter named as a defendant in a civil action or subjected to other retaliatory action as a result of participation in peer review may use information that is otherwise confidential under this chapter to defend the civil action or a civil action that alleges retaliation for the person's participation in peer review.
- (c) A person who discloses information under Subsection (b) does not by that action waive the privilege of non-disclosure of all other information privileged under this chapter.

**Sec. 303.010. Civil Liability.**

- (a) A cause of action does not accrue for an act, statement, determination, or recommendation made, or act reported, without malice, in the course of peer review against:
  - (1) a member, agent, or employee of a nursing peer review committee; or

- (2) a school of nursing, hospital, nursing home, home health agency, health science center, or other health care facility, the nursing staff of such a facility, or a nursing association or other organization.
- (b) A person who, without malice, provides records, information, or assistance to a nursing peer review committee:
  - (1) is not liable in a civil action based on the person's participation or assistance in peer review; and
  - (2) may not be subjected to retaliatory action as a result of that act.

**Sec. 303.011. Evaluation by Committee.**

- (a) In evaluating a nurse's conduct, the nursing peer review committee shall review the evidence to determine the extent to which a deficiency in care by the nurse was the result of deficiencies in the nurse's judgment, knowledge, training, or skill rather than other factors beyond the nurse's control. A determination that a deficiency in care is attributable to a nurse must be based on the extent to which the nurse's conduct was the result of a deficiency in the nurse's judgment, knowledge, training, or skill.
- (b) The nursing peer review committee shall report a deficiency in care that the committee determines was the result of a factor beyond the nurse's control to a patient safety committee for evaluation. The patient safety committee shall evaluate the influence of the factors on the conduct of the nurse being evaluated and on the practice of other nurses within the entity that established the committee. The committee shall report its findings to the nursing peer review committee.

[Amended by Acts 2007 (S.B. 993), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]



## **Chapter 304. Nurse Licensure Compact**

### **Sec. 304.001. Nurse Licensure Compact.**

The Nurse Licensure Compact is enacted and entered into with all other jurisdictions that legally join in the compact, which is as follows:

#### **Nurse Licensure Compact**

##### **Article 1. Findings and Declaration of Purpose.**

- (a) The party states find that:
  - (1) the health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensing laws;
  - (2) violations of nurse licensing and other laws regulating the practice of nursing may result in injury or harm to the public;
  - (3) the expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensing and regulation;
  - (4) new practice modalities and technology make compliance with each state nurse licensing laws difficult and complex; and
  - (5) the current system of the duplicative licensing of nurses practicing in multiple states is cumbersome and redundant to both nurses and the states.
  
- (b) The general purposes of this compact are to:
  - (1) facilitate the states' responsibilities to protect the public's health and safety;
  - (2) ensure and encourage the cooperation of party states in the areas of nurse licensing and regulation;
  - (3) facilitate the exchange of information between party states in the areas of nurse regulation, investigation, and adverse action;
  - (4) promote compliance with the laws governing the practice of nursing in each jurisdiction; and
  - (5) invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is provided through the mutual recognition of party state licenses.

##### **Article 2. Definitions.**

In this compact:

- (a) "Adverse action" means a home or remote state action.
  
- (b) "Alternative program" means a voluntary, non-disciplinary monitoring program approved by a nurse licensing board.
  
- (c) "Coordinated licensure information system" means an integrated process for collecting, storing, and sharing information on nurse licensing and enforcement activities related to nurse licensing laws, which is administered by a nonprofit organization composed of and controlled by state nurse licensing boards.
  
- (d) "Current significant investigative information" means:
  - (1) investigative information that a licensing board, after a preliminary inquiry that includes

notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or  
(2) investigative information that indicates that a nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.

- (e) “Home state” means the party state that is the nurse’s primary state of residence.
- (f) “Home state action” means any administrative, civil, equitable, or criminal action permitted by the home state’s laws that are imposed on a nurse by the home state’s licensing board or other authority, including actions against an individual’s license such as revocation, suspension, probation, or any other action that affects a nurse’s authorization to practice.
- (g) “Licensing board” means a party state’s regulatory body responsible for issuing nurse licenses.
- (h) “Multistate licensing privilege” means current, official authority from a remote state permitting the practice of nursing as a registered nurse, licensed practical nurse, or licensed vocational nurse in the party state. All party states have the authority, in accordance with existing state due process laws, to take actions against the nurse’s privilege, including revocation, suspension, probation, or any other action that affects a nurse’s authorization to practice.
- (i) “Nurse” means a registered nurse, licensed practical nurse, or licensed vocational nurse as those terms are defined by each party state’s practice laws.
- (j) “Party state” means any state that has enacted this compact.
- (k) “Remote state” means a party state, other than the home state, in which:
  - (1) a patient is located at the time nursing care is provided; or
  - (2) in the case of the practice of nursing not involving a patient, the recipient of nursing practice is located.
- (l) “Remote state action” means:
  - (1) an administrative, civil, equitable, or criminal action permitted by a remote state’s laws that are imposed on a nurse by the remote state’s licensing board or other authority, including an action against an individual’s multistate licensing privilege to practice in the remote state; and
  - (2) a cease and desist order and other injunctive or equitable orders issued by remote states or the licensing boards of remote states.
- (m) “State” means a state, territory, possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.
- (n) “State practice laws” means a party state’s laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. The term does not include the initial qualifications for licensing or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

### **Article 3. General Provisions and Jurisdiction.**

- (a) A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensing privilege to practice as a registered nurse in the party state. A license to practice licensed practical nursing or licensed vocational nursing issued by a home state to a resident in that state will be recognized by each party

state as authorizing a multistate licensing privilege to practice as a licensed practical nurse or vocational nurse in the party state. To obtain or retain a license, an applicant must meet the home state's qualifications for a license and license renewal as well as all other applicable state laws.

- (b) A party state may, in accordance with state due process laws, limit or revoke the multistate licensing privilege of any nurse to practice in the party state and may take any other necessary actions under the party state's applicable laws to protect the health and safety of the party state's citizens. If a party state takes this action, the party state shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.
- (c) A nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is provided. The practice of nursing includes patient care and all nursing practice defined by the party state's practice laws. The practice of nursing will subject a nurse to the jurisdiction of the nurse licensing board, the courts, and the laws of the party state.
- (d) This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensing privilege to practice registered nursing granted by a party state shall be recognized by another party state as a license to practice registered nursing if the state's law requires the license as a precondition for qualifying for advanced practice registered nurse authorization.
- (e) Individuals not residing in a party state may apply for a nurse license under the laws of a party state. However, the license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.

#### **Article 4. Application for License in a Party State.**

- (a) Once an application for a license is submitted, the licensing board in a party state shall ascertain, through the coordinated licensure information system, whether:
  - (1) the applicant has held or is the holder of a license issued by another state;
  - (2) a restriction exists on the multistate licensing privilege; and
  - (3) any other adverse action by any state has been taken against the license.
- (b) A nurse in a party state shall hold a license that is issued by the home state in only one party state at a time.
- (c) A nurse who intends to change the nurse's primary state of residence may apply for a license in the new home state in advance of the change. However, a new license will not be issued by a party state until a nurse provides satisfactory evidence to the new home state's licensing board of a change in the nurse's primary state of residence.
- (d) When a nurse changes the nurse's primary state of residence by moving from:
  - (1) a party state to another party state and obtains a license from the new home state, the license from the former home state is no longer valid;
  - (2) a non-party state to a party state and obtains a license from the new home state, the individual state license issued by the non-party state is not affected and remains in full force if provided by the laws of the non-party state; and
  - (3) a party state to a non-party state, the license issued by the prior home state converts to a state license valid only in the former home state and does not entitle the nurse to the multistate licensing privilege to practice in other party states.

**Article 5. Adverse Actions.**

- (a) The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system a remote state action and the factual and legal basis for the action, if known. The licensing board of a remote state shall promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of these reports.
- (b) The licensing board of a party state shall have the authority to complete a pending investigation of a nurse who changes the nurse's primary state of residence during the course of the investigation and to take appropriate action. The licensing board shall promptly report the conclusions of the investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any action.
- (c) A remote state may take adverse action affecting the multistate licensing privilege to practice in that party state. However, only the home state has the power to impose adverse action against the license issued by the home state.
- (d) For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would to conduct occurring in the home state. In so doing, the licensing board shall apply its state laws to determine appropriate action.
- (e) The home state may take adverse action based on the factual findings of the remote state only if each state follows its own procedures for imposing the adverse action.
- (f) This compact does not affect a party state's decision that participation in an alternative program may be used instead of licensing action and that the participation shall remain non-public if required by the party state's laws. Party states must require a nurse who enters an alternative program to agree not to practice in any other party state during the term of the alternative program without prior authorization from the other party state.

**Article 6. Additional Authorities of Party State Nurse Licensing Boards.**

- (a) Notwithstanding any other powers, party state nurse licensing boards have the authority to:
  - (1) if otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against the nurse;
  - (2) issue subpoenas for hearings and investigations that require the attendance and testimony of witnesses and the production of evidence;
  - (3) issue a cease and desist order to limit or revoke a nurse's authority to practice in the state; and
  - (4) adopt uniform rules as provided under Article 8(c) of this compact.
- (b) A subpoena issued by a nurse licensing board in a party state for the attendance and testimony of witnesses or the production of evidence from another party state shall be enforced in the non-issuing party state by a court of competent jurisdiction in accordance with the practice and procedure applicable to subpoenas issued in proceedings pending before the court. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state in which a witness or evidence is located.

**Article 7. Coordinated Licensure Information System.**

- (a) All party states shall participate in a cooperative effort to create a coordinated database of all licensed registered nurses, licensed practical nurses, and licensed vocational nurses. This system will include information on the licensing and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensing and enforcement efforts.
- (b) Notwithstanding any other provision of law, all party states' licensing boards shall promptly report to the coordinated licensure information system adverse actions, actions against multistate licensing privileges, any current significant investigative information yet to result in adverse action, and denials of applications and the reasons for the denials.
- (c) Current significant investigative information shall be transmitted only to party state licensing boards through the coordinated licensure information system.
- (d) Notwithstanding any other provision of law, all party states' licensing boards that contribute information to the coordinated licensure information system may designate information that may not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.
- (e) Any personally identifiable information obtained by a party state's licensing board from the coordinated licensure information system may not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.
- (f) Information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall be expunged from the coordinated licensure information system.
- (g) Each compact administrator shall act jointly and in consultation with the administrator of the coordinated licensure information system to formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.

**Article 8. Compact Administration and Exchange of Information.**

- (a) The presiding officer of the nurse licensing board of a party state or the presiding officer's designee shall be the administrator of this compact for the state.
- (b) The compact administrator of each party state shall furnish to the compact administrator of each other party state information and documents including a uniform data set of investigations, identifying information, licensing data, and disclosable alternative program participation information to facilitate the administration of this compact.
- (c) Compact administrators have the authority to develop uniform rules to facilitate and coordinate implementation of this compact. The uniform rules shall be adopted by party states under Article 6(a)(4) of this compact.

**Article 9. Immunity.**

A party state or an officer, employee, or agent of a party state's nurse licensing board who acts in accordance with the provisions of this compact is not liable for any good faith act or omission that occurs

while the person is performing the person's duties under this compact. Good faith in this article does not include wilful misconduct, gross negligence, or recklessness.

**Article 10. Effective Date, Withdrawal, and Amendment.**

- (a) This compact enters into force and takes effect for a state when the state enacts this compact as law. A party state may withdraw from the compact by enacting a statute repealing the compact, but a withdrawal takes effect six months after the date the withdrawing state gives notice of the withdrawal to the executive heads of all other party states.
- (b) No withdrawal shall affect the validity or applicability by the licensing boards of states remaining party to the compact of any report of adverse action occurring prior to the withdrawal.
- (c) This compact does not invalidate or prevent any nurse licensing agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this compact.
- (d) This compact may be amended by the party states. An amendment to this compact is not effective or binding on the party states unless and until all party states enact the amendment into the law of each state.

**Article 11. Construction and Severability.**

- (a) This compact shall be liberally construed to effectuate the compact's purposes.
- (b) This compact is severable. If a phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of a party state or the United States or the applicability of this compact to a government, agency, person, or circumstance is held invalid, the validity and applicability of the remainder of the compact to a government, agency, person, or circumstance is not affected. If this compact is held to be contrary to the constitution of a party state, the compact remains in full force and effect for the other party states and in full force and effect for the party state affected for all severable matters.
- (c) If the party states need to settle a dispute under the compact the party states may submit the issues in dispute to an arbitration panel comprised of:
  - (1) an individual appointed by the compact administrator in the home state;
  - (2) an individual appointed by the compact administrator in each remote state involved; and
  - (3) an individual mutually agreed upon by the compact administrators of each party state involved in the dispute.
- (d) The decision of a majority of the arbitrators shall be final and binding.

**Sec. 304.002. Administration of Compact.**

The Executive Director of the Texas Board of Nursing is the Nurse Licensure Compact administrator for this state.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 304.003. Rules.**

The Texas Board of Nursing may adopt rules necessary to implement this chapter.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 304.004. General Provisions.**

- (a) The terms “nurse,” “registered nurse,” and “vocational nurse” include nurses licensed as registered nurses or vocational nurses by a state that is a party to the Nurse Licensure Compact.
- (b) Unless the context indicates otherwise or doing so would be inconsistent with the Nurse Licensure Compact, nurses practicing in this state under a license issued by a state that is a party to the Nurse Licensure Compact have the same rights and obligations as imposed by the laws of this state on license holders of the Texas Board of Nursing.
- (c) The Texas Board of Nursing has the authority to determine whether a right or obligation imposed on license holders applies to nurses practicing in this state under a license issued by a state that is a party to the Nurse Licensure Compact unless that determination is inconsistent with the Nurse Licensure Compact.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 304.005. Enforcement.**

The Texas Board of Nursing is the state agency responsible for taking action against registered and vocational nurses practicing in this state under a license issued by a state that is a party to the Nurse Licensure Compact as authorized by the Nurse Licensure Compact. The action shall be taken in accordance with the same procedures for taking action against registered and vocational nurses licensed by this state.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 304.006. Information Maintained Under Compact.**

- (a) On request and payment of a reasonable fee, the Texas Board of Nursing shall provide a registered or vocational nurse licensed by this state with a copy of information regarding the nurse maintained by the coordinated licensure information system under Article 7 of the Nurse Licensure Compact.
- (b) A board is not obligated to provide information not available to the board or information that is not available to the nurse under the laws of the state contributing the information to the coordinated licensure information system.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 304.007. Access to Practice-Related Information.**

Practice-related information provided by the Texas Board of Nursing to registered or vocational nurses licensed by this state shall be made available by the board on request and at a reasonable cost to nurses practicing in this state under a license issued by a state that is a party to the Nurse Licensure Compact.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 304.008. Disclosure of Personal Information.**

- (a) In reporting information to the coordinated licensure information system under Article 7 of the Nurse Licensure Compact, the Texas Board of Nursing may disclose personally identifiable information about the nurse, including social security number.
- (b) The coordinated licensure information system may not share personally identifiable information with a state not a party to the compact unless the state agrees not to disclose that information to other persons.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]

**Sec. 304.009. Withdrawal from Compact.**

- (a) The governor may withdraw this state from the Nurse Licensure Compact if the Texas Board of Nursing notifies the governor that a state that is party to the compact changed, after January 1, 1999, the state's requirements for licensing a nurse and that the state's requirements, as changed, are substantially lower than the requirements for licensing a nurse in this state.
- (b) The governor may completely withdraw this state from the Nurse Licensure Compact or may limit withdrawal to the application of the compact to registered nurses or vocational nurses.

[Amended by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]



*Note: Chapter 305 added by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007. Implementation of Chapter 305 to occur no later than December 31, 2011.*

## **Chapter 305. NCSBN Advanced Practice Registered Nurse Compact**

### **Sec. 305.001. NCSBN Advanced Practice Registered Nurse Compact.**

The NCSBN Advanced Practice Registered Nurse Compact is enacted and entered into with all other jurisdictions that legally join in the compact, which is as follows:

#### **NCSBN Advanced Practice Registered Nurse Compact**

##### **Article 1. Findings and Declaration of Purpose.**

- (a) The party states find that:
  - (1) the health and safety of the public are affected by the degree of compliance with APRN licensure/authority to practice requirements and the effectiveness of enforcement activities related to state APRN licensure/authority to practice laws;
  - (2) violations of APRN licensure/authority to practice and other laws regulating the practice of nursing may result in injury or harm to the public;
  - (3) the expanded mobility of APRNs and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of APRN licensure/authority to practice and regulation;
  - (4) new practice modalities and technology make compliance with individual state APRN licensure/authority to practice laws difficult and complex;
  - (5) the current system of duplicative APRN licensure/authority to practice for APRNs practicing in multiple states is cumbersome and redundant to both APRNs and states;
  - (6) uniformity of APRN requirements throughout the states promotes public safety and public health benefits; and
  - (7) access to APRN services increases the public's access to health care, particularly in rural and underserved areas.
  
- (b) The general purposes of this compact are to:
  - (1) facilitate the states' responsibilities to protect the public's health and safety;
  - (2) ensure and encourage the cooperation of party states in the areas of APRN licensure/authority to practice and regulation, including promotion of uniform licensure requirements;
  - (3) facilitate the exchange of information between party states in the areas of APRN regulation, investigation, and adverse actions;
  - (4) promote compliance with the laws governing APRN practice in each jurisdiction; and
  - (5) invest all party states with the authority to hold an APRN accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.

##### **Article 2. Definitions.**

- (a) "Advanced practice registered nurse" or "APRN" means a nurse anesthetist, nurse practitioner, nurse midwife, or clinical nurse specialist to the extent a party state licenses or grants authority to practice in that APRN role and title.
  
- (b) "Adverse action" means a home or remote state disciplinary action.

- (c) “Alternative program” means a voluntary, non-disciplinary monitoring program approved by a licensing board.
- (d) “APRN licensure/authority to practice” means the regulatory mechanism used by a party state to grant legal authority to practice as an APRN.
- (e) “APRN uniform licensure/authority to practice requirements” means those minimum uniform licensure, education, and examination requirements as agreed to by the compact administrators and adopted by licensing boards for the recognized APRN role and title.
- (f) “Coordinated licensure information system” means an integrated process for collecting, storing, and sharing information on APRN licensure/authority to practice and enforcement activities related to APRN licensure/authority to practice laws, which is administered by a nonprofit organization composed of and controlled by state licensing boards.
- (g) “Current significant investigative information” means:
  - (1) investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the APRN to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
  - (2) investigative information that indicates that the APRN represents an immediate threat to public health and safety regardless of whether the APRN has been notified and had an opportunity to respond.
- (h) “Home state” means the party state that is the APRN’s primary state of residence.
- (i) “Home state action” means any administrative, civil, equitable, or criminal action permitted by the home state’s laws which are imposed on an APRN by the home state’s licensing board or other authority, including actions against an individual’s license/authority to practice such as: revocation, suspension, probation, or any other action which affects an APRN’s authorization to practice.
- (j) “Licensing board” means a party state’s regulatory body responsible for issuing APRN licensure/authority to practice.
- (k) “Multistate advanced practice privilege” means current authority from a remote state permitting an APRN to practice in that state in the same role and title as the APRN is licensed/authorized to practice in the home state to the extent that the remote state laws recognize such APRN role and title. A remote state has the authority, in accordance with existing state due process laws, to take actions against the APRN’s privilege, including revocation, suspension, probation, or any other action that affects an APRN’s multistate privilege to practice.
- (l) “Party state” means any state that has adopted this compact.
- (m) “Prescriptive authority” means the legal authority to prescribe medications and devices as defined by party state laws.
- (n) “Remote state” means a party state, other than the home state:
  - (1) where the patient is located at the time APRN care is provided; or
  - (2) in the case of APRN practice not involving a patient, in such party state where the recipient of APRN practice is located.
- (o) “Remote state action” means:
  - (1) any administrative, civil, equitable, or criminal action permitted by a remote state’s laws which are imposed on an APRN by the remote state’s licensing board or other authority, including actions against an individual’s multistate advanced practice privilege in the remote state; and

(2) cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof.

- (p) “State” means a state, territory, or possession of the United States.
- (q) “State practice laws” means a party state’s laws and regulations that govern APRN practice, define the scope of advanced nursing practice, including prescriptive authority, and create the methods and grounds for imposing discipline. State practice laws do not include the requirements necessary to obtain and retain APRN licensure/authority to practice as an APRN, except for qualifications or requirements of the home state.
- (r) “Unencumbered” means that a state has no current disciplinary action against an APRN’s license/authority to practice.

### **Article 3. General Provisions and Jurisdiction.**

- (a) All party states shall participate in the nurse licensure compact for registered nurses and licensed practical/vocational nurses in order to enter into the APRN compact.
- (b) No state shall enter the APRN compact until the state adopts, at a minimum, the APRN uniform licensure/authority to practice requirements for each APRN role and title recognized by the state seeking to enter the APRN compact.
- (c) APRN licensure/authority to practice issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate advanced practice privilege to the extent that the role and title are recognized by each party state. To obtain or retain APRN licensure/authority to practice as an APRN, an applicant must meet the home state’s qualifications for authority or renewal of authority as well as all other applicable state laws.
- (d) The APRN multistate advanced practice privilege does not include prescriptive authority, and does not affect any requirements imposed by states to grant to an APRN initial and continuing prescriptive authority according to state practice laws. However, a party state may grant prescriptive authority to an individual on the basis of a multistate advanced practice privilege to the extent permitted by state practice laws.
- (e) A party state may, in accordance with state due process laws, limit or revoke the multistate advanced practice privilege in the party state and may take any other necessary actions under the party state’s applicable laws to protect the health and safety of the party state’s citizens. If a party state takes action, the party state shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.
- (f) An APRN practicing in a party state must comply with the state practice laws and licensing board rules of the state in which the patient is located at the time care is provided. The APRN practice includes patient care and all advanced nursing practice defined by the party state’s practice laws. The APRN practice will subject an APRN to the jurisdiction of the licensing board, the courts, and the laws of the party state.
- (g) Individuals not residing in a party state may apply for APRN licensure/authority to practice as an APRN under the laws of a party state. However, the authority to practice granted to these individuals will not be recognized as granting the privilege to practice as an APRN in any other party state unless explicitly agreed to by that party state.

**Article 4. Applications for APRN Licensure/Authority to Practice in a Party State.**

- (a) Once an application for APRN licensure/authority to practice is submitted, a party state shall ascertain, through the coordinated licensure information system, whether:
  - (1) the applicant has held or is the holder of a nursing license/authority to practice issued by another state;
  - (2) the applicant has had a history of previous disciplinary action by any state;
  - (3) an encumbrance exists on any license/authority to practice; and
  - (4) any other adverse action by any other state has been taken against a license/authority to practice. This information may be used in approving or denying an application for APRN licensure/authority to practice.
- (b) An APRN in a party state shall hold APRN licensure/authority to practice in only one party state at a time, issued by the home state.
- (c) An APRN who intends to change the APRN's primary state of residence may apply for APRN licensure/authority to practice in the new home state in advance of such change. However, new licensure/authority to practice will not be issued by a party state until after an APRN provides evidence of change in primary state of residence satisfactory to the new home state's licensing board.
- (d) When an APRN changes primary state of residence by:
  - (1) moving between two party states, and obtains APRN licensure/authority to practice from the new home state, the APRN licensure/authority to practice from the former home state is no longer valid;
  - (2) moving from a nonparty state to a party state, and obtains APRN licensure/authority to practice from the new home state, the individual state license issued by the nonparty state is not affected and will remain in full force if so provided by the laws of the nonparty state; and
  - (3) moving from a party state to a nonparty state, the APRN licensure/authority to practice issued by the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states.

**Article 5. Adverse Actions.**

- (a) The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions, including the factual and legal basis for such action, if known. The licensing board of a remote state shall also promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports.
- (b) The licensing board of a party state shall have the authority to complete any pending investigations for an APRN who changes primary state of residence during the course of such investigations. It shall also have the authority to take appropriate action, and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.
- (c) A remote state may take adverse action affecting the multistate advanced practice privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the APRN licensure/authority to practice issued by the home state.
- (d) For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had

occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.

- (e) The home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action.
- (f) Nothing in this compact shall override a party state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the party state's laws. Party states must require APRNs who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.
- (g) All home state licensing board disciplinary orders, agreed or otherwise, which limit the scope of the APRN's practice or require monitoring of the APRN as a condition of the order shall include the requirements that the APRN will limit her or his practice to the home state during the pendency of the order. This requirement may allow the APRN to practice in other party states with prior written authorization from both the home state and party state licensing boards.

**Article 6. Additional Authorities Invested in Party State Licensing Boards.**

- (a) Notwithstanding any other powers, party state licensing boards shall have the authority to:
  - (1) if otherwise permitted by state law, recover from the affected APRN the costs of investigations and disposition of cases resulting from any adverse action taken against that APRN;
  - (2) issue subpoenas for both hearings and investigations, which require the attendance and testimony of witnesses, and the production of evidence;
  - (3) issue cease and desist orders to limit or revoke an APRN's privilege or licensure/authority to practice in their state; and
  - (4) promulgate uniform rules and regulations as provided for in Article 8(c).
- (b) Subpoenas issued by a licensing board in a party state for the attendance and testimony of witnesses, and/or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located.

**Article 7. Coordinated Licensure Information System.**

- (a) All party states shall participate in a cooperative effort to create a coordinated database of all APRNs. This system will include information on the APRN licensure/authority to practice and disciplinary history of each APRN, as contributed by party states, to assist in the coordination of APRN licensure/authority to practice and enforcement efforts.
- (b) Notwithstanding any other provision of law, all party states' licensing boards shall promptly report adverse actions, actions against multistate advanced practice privileges, any current significant investigative information yet to result in adverse action, denials of applications, and the reasons for such denials to the coordinated licensure information system.
- (c) Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.

- (d) Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.
- (e) Any personally identifiable information obtained by a party states' licensing board from the coordinated licensure information system may not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.
- (f) Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.
- (g) The compact administrators, acting jointly with each other and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.

**Article 8. Compact Administration and Interchange of Information.**

- (a) The head of the licensing board, or his/her designee, of each party state shall be the administrator of this compact for his/her state.
- (b) The compact administrator of each party state shall furnish to the compact administrator of each other party state any information and documents including, but not limited to, a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation information to facilitate the administration of this compact.
- (c) Compact administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of this compact. These uniform rules shall be adopted by party states, under the authority invested under Article 6(a)(4).

**Article 9. Immunity.**

No party state or the officers or employees or agents of a party state's licensing board who act in accordance with the provisions of this compact shall be liable on account of any act or omission in good faith while engaged in the performance of their duties under this compact. Good faith in this article shall not include willful misconduct, gross negligence, or recklessness.

**Article 10. Entry into Force, Withdrawal, and Amendment.**

- (a) This compact shall enter into force and become effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this compact by enacting a statute repealing the same, but no such withdrawal shall take effect until six months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.
- (b) No withdrawal shall affect the validity or applicability by the licensing boards of states remaining party to the compact of any report of adverse action occurring prior to the withdrawal.
- (c) Nothing contained in this compact shall be construed to invalidate or prevent any APRN licensure/authority to practice agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with the other provisions of this compact.

- (d) This compact may be amended by the party states. No amendment to this compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

**Article 11. Construction and Severability.**

- (a) This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any state party thereto, the compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.
- (b) In the event party states find a need for settling disputes arising under this compact:
  - (1) the party states may submit the issues in dispute to an arbitration panel which will be composed of an individual appointed by the compact administrator in the home state, an individual appointed by the compact administrator in the remote state involved, and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute; and
  - (2) the decision of a majority of the arbitrators shall be final and binding.

**Sec. 305.002. Board Authority.**

Notwithstanding any provision of this chapter, the Texas Board of Nursing may establish criteria for recognizing advanced practice registered nurses under the NCSBN APRN Compact.

**Sec. 305.003. Rules; Expiration of Chapter.**

- (a) The Texas Board of Nursing may adopt rules necessary to implement this chapter.
- (b) If the board does not adopt rules to implement the compact under this chapter before December 31, 2011, the board may not implement the NCSBN APRN Compact and this chapter expires December 31, 2011.

**Sec. 305.004. Applicability of Chapter.**

If a provision of this chapter or another state's law under the NCSBN APRN Compact conflicts with the laws of this state, the laws of this state prevail.

**Sec. 305.005. Rights and Obligations.**

- (a) Unless the context indicates otherwise, or doing so would be inconsistent with the NCSBN APRN Compact, nurses practicing in this state under a license issued by a state that is a party to the NCSBN APRN Compact have the same rights and obligations as imposed by the laws of this state on license holders of the Texas Board of Nursing.
- (b) The Texas Board of Nursing has the authority to determine whether a right or obligation imposed on license holders applies to nurses practicing in this state under a license issued by a state that is a party to the NCSBN APRN Compact unless that determination is inconsistent with the NCSBN APRN Compact.

**Sec. 305.006. Enforcement.**

The Texas Board of Nursing is the state agency responsible for taking action against nurses practicing in this state under a license issued by a state that is a party to the NCSBN APRN Compact as authorized by the NCSBN APRN Compact. The action shall be taken in accordance with the same procedures for taking action against nurses licensed by this state.

[Chapter 305 added by Acts 2007 (H.B. 2426), 80<sup>th</sup> Leg., eff. Sept. 1, 2007]