

RULE ANALYSIS

Introduction: THE NEW RULES ARE SUBMITTED TO THE BOARD FOR CONSIDERATION AS A PROPOSED RULE

Short Title: Controlled Substances

Rule Numbers: §§315.1 – 315.15

Statutory Authority: Texas Pharmacy Act, Chapter 551-569, Occupations Code:

- (1) Section 551.002 specifies that the purpose of the Act is to protect the public through the effective control and regulation of the practice of pharmacy; and
- (2) Section 554.051 gives the Board the authority to adopt rules for the proper administration and enforcement of the Act.

Purpose: The new rules, if adopted, implement the provisions of SB 195 passed during the 83rd Legislative Session.

**TITLE 37 PUBLIC SAFETY AND CORRECTIONS
PART 1 TEXAS DEPARTMENT OF PUBLIC SAFETY
CHAPTER 13 CONTROLLED SUBSTANCES
SUBCHAPTER A GENERAL PROVISIONS**

**TITLE 22 EXAMINING BOARDS
PART 15 TEXAS STATE BOARD OF PHARMACY
CHAPTER 315 CONTROLLED SUBSTANCES**

§13.1 Definitions

The following terms in this section, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise.

- (1) Act--The Texas Controlled Substances Act (Texas Health and Safety Code, Chapter 481).
- (2) Controlled substances registration (CSR)--A registration issued pursuant to the Act.
- (3) Day--A calendar day unless the context clearly indicates a business day.
- (4) Department (DPS)--The Texas Department of Public Safety.
- (5) Drug Enforcement Administration (DEA)--The Federal Drug Enforcement Administration.
- (6) Electronic transmission--The transmission of information in electronic form such as computer to computer, electronic device to computer, e-mail, or the transmission of the exact visual image of a document by way of electronic media.
- (7) Emergency medical service (EMS)--An entity recognized as such under Texas Administrative Code, Title 22, Part 9, Chapter 197.
- (8) Emergency medical service medical director (EMSMD)--A person recognized as such under Texas Administrative Code, Title 22, Part 9, Chapter 197.
- (9) Emergency medical service provider (EMSP)--A person licensed as such by the Texas Department of State Health Services.
- (10) Emergency situation--A situation described in the Code of Federal

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- (2) Day--A calendar day unless the context clearly indicates a business day.
- (3) Drug Enforcement Administration (DEA)--The Federal Drug Enforcement Administration.
- (4) Electronic transmission--The transmission of information in electronic form such as computer to computer, electronic device to computer, e-mail, or the transmission of the exact visual image of a document by way of electronic media.
- (5) Emergency situation--A situation described in the Code of

<p>Regulations, Title 21, §1306.11(d).</p> <p>(11) First responder organization (FRO)--An organization certified as such by the Texas Department of State Health Services.</p> <p>(12) Individual practitioner--A physician, dentist, veterinarian, optometrist, podiatrist, or other individual licensed, registered, or otherwise permitted to dispense a controlled substance in the course of professional practice, but does not include a pharmacist, a pharmacy, or an institutional practitioner.</p> <p>(13) Institutional practitioner--A hospital or other person (other than an individual practitioner) licensed, registered, or otherwise permitted to dispense a controlled substance in the course of professional practice, but does not include a pharmacy.</p> <p>(14) Laboratory apparatus--An item subject to Subchapter E of this chapter (relating to Precursors and Apparatus).</p> <p>(15) Locum tenen--An individual practitioner who practices in a temporary position in this state and licensed by the appropriate Texas state licensing board.</p> <p>(16) Long-term care facility (LTCF)--An establishment licensed as such by the Texas Department of Aging and Disability Services.</p> <p>(17) Mid-level practitioner--An individual practitioner, other than a physician, dentist, veterinarian, optometrist, or podiatrist, who is licensed, registered, or otherwise permitted to dispense a controlled substance in the course of professional practice. Examples of mid-level practitioners include, but are not limited to, health care providers such as advanced practice nurse and physician assistants who are authorized to dispense controlled substances.</p> <p>(18) NDC #--A National Drug Code number.</p> <p>(19) Physician assistant--An individual licensed as such by the Texas Physician Assistant Board.</p> <p>(20) Record--A notification, order form, statement, invoice,</p>	<p>Federal Regulations, Title 21, §1306.11(d).</p> <p>(6) Individual practitioner--A physician, dentist, veterinarian, optometrist, podiatrist, or other individual licensed, registered, or otherwise permitted to dispense a controlled substance in the course of professional practice, but does not include a pharmacist, a pharmacy, or an institutional practitioner.</p> <p>(7) Institutional practitioner--A hospital or other person (other than an individual practitioner) licensed, registered, or otherwise permitted to dispense a controlled substance in the course of professional practice, but does not include a pharmacy.</p> <p>(8) Locum tenen--An individual practitioner who practices in a temporary position in this state and licensed by the appropriate Texas state licensing board.</p> <p>(9) Long-term care facility (LTCF)--An establishment licensed as such by the Texas Department of Aging and Disability Services.</p> <p>(10) Mid-level practitioner--An individual practitioner, other than a physician, dentist, veterinarian, optometrist, or podiatrist, who is licensed, registered, or otherwise permitted to dispense a controlled substance in the course of professional practice. Examples of mid-level practitioners include, but are not limited to, health care providers such as advanced practice nurse and physician assistants who are authorized to dispense controlled substances.</p> <p>(11) NDC #--A National Drug Code number.</p> <p>(12) Physician assistant--An individual licensed as such by the Texas Physician Assistant Board.</p> <p>(13) Record--A notification, order form, statement, invoice,</p>
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<p>prescription, inventory information, or other document for the acquisition or disposal of a controlled substance, precursor, or apparatus in any manner by a registrant or permit holder under a record keeping or inventory requirement of federal law, the Act, or this chapter.</p> <p>(21) Reportable prescription--A prescription for a controlled substance:</p> <p>(A) listed in Schedule II through V; and</p> <p>(B) not excluded from this chapter by a rule adopted under the Act, §481.0761(b).</p> <p>(22) Temporary controlled substances registration (TCSR)--A controlled substances registration issued to a locum tenen or a health practitioner for a period of time not to exceed 90 days.</p> <p>§13.71 Official Prescription Form</p> <p>(a) A practitioner may order official prescription forms from the department only if the practitioner is registered by the department and the DEA to prescribe a Schedule II controlled substance.</p> <p>(b) The department is the sole source for the official prescription forms.</p> <p>(c) This subsection applies only to an institutional practitioner who is employed by a hospital or other training institution registered by the department. An institutional practitioner authorized by a hospital or institution to prescribe a Schedule II controlled substance under the registration of the hospital or institution may order official prescription forms under this section if:</p> <p>(1) the practitioner prescribes a controlled substance in the usual course of the practitioner's training, teaching program, or employment at the hospital or institution;</p>	<p>prescription, inventory information, or other document for the acquisition or disposal of a controlled substance, precursor, or apparatus in any manner by a registrant or permit holder under a record keeping or inventory requirement of federal law, the Act, or this chapter.</p> <p>(14) Reportable prescription--A prescription for a controlled substance:</p> <p>(A) listed in Schedule II through V; and</p> <p>(B) not excluded from this chapter by a rule adopted under the Act, §481.0761(b).</p> <p>(15) Temporary controlled substances registration (TCSR)--A controlled substances registration issued to a locum tenen or a health practitioner for a period of time not to exceed 90 days.</p> <p>§315.2 Official Prescription Form</p> <p>(a) A practitioner may order official prescription forms from the <u>board</u> only if the practitioner is registered by the DEA to prescribe a Schedule II controlled substance.</p> <p>(b) The board is the sole source for the official prescription forms. However, official prescription forms issued prior to September 1, 2016, by the Texas Department of Public Safety are valid.</p> <p>(c) This subsection applies only to an institutional practitioner who is employed by a hospital or other training institution. An institutional practitioner authorized by a hospital or institution to prescribe a Schedule II controlled substance under the DEA registration of the hospital or institution may order official prescription forms under this section if:</p> <p>(1) the practitioner prescribes a controlled substance in the usual course of the practitioner's training, teaching program, or employment at the hospital or institution;</p>
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(2) the appropriate state health regulatory agency has assigned an institutional permit or similar number to the practitioner; and

(3) the hospital or institution:

(A) maintains a current list of each institutional practitioner and each assigned institutional permit number; and

(B) makes the list available to another registrant or a member of a state health regulatory or law enforcement agency for the purpose of verifying the authority of the practitioner to prescribe the substance.

(d) An advanced practice registered nurse or physician assistant operating under a prescriptive authority agreement pursuant to Texas Occupations Code, Chapter 157 may order official prescription forms under this section if authority to prescribe has been delegated by a physician identified on the registrant's DPS controlled substances registration. Upon withdrawal of the delegating physician's authority such forms are void and must be returned to the department.

§13.72 Prescriptions

(a) Schedule II Prescriptions.

(1) Except as provided by subsection (e) of this section, a practitioner, as defined in the Act, §481.002(39)(A), must issue a written prescription for a Schedule II controlled substance only on an official Texas prescription form or through an electronic prescription that includes the controlled substances registration number issued by the department and meets all requirements of the Act. This subsection also applies to a prescription issued in an emergency situation.

(2) A practitioner who issues a written prescription for any quantity of a Schedule II controlled substance must complete an official prescription form by legibly completing the spaces provided.

(3) A practitioner may issue multiple written prescriptions authorizing a patient to receive up to a 90-day supply of a Schedule II controlled substance provided:

(2) the appropriate state health regulatory agency has assigned an institutional permit or similar number to the practitioner; and

(3) the hospital or institution:

(A) maintains a current list of each institutional practitioner and each assigned institutional permit number; and

(B) makes the list available to another registrant or a member of a state health regulatory or law enforcement agency for the purpose of verifying the authority of the practitioner to prescribe the substance.

(d) An advanced practice registered nurse or physician assistant operating under a prescriptive authority agreement pursuant to Texas Occupations Code, Chapter 157 may order official prescription forms under this section if authority to prescribe has been delegated by a physician. Upon withdrawal of the delegating physician's authority such forms are void and must be returned to the board.

§315.3 Prescriptions

(a) Schedule II Prescriptions.

(1) Except as provided by subsection (e) of this section, a practitioner, as defined in the Act, §481.002(39)(A), must issue a written prescription for a Schedule II controlled substance only on an official Texas prescription form or through an electronic prescription that meets all requirements of the Act. This subsection also applies to a prescription issued in an emergency situation.

(2) A practitioner who issues a written prescription for any quantity of a Schedule II controlled substance must complete an official prescription form by legibly completing the spaces provided.

(3) A practitioner may issue multiple written prescriptions authorizing a patient to receive up to a 90-day supply of a Schedule II controlled substance provided:

<p>(A) each prescription is issued for a legitimate medical purpose while practitioner is acting in the usual course of professional practice;</p> <p>(B) the practitioner provides written instructions on each prescription, other than the first prescription that is to be filled within 21 days of issuance, indicating the earliest date on which a pharmacy may fill each prescription; and</p> <p>(C) the practitioner concludes that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse.</p> <p>(b) Schedules III through V Prescriptions.</p> <p>(1) A practitioner, as defined in the Act, §481.002(39)(A), (C), (D), may use prescription forms and order forms through individual sources. A practitioner may issue, or allow to be issued by a person under the practitioner's direction or supervision, a Schedule III through V controlled substance on a prescription form for a valid medical purpose and in the course of medical practice.</p> <p>(2) Schedule III through V prescriptions may be refilled up to five times within six months after date of issuance.</p> <p>(c) Electronic prescription. A practitioner is permitted to issue and to dispense an electronic controlled substance prescription only in accordance with the requirements of the Code of Federal Regulations, Title 21, Part 1311.</p> <p>(d) Controlled Substance prescriptions may not be postdated.</p> <p>(e) Advanced practice registered nurses or physician assistants may only use the official prescription forms issued with their name, address, phone number, DPS and DEA numbers, and the delegating physician's name and DPS number. The official prescription order form must be signed by the requesting advanced practice registered nurse or physician assistant, and by the delegating physician.</p> <p>§13.73 Exceptions to Use of Form</p>	<p>(A) each prescription is issued for a legitimate medical purpose while practitioner is acting in the usual course of professional practice;</p> <p>(B) the practitioner provides written instructions on each prescription, other than the first prescription that is to be filled within 21 days of issuance, indicating the earliest date on which a pharmacy may fill each prescription; and</p> <p>(C) the practitioner concludes that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse.</p> <p>(b) Schedules III through V Prescriptions.</p> <p>(1) A practitioner, as defined in the Act, §481.002(39)(A), (C), (D), may use prescription forms and order forms through individual sources. A practitioner may issue, or allow to be issued by a person under the practitioner's direction or supervision, a Schedule III through V controlled substance on a prescription form for a valid medical purpose and in the course of medical practice.</p> <p>(2) Schedule III through V prescriptions may be refilled up to five times within six months after date of issuance.</p> <p>(c) Electronic prescription. A practitioner is permitted to issue and to dispense an electronic controlled substance prescription only in accordance with the requirements of the Code of Federal Regulations, Title 21, Part 1311.</p> <p>(d) Controlled Substance prescriptions may not be postdated.</p> <p>(e) Advanced practice registered nurses or physician assistants may only use the official prescription forms issued with their name, address, phone number, and DEA numbers, and the delegating physician's name and DEA number. The official prescription order form must be signed by the requesting advanced practice registered nurse or physician assistant, and by the delegating physician.</p> <p>§315.5 Exceptions to Use of Form</p>
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<p>(a) An official prescription form is not required for a medication order written for a patient who is admitted to a hospital at the time the medication order is written and filled.</p> <p>(1) A practitioner may dispense or cause to be dispensed a Schedule II controlled substance to a patient who:</p> <p>(A) is admitted to the hospital; and</p> <p>(B) will require an emergency quantity of a controlled substance upon release from the hospital.</p> <p>(2) Under paragraph (1) of this subsection, the controlled substance:</p> <p>(A) may only be dispensed in a properly labeled container; and</p> <p>(B) may not be more than a seven-day supply or the minimum amount needed for proper treatment of the patient until the patient can obtain access to a pharmacy, whichever is less.</p> <p>(b) Subsection (a) of this section applies to a patient who is admitted to a hospital, including a patient:</p> <p>(1) admitted to:</p> <p>(A) a general hospital, special hospital, licensed ambulatory surgical center, surgical suite in a dental school, or veterinary medical school; or</p> <p>(B) a hospital clinic or emergency room, if the clinic or emergency room is under the control, direction, and administration as an integral part of a general or special hospital;</p> <p>(2) receiving treatment with a Schedule II controlled substance from a member of a Life Flight or similar medical team or an emergency medical ambulance crew or a paramedic-emergency medical technician operating as an extension of an emergency room of a general or special hospital; or</p>	<p>(a) An official prescription form is not required for a medication order written for a patient who is admitted to a hospital at the time the medication order is written and filled.</p> <p>(1) A practitioner may dispense or cause to be dispensed a Schedule II controlled substance to a patient who:</p> <p>(A) is admitted to the hospital; and</p> <p>(B) will require an emergency quantity of a controlled substance upon release from the hospital.</p> <p>(2) Under paragraph (1) of this subsection, the controlled substance:</p> <p>(A) may only be dispensed in a properly labeled container; and</p> <p>(B) may not be more than a seven-day supply or the minimum amount needed for proper treatment of the patient until the patient can obtain access to a pharmacy, whichever is less.</p> <p>(b) Subsection (a) of this section applies to a patient who is admitted to a hospital, including a patient:</p> <p>(1) admitted to:</p> <p>(A) a general hospital, special hospital, licensed ambulatory surgical center, surgical suite in a dental school, or veterinary medical school; or</p> <p>(B) a hospital clinic or emergency room, if the clinic or emergency room is under the control, direction, and administration as an integral part of a general or special hospital;</p> <p>(2) receiving treatment with a Schedule II controlled substance from a member of a Life Flight or similar medical team or an emergency medical ambulance crew or a paramedic-emergency medical technician operating as an extension of an emergency room of a general or special hospital; or</p>
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(3) receiving treatment with a Schedule II controlled substance while the patient is an inmate incarcerated in a correctional facility operated by the Texas Department of Criminal Justice or a correctional facility operating in accordance with the Health Services Plan adopted by the Texas Commission on Jail Standards.

(c) Subsection (a) of this section applies to an animal admitted to an animal hospital, including an animal that is a permanent resident of a zoo, wildlife park, exotic game ranch, wildlife management program, or state or federal research facility.

(d) An official prescription form is not required in a long-term care facility (LTCF) if:

(1) an individual administers the substance to an inpatient from the facility's medical emergency kit;

(2) the individual administering the substance is an authorized practitioner or an agent acting under the practitioner's order; and

(3) the facility maintains the proper records as required for an emergency medical kit in an LTCF.

(e) An official prescription form is not required when a therapeutic optometrist administers a topical ocular pharmaceutical agent in compliance with:

(1) the Texas Optometry Act; and

(2) a rule adopted by the Texas Optometry Board under the authority of the Texas Optometry Act.

§13.74 Pharmacy Responsibility - Generally

(a) Upon receipt of a properly completed prescription form, a dispensing pharmacist must:

(1) if the prescription is for a Schedule II controlled substance, ensure

(3) receiving treatment with a Schedule II controlled substance while the patient is an inmate incarcerated in a correctional facility operated by the Texas Department of Criminal Justice or a correctional facility operating in accordance with the Health Services Plan adopted by the Texas Commission on Jail Standards.

(c) Subsection (a) of this section applies to an animal admitted to an animal hospital, including an animal that is a permanent resident of a zoo, wildlife park, exotic game ranch, wildlife management program, or state or federal research facility.

(d) An official prescription form is not required in a long-term care facility (LTCF) if:

(1) an individual administers the substance to an inpatient from the facility's medical emergency kit;

(2) the individual administering the substance is an authorized practitioner or an agent acting under the practitioner's order; and

(3) the facility maintains the proper records as required for an emergency medical kit in an LTCF.

(e) An official prescription form is not required when a therapeutic optometrist administers a topical ocular pharmaceutical agent in compliance with:

(1) the Texas Optometry Act; and

(2) a rule adopted by the Texas Optometry Board under the authority of the Texas Optometry Act.

§315.6 Pharmacy Responsibility - Generally

(a) Upon receipt of a properly completed prescription form, a dispensing pharmacist must:

(1) if the prescription is for a Schedule II controlled substance,

<p>the date the prescription is presented is not later than 21 days after the date of issuance;</p> <p>(2) if multiple prescriptions are issued by the prescribing practitioner allowing up to a 90-day supply of Schedule II controlled substances, ensure each prescription is neither filled prior to the earliest date intended by the practitioner nor filled beyond 21 days from the earliest date the prescription may be filled;</p> <p>(3) enter the date filled and the pharmacy prescription number;</p> <p>(4) indicate whether the pharmacy dispensed to the patient a quantity less than the quantity prescribed; and</p> <p>(5) if issued on an official prescription form, enter the following information, if different from the prescribing practitioner's information:</p> <p>(A) the brand name or, if none, the generic name of the controlled substance dispensed; or</p> <p>(B) the strength, quantity, and dosage form of the Schedule II controlled substance used to prepare the mixture or compound.</p> <p>(b) The prescription presented for filling is void, and a new prescription is required, if:</p> <p>(1) the prescription is for a Schedule II controlled substance, 21 days after issuance, or 21 days after any earliest fill date; or</p> <p>(2) the prescription is for a Schedule III, IV, or V controlled substance, more than six months after issuance or has been filled five times during the six months after issuance.</p> <p>§13.75 Pharmacy Responsibility - Electronic Reporting</p> <p>Within the time required by the Act, a pharmacy must submit to the department the following data elements from all filled controlled substance prescriptions:</p> <p>(1) the prescribing practitioner's DEA registration number including the</p>	<p>ensure the date the prescription is presented is not later than 21 days after the date of issuance;</p> <p>(2) if multiple prescriptions are issued by the prescribing practitioner allowing up to a 90-day supply of Schedule II controlled substances, ensure each prescription is neither filled prior to the earliest date intended by the practitioner nor filled beyond 21 days from the earliest date the prescription may be filled;</p> <p>(3) enter the date filled and the pharmacy prescription number;</p> <p>(4) indicate whether the pharmacy dispensed to the patient a quantity less than the quantity prescribed; and</p> <p>(5) if issued on an official prescription form, enter the following information, if different from the prescribing practitioner's information:</p> <p>(A) the brand name or, if none, the generic name of the controlled substance dispensed; or</p> <p>(B) the strength, quantity, and dosage form of the Schedule II controlled substance used to prepare the mixture or compound.</p> <p>(b) The prescription presented for filling is void, and a new prescription is required, if:</p> <p>(1) the prescription is for a Schedule II controlled substance, 21 days after issuance, or 21 days after any earliest fill date; or</p> <p>(2) the prescription is for a Schedule III, IV, or V controlled substance, more than six months after issuance or has been filled five times during the six months after issuance.</p> <p>§315.7 Pharmacy Responsibility - Electronic Reporting</p> <p>Within the time required by the Act, a pharmacy must submit to the board the following data elements from all filled controlled substance prescriptions:</p> <p>(1) the prescribing practitioner's DEA registration number including</p>
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<p>prescriber's identifying suffix of the authorizing hospital or other institution's DEA number when applicable;</p> <p>(2) the official prescription form control number if filled from a written official prescription form, unless the prescription is electronic and meets the requirements of Code of Federal Regulations, Title 21, Part 1311;</p> <p>(3) the department's designated placeholder entered into the control number field if the prescription is electronic;</p> <p>(4) the patient's name, age or date of birth, and address including city, state, and zip code; or such information on the animal's owner if the prescription is for veterinarian services;</p> <p>(5) the date the prescription was issued and filled;</p> <p>(6) the NDC # of the controlled substance dispensed;</p> <p>(7) the quantity of controlled substance dispensed;</p> <p>(8) the pharmacy's prescription number; and</p> <p>(9) the pharmacy's DEA registration number.</p> <p>§13.76 Waiver from Electronic Reporting</p> <p>(a) If a pharmacy fills less than 15 prescriptions per month, the pharmacy may request from the department a waiver from electronic reporting. If a waiver is granted, the pharmacy must file reportable prescriptions with the department on an approved form.</p> <p>(b) If for technological reasons a pharmacy cannot meet the electronic reporting requirements, the pharmacy may request from the department a waiver from electronic reporting. The request must clearly describe the technological inadequacies of the pharmacy.</p> <p>(c) The waiver must be requested annually, in writing.</p> <p>(d) If granted, the waiver will remain in effect for no longer than 12 months, beginning the first day of the month following the month the</p>	<p>the prescriber's identifying suffix of the authorizing hospital or other institution's DEA number when applicable;</p> <p>(2) the official prescription form control number if filled from a written official prescription form, unless the prescription is electronic and meets the requirements of Code of Federal Regulations, Title 21, Part 1311;</p> <p>(3) the board's designated placeholder entered into the control number field if the prescription is electronic;</p> <p>(4) the patient's name, age or date of birth, and address including city, state, and zip code; or such information on the animal's owner if the prescription is for veterinarian services;</p> <p>(5) the date the prescription was issued and filled;</p> <p>(6) the NDC # of the controlled substance dispensed;</p> <p>(7) the quantity of controlled substance dispensed;</p> <p>(8) the pharmacy's prescription number; and</p> <p>(9) the pharmacy's DEA registration number.</p>
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waiver was granted.

(e) The department may rescind a waiver if the reason for the waiver no longer exists.

§13.77 Pharmacy Responsibility - Non-electronic Reporting

(a) A pharmacy must comply with electronic reporting requirements of this chapter, unless the pharmacy has obtained a waiver from the department.

(b) Within the time required by the Act, a pharmacy approved for non-electronic reporting under this subchapter must submit the following information to the department on a form approved by the department:

- (1) the information required under this chapter;
- (2) the prescribing practitioner's name; and
- (3) the dispensing pharmacy's name, address, and telephone number.

(c) The department expressly approves the following non-electronic reporting forms, if the form legibly provides all information required by subsection (b) of this section.

- (1) A copy of an official prescription form, if issued for a Schedule II controlled substance.
- (2) A copy of the prescription form, if issued for a Schedule III, IV, or V controlled substance.
- (3) A printed computer record of the prescription.

§13.78 Pharmacy Responsibility - Oral, Telephonic, or Emergency Prescription

(a) If a pharmacy dispenses a controlled substance pursuant to an orally or telephonically communicated prescription from a practitioner or the practitioner's designated agent, the prescription must be promptly

§315.8 Pharmacy Responsibility - Oral, Telephonic, or Emergency Prescription

(a) If a pharmacy dispenses a controlled substance pursuant to an orally or telephonically communicated prescription from a practitioner or the practitioner's designated agent, the prescription must be

<p>reduced to writing, including the information required:</p> <p>(1) by law for a standard prescription; and</p> <p>(2) by law and this subchapter for an official prescription, if issued for a Schedule II controlled substance in an emergency situation.</p> <p>(b) After dispensing a Schedule II controlled substance pursuant to an orally or telephonically communicated prescription, the dispensing pharmacy must:</p> <p>(1) maintain the written record created under subsection (a) of this section;</p> <p>(2) note the emergency nature of the prescription;</p> <p>(3) upon receipt from the practitioner, attach the original official prescription to the orally or telephonically communicated prescription; and</p> <p>(4) retain both documents in the pharmacy records.</p> <p>(c) A pharmacy that dispenses Schedule III, IV, or V controlled substances pursuant to an orally or telephonically communicated prescription must inform the prescribing practitioner in the event of an emergency refill of the prescription.</p> <p>(d) All records generated under this section must be maintained for two years from the date the substance was dispensed.</p>	<p>promptly reduced to writing, including the information required:</p> <p>(1) by law for a standard prescription; and</p> <p>(2) by law and this subchapter for an official prescription, if issued for a Schedule II controlled substance in an emergency situation.</p> <p>(b) After dispensing a Schedule II controlled substance pursuant to an orally or telephonically communicated prescription, the dispensing pharmacy must:</p> <p>(1) maintain the written record created under subsection (a) of this section;</p> <p>(2) note the emergency nature of the prescription;</p> <p>(3) upon receipt from the practitioner, attach the original official prescription to the orally or telephonically communicated prescription; and</p> <p>(4) retain both documents in the pharmacy records.</p> <p>(c) A pharmacy that dispenses Schedule III, IV, or V controlled substances pursuant to an orally or telephonically communicated prescription must inform the prescribing practitioner in the event of an emergency refill of the prescription.</p> <p>(d) All records generated under this section must be maintained for two years from the date the substance was dispensed.</p>
<p>§13.79 Pharmacy Responsibility - Modification of Prescription</p> <p>The pharmacy is responsible for documenting the following information regarding a modified prescription:</p> <p>(1) date the change or adding of information was authorized;</p> <p>(2) information that was authorized to be added or changed;</p> <p>(3) name of the prescribing practitioner granting the authorization; and</p>	<p>§315.9 Pharmacy Responsibility - Modification of Prescription</p> <p>The pharmacy is responsible for documenting the following information regarding a modified prescription:</p> <p>(1) date the change or adding of information was authorized;</p> <p>(2) information that was authorized to be added or changed;</p> <p>(3) name of the prescribing practitioner granting the authorization;</p>

<p>(4) initials of the pharmacist.</p> <p>§13.80 Pharmacy Responsibility - Out-of-State Practitioner</p> <p>(a) A Schedule II controlled substance prescription issued by a practitioner in another state not on the department's official prescription form may be filled if:</p> <p>(1) the practitioner is authorized by the other state to prescribe the substance;</p> <p>(2) the pharmacy has a plan approved by and on file with the department allowing the activity; and</p> <p>(3) the pharmacy processes and submits the prescription according to the reporting requirements approved in the plan.</p> <p>(b) The pharmacy may fill a prescription for a Schedule III through V controlled substance issued by a practitioner in another state if the practitioner is authorized by the other state to prescribe the substance.</p> <p>§13.81 Return of Unused Official Prescription Form</p> <p>(a) An unused official prescription form is invalid and the practitioner or another person acting on behalf of the practitioner must return the unused form to the department with an appropriate explanation not later than the 30th day after the date:</p> <p>(1) the practitioner's license to practice, Texas controlled substances registration number, or DEA number is canceled, revoked, suspended, denied, or surrendered or amended to exclude the handling of all Schedule II controlled substances; or</p> <p>(2) the practitioner is deceased.</p> <p>(b) An individual who is an institutional practitioner must return an unused official prescription form to the administrator of the hospital or</p>	<p>and</p> <p>(4) initials of the pharmacist.</p> <p>§315.10 Pharmacy Responsibility - Out-of-State Practitioner</p> <p>(a) A Schedule II controlled substance prescription issued by a practitioner in another state not on the board's official prescription form may be filled if:</p> <p>(1) the practitioner is authorized by the other state to prescribe the substance;</p> <p>(2) the pharmacy has a plan approved by and on file with the board allowing the activity; and</p> <p>(3) the pharmacy processes and submits the prescription according to the reporting requirements approved in the plan.</p> <p>(b) The pharmacy may fill a prescription for a Schedule III through V controlled substance issued by a practitioner in another state if the practitioner is authorized by the other state to prescribe the substance.</p> <p>§315.11 Return of Unused Official Prescription Form</p> <p>(a) An unused official prescription form is invalid and the practitioner or another person acting on behalf of the practitioner must return the unused form to the board with an appropriate explanation not later than the 30th day after the date:</p> <p>(1) the practitioner's license to practice, DEA number is canceled, revoked, suspended, denied, or surrendered or amended to exclude the handling of all Schedule II controlled substances; or</p> <p>(2) the practitioner is deceased.</p> <p>(b) An individual who is an institutional practitioner must return an unused official prescription form to the administrator of the hospital or</p>
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<p>other training institution upon completion or termination of the individual's training at the hospital or institution. The administrator must return an unused official prescription form to the department not later than the 30th day after the date the individual completes or terminates all training programs.</p>	<p>other training institution upon completion or termination of the individual's training at the hospital or institution. The administrator must return an unused official prescription form to the board not later than the 30th day after the date the individual completes or terminates all training programs.</p>
<p>(c) No individual may continue to use an official prescription form issued under an institutional practitioner's permit number or similar number after the individual has been properly and individually licensed as a practitioner by the appropriate state health regulatory agency.</p>	<p>(c) No individual may continue to use an official prescription form issued under an institutional practitioner's DEA number or similar number after the individual has been properly and individually licensed as a practitioner by the appropriate state health regulatory agency.</p>
<p>§13.82 Release of Prescription Data</p>	<p>§315.12 Release of Prescription Data</p>
<p>(a) A person listed under §481.076(a)(3) of the Act must show proper need for the information when requesting the release of prescription data. The showing of proper need is ongoing. The department will require the person to periodically submit a Return of Information report documenting use of the information and the status of the investigation or prosecution giving rise to the request.</p>	<p>(a) A person listed under §481.076(a)(3) of the Act must show proper need for the information when requesting the release of prescription data. The showing of proper need is ongoing. The board will require the person to periodically submit a Return of Information report documenting use of the information and the status of the investigation or prosecution giving rise to the request.</p>
<p>(b) A pharmacy technician, as defined by Texas Occupations Code, §551.003, acting at the direction of a pharmacist otherwise entitled to access the requested data, may be provided access if:</p>	<p>(b) A pharmacy technician, as defined by Texas Occupations Code, §551.003, acting at the direction of a pharmacist otherwise entitled to access the requested data, may be provided access if:</p>
<p>(1) the pharmacy technician and the delegating pharmacist are employed at the same pharmacy;</p>	<p>(1) the pharmacy technician and the delegating pharmacist are employed at the same pharmacy;</p>
<p>(2) the pharmacy technician requesting access is authorized to access the requested data, pursuant to the requirements of subsection (e) of this section; and</p>	<p>(2) the pharmacy technician requesting access is authorized to access the requested data, pursuant to the requirements of subsection (e) of this section; and</p>
<p>(3) the pharmacy technician requesting access provides proper identification pursuant to subsection (d) of this section.</p>	<p>(3) the pharmacy technician requesting access provides proper identification pursuant to subsection (d) of this section.</p>
<p>(c) A nurse licensed under Texas Occupations Code, Chapter 301 and acting at the direction of a practitioner who is otherwise entitled to access the requested data may be provided access if:</p>	<p>(c) A nurse licensed under Texas Occupations Code, Chapter 301 and acting at the direction of a practitioner who is otherwise entitled to access the requested data may be provided access if:</p>
<p>(1) the nurse and the delegating practitioner are employed at the same</p>	<p>(1) the nurse and the delegating practitioner are employed at the</p>

<p>medical facility;</p> <p>(2) the nurse requesting access is authorized to access the requested data, pursuant to the requirements of subsection (e) of this section; and</p> <p>(3) the nurse requesting access provides proper identification pursuant to subsection (d) of this section.</p> <p>(d) Evidence of the nurse's or pharmacy technician's identity shall include:</p> <p>(1) full name as provided on the state issued driver license;</p> <p>(2) driver license number and state of issuance; and</p> <p>(3) state board license number.</p> <p>(e) Authorization to access prescription data on behalf of a practitioner or pharmacist must be submitted in writing to the department and must include:</p> <p>(1) the name and signature of the authorized nurse or pharmacy technician; and</p> <p>(2) the name, signature, and the DPS, DEA, and state board license numbers of the delegating practitioner or pharmacist.</p> <p>(f) Upon termination of employment or other basis for withdrawal of authorization, the delegating practitioner or pharmacist is responsible for ensuring the department is notified of the withdrawal of authorization. Failure to maintain the accuracy of the information provided to the department under subsection (e) of this section or otherwise enabling unauthorized access to the prescription data maintained by the department under the Act may result in administrative action against the responsible registrant.</p> <p>(g) A practitioner or pharmacist may authorize no more than four individuals to access the requested data. However, a practitioner may exceed this number when the requested data is required for emergency medical care. Emergency medical care is that care provided to a person</p>	<p>same medical facility;</p> <p>(2) the nurse requesting access is authorized to access the requested data, pursuant to the requirements of subsection (e) of this section; and</p> <p>(3) the nurse requesting access provides proper identification pursuant to subsection (d) of this section.</p> <p>(d) Evidence of the nurse's or pharmacy technician's identity shall include:</p> <p>(1) full name as provided on the state issued driver license;</p> <p>(2) driver license number and state of issuance; and</p> <p>(3) state board license number.</p> <p>(e) Authorization to access prescription data on behalf of a practitioner or pharmacist must be submitted in writing to the board and must include:</p> <p>(1) the name and signature of the authorized nurse or pharmacy technician; and</p> <p>(2) the name, signature, and the DEA and state board license numbers of the delegating practitioner or pharmacist.</p> <p>(f) Upon termination of employment or other basis for withdrawal of authorization, the delegating practitioner or pharmacist is responsible for ensuring the board is notified of the withdrawal of authorization. Failure to maintain the accuracy of the information provided to the board under subsection (e) of this section or otherwise enabling unauthorized access to the prescription data maintained by the board under the Act may result in administrative action against the responsible registrant.</p> <p>(g) A practitioner or pharmacist may authorize no more than four individuals to access the requested data. However, a practitioner may exceed this number when the requested data is required for</p>
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who is unconscious, ill, or injured, when the reasonable apparent circumstances require prompt decisions and actions in care and when the necessity of immediate care is so reasonably apparent that any delay in the rendering of care or treatment would seriously worsen the physical condition or endanger the life of the person.

§13.83 Schedule III through V Prescription Forms

(a) A practitioner, as defined in the Act, §481.002(39)(A), (C), and (D), may use prescription forms ordered through individual sources or through an electronic prescription that includes the controlled substances registration number issued by the department and meets all requirements of the Act.

(b) If a written prescription form is to be used to prescribe a controlled substance the dispensing practitioner must be registered with the department and the DEA under both state and federal law to prescribe controlled substances.

§13.185 Official Prescription Form

(a) Accountability. A practitioner who obtains from the director an official prescription form is accountable for each numbered form.

(b) Prohibited acts. A practitioner may not:

- (1) allow another practitioner to use the individual practitioner's official prescription form;
- (2) pre-sign an official prescription blank;
- (3) post-date an official prescription; or
- (4) leave an official prescription blank in a location where the practitioner should reasonably believe another could steal or misuse a prescription.

(c) While not in use. While an official prescription blank is not in

emergency medical care. Emergency medical care is that care provided to a person who is unconscious, ill, or injured, when the reasonable apparent circumstances require prompt decisions and actions in care and when the necessity of immediate care is so reasonably apparent that any delay in the rendering of care or treatment would seriously worsen the physical condition or endanger the life of the person.

§315.13 Schedule III through V Prescription Forms

(a) A practitioner, as defined in the Act, §481.002(39)(A), (C), and (D), may use prescription forms ordered through individual sources or through an electronic prescription that includes the controlled substances registration number issued by the board and meets all requirements of the Act.

(b) If a written prescription form is to be used to prescribe a controlled substance the dispensing practitioner must be registered with the DEA under both state and federal law to prescribe controlled substances.

§315.14 Official Prescription Form

(a) Accountability. A practitioner who obtains from the board an official prescription form is accountable for each numbered form.

(b) Prohibited acts. A practitioner may not:

- (1) allow another practitioner to use the individual practitioner's official prescription form;
- (2) pre-sign an official prescription blank;
- (3) post-date an official prescription; or
- (4) leave an official prescription blank in a location where the practitioner should reasonably believe another could steal or misuse a prescription.

(c) While not in use. While an official prescription blank is not in

immediate use, a practitioner may not maintain or store the book at a location so the book is easily accessible for theft or other misuse.

(d) Voided. A practitioner must account for each voided official prescription form by sending the voided form to the director (Texas Prescription Program).

(e) Types of forms. Forms may be single or multiple copy forms as provided by the department.

(f) Faxed forms. Faxed official prescription forms will be accounted for as in the Act, §481.074(o).

§13.254 Official Prescription

(a) Report lost forms. Not later than close of business on the day of discovery, a practitioner must report a lost or stolen official prescription form to:

(1) the local police department or sheriff's office in an effective manner; and

(2) the director (Texas Prescription Program) by telephone at the number indicated in §13.9 of this title (relating to Telephone Number and Address - Texas Prescription Program).

(b) Recovery report. Not later than close of business on the day of recovery of an official prescription form previously reported lost or stolen, a practitioner must, before using the recovered form, notify:

(1) the local law enforcement agency to which the matter was originally reported; and

(2) the director (Texas Prescription Program).

(c) Replacement/lost form. Not later than the close of business on the day that an official prescription is replaced or reported lost, with or without a replacement, the prescribing practitioner, or designated agent, shall report to the director (Texas Prescription Program) the following:

immediate use, a practitioner may not maintain or store the book at a location so the book is easily accessible for theft or other misuse.

(d) Voided. A practitioner must account for each voided official prescription form by sending the voided form to the board (Texas Prescription Program).

(e) Types of forms. Forms may be single or multiple copy forms as provided by the board.

(f) Faxed forms. Faxed official prescription forms will be accounted for as in the Act, §481.074(o).

§315.15 Official Prescription

(a) Report lost forms. Not later than close of business on the day of discovery, a practitioner must report a lost or stolen official prescription form to:

(1) the local police department or sheriff's office in an effective manner; and

(2) the board.

(b) Recovery report. Not later than close of business on the day of recovery of an official prescription form previously reported lost or stolen, a practitioner must, before using the recovered form, notify:

(1) the local law enforcement agency to which the matter was originally reported; and

(2) the board.

(c) Replacement/lost form. Not later than the close of business on the day that an official prescription is replaced or reported lost, with or without a replacement, the prescribing practitioner, or designated agent, shall report to the board the following:

(1) patient name, address, date of birth or age;	(1) patient name, address, date of birth or age;
(2) all drug information; and	(2) all drug information; and
(3) official prescription form DPS control number.	(3) official prescription form control number.

AN ACT

relating to prescriptions for certain controlled substances, access to information about those prescriptions, and the duties of prescribers and other entities registered with the Federal Drug Enforcement Administration; authorizing fees.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 552.118, Government Code, is amended to read as follows:

Sec. 552.118. EXCEPTION: CONFIDENTIALITY OF OFFICIAL PRESCRIPTION PROGRAM INFORMATION. Information is excepted from the requirements of Section 552.021 if it is:

(1) information on or derived from an official prescription form or electronic prescription record filed with the Texas State Board of Pharmacy [~~director of the Department of Public Safety~~] under Section 481.075, Health and Safety Code; or

(2) other information collected under Section 481.075 of that code.

SECTION 2. Section 481.002, Health and Safety Code, is amended by amending Subdivisions (4) and (45) and adding Subdivision (55) to read as follows:

(4) "Controlled premises" means:

(A) a place where original or other records or documents required under this chapter are kept or are required to be kept; or

1 (B) a place, including a factory, warehouse,
2 other establishment, or conveyance, where a person registered under
3 this chapter may lawfully hold, manufacture, distribute, dispense,
4 administer, possess, or otherwise dispose of a controlled substance
5 or other item governed by the federal Controlled Substances Act (21
6 U.S.C. Section 801 et seq.) or this chapter, including a chemical
7 precursor and a chemical laboratory apparatus.

8 (45) "Registrant" means a person who has a current
9 Federal Drug Enforcement Administration registration number [~~is~~
10 ~~registered under Section 481.063~~].

11 (55) "Board" means the Texas State Board of Pharmacy.

12 SECTION 3. Section 481.003(a), Health and Safety Code, is
13 amended to read as follows:

14 (a) The director may adopt rules to administer and enforce
15 this chapter, other than Sections 481.073, 481.074, 481.075,
16 481.076, and 481.0761. The board may adopt rules to administer
17 Sections 481.073, 481.074, 481.075, 481.076, and 481.0761.

18 SECTION 4. The heading to Section 481.061, Health and
19 Safety Code, is amended to read as follows:

20 Sec. 481.061. FEDERAL REGISTRATION REQUIRED.

21 SECTION 5. Sections 481.061(a) and (b), Health and Safety
22 Code, are amended to read as follows:

23 (a) Except as otherwise provided by this chapter, a person
24 who is not registered with or exempt from registration with the
25 Federal Drug Enforcement Administration [~~a registrant~~] may not
26 manufacture, distribute, prescribe, possess, analyze, or dispense
27 a controlled substance in this state.

1 (b) A person who is registered with [~~by~~] the Federal Drug
2 Enforcement Administration [~~director~~] to manufacture, distribute,
3 analyze, dispense, or conduct research with a controlled substance
4 may possess, manufacture, distribute, analyze, dispense, or
5 conduct research with that substance to the extent authorized by
6 the person's registration and in conformity with this chapter.

7 SECTION 6. Section 481.062(a), Health and Safety Code, as
8 amended by S.B. No. 219, Acts of the 84th Legislature, Regular
9 Session, 2015, is amended to read as follows:

10 (a) The following persons [~~are not required to register and~~]
11 may possess a controlled substance under this chapter without
12 registering with the Federal Drug Enforcement Administration:

13 (1) an agent or employee of a [~~registered~~]
14 manufacturer, distributor, analyzer, or dispenser of the
15 controlled substance who is registered with the Federal Drug
16 Enforcement Administration and acting in the usual course of
17 business or employment;

18 (2) a common or contract carrier, a warehouseman, or
19 an employee of a carrier or warehouseman whose possession of the
20 controlled substance is in the usual course of business or
21 employment;

22 (3) an ultimate user or a person in possession of the
23 controlled substance under a lawful order of a practitioner or in
24 lawful possession of the controlled substance if it is listed in
25 Schedule V;

26 (4) an officer or employee of this state, another
27 state, a political subdivision of this state or another state, or

1 the United States who is lawfully engaged in the enforcement of a
2 law relating to a controlled substance or drug or to a customs law
3 and authorized to possess the controlled substance in the discharge
4 of the person's official duties; or

5 (5) if the substance is tetrahydrocannabinol or one of
6 its derivatives:

7 (A) a Department of State Health Services
8 official, a medical school researcher, or a research program
9 participant possessing the substance as authorized under
10 Subchapter G; or

11 (B) a practitioner or an ultimate user possessing
12 the substance as a participant in a federally approved therapeutic
13 research program that the commissioner has reviewed and found, in
14 writing, to contain a medically responsible research protocol.

15 SECTION 7. Section 481.067(a), Health and Safety Code, is
16 amended to read as follows:

17 (a) A person who is registered with the Federal Drug
18 Enforcement Administration to manufacture, distribute, analyze, or
19 dispense a controlled substance shall keep records and maintain
20 inventories in compliance with recordkeeping and inventory
21 requirements of federal law and with additional rules the board or
22 director adopts.

23 SECTION 8. Section 481.073(a), Health and Safety Code, as
24 amended by S.B. No. 219, Acts of the 84th Legislature, Regular
25 Session, 2015, is amended to read as follows:

26 (a) Only a practitioner defined by Section 481.002(39)(A)
27 and an agent designated in writing by the practitioner in

1 accordance with rules adopted by the board [~~department~~] may
2 communicate a prescription by telephone. A pharmacy that receives
3 a telephonically communicated prescription shall promptly write
4 the prescription and file and retain the prescription in the manner
5 required by this subchapter. A practitioner who designates an
6 agent to communicate prescriptions shall maintain the written
7 designation of the agent in the practitioner's usual place of
8 business and shall make the designation available for inspection by
9 investigators for the Texas Medical Board, the State Board of
10 Dental Examiners, the State Board of Veterinary Medical Examiners,
11 the board, and the department. A practitioner who designates a
12 different agent shall designate that agent in writing and maintain
13 the designation in the same manner in which the practitioner
14 initially designated an agent under this section.

15 SECTION 9. Sections 481.074(b), (c), (d), (p), and (q),
16 Health and Safety Code, are amended to read as follows:

17 (b) Except in an emergency as defined by rule of the board
18 [~~director~~] or as provided by Subsection (o) or Section 481.075(j)
19 or (m), a person may not dispense or administer a controlled
20 substance listed in Schedule II without a written prescription of a
21 practitioner on an official prescription form or without an
22 electronic prescription that meets the requirements of and is
23 completed by the practitioner in accordance with Section 481.075.
24 In an emergency, a person may dispense or administer a controlled
25 substance listed in Schedule II on the oral or telephonically
26 communicated prescription of a practitioner. The person who
27 administers or dispenses the substance shall:

1 (1) if the person is a prescribing practitioner or a
2 pharmacist, promptly comply with Subsection (c); or

3 (2) if the person is not a prescribing practitioner or
4 a pharmacist, promptly write the oral or telephonically
5 communicated prescription and include in the written record of the
6 prescription the name, address, and Federal Drug Enforcement
7 Administration number issued for prescribing a controlled
8 substance in this state of the prescribing practitioner, all
9 information required to be provided by a practitioner under Section
10 481.075(e)(1), and all information required to be provided by a
11 dispensing pharmacist under Section 481.075(e)(2).

12 (c) Not later than the seventh day after the date a
13 prescribing practitioner authorizes an emergency oral or
14 telephonically communicated prescription, the prescribing
15 practitioner shall cause a written or electronic prescription,
16 completed in the manner required by Section 481.075, to be
17 delivered to the dispensing pharmacist at the pharmacy where the
18 prescription was dispensed. A written prescription may be
19 delivered in person or by mail. The envelope of a prescription
20 delivered by mail must be postmarked not later than the seventh day
21 after the date the prescription was authorized. On receipt of a
22 written prescription, the dispensing pharmacy shall file the
23 transcription of the telephonically communicated prescription and
24 the pharmacy copy and shall send information to the board
25 [~~director~~] as required by Section 481.075. On receipt of an
26 electronic prescription, the pharmacist shall annotate the
27 electronic prescription record with the original authorization and

1 date of the emergency oral or telephonically communicated
2 prescription.

3 (d) Except as specified in Subsections (e) and (f), the
4 board [~~director~~], by rule and in consultation with the Texas
5 Medical Board [~~and the Texas State Board of Pharmacy~~], shall
6 establish the period after the date on which the prescription is
7 issued that a person may fill a prescription for a controlled
8 substance listed in Schedule II. A person may not refill a
9 prescription for a substance listed in Schedule II.

10 (p) On receipt of the prescription, the dispensing pharmacy
11 shall file the facsimile copy of the prescription and shall send
12 information to the board [~~director~~] as required by Section 481.075.

13 (q) Each dispensing pharmacist shall send all required
14 information [~~required by the director~~], including any information
15 required to complete the Schedule III through V prescription forms,
16 to the board [~~director~~] by electronic transfer or another form
17 approved by the board [~~director~~] not later than the seventh day
18 after the date the prescription is completely filled.

19 SECTION 10. Sections 481.075(c), (g), (i), (k), and (m),
20 Health and Safety Code, are amended to read as follows:

21 (c) The board [~~director~~] shall issue official prescription
22 forms to practitioners for a fee covering the actual cost of
23 printing, processing, and mailing the forms [~~at 100 a package~~].
24 Before mailing or otherwise delivering prescription forms to a
25 practitioner, the board [~~director~~] shall print on each form the
26 number of the form and any other information the board [~~director~~]
27 determines is necessary.

1 (g) Except for an oral prescription prescribed under
2 Section 481.074(b), the prescribing practitioner shall:

3 (1) legibly fill in, or direct a designated agent to
4 legibly fill in, on the official prescription form or in the
5 electronic prescription, each item of information required to be
6 provided by the prescribing practitioner under Subsection (e)(1),
7 unless the practitioner determines that:

8 (A) under rule adopted by the board [~~director~~]
9 for this purpose, it is unnecessary for the practitioner or the
10 practitioner's agent to provide the patient identification number;
11 or

12 (B) it is not in the best interest of the patient
13 for the practitioner or practitioner's agent to provide information
14 regarding the intended use of the controlled substance or the
15 diagnosis for which it is prescribed; and

16 (2) sign the official prescription form and give the
17 form to the person authorized to receive the prescription or, in the
18 case of an electronic prescription, electronically sign or validate
19 the electronic prescription as authorized by federal law and
20 transmit the prescription to the dispensing pharmacy.

21 (i) Each dispensing pharmacist shall:

22 (1) fill in on the official prescription form or note
23 in the electronic prescription record each item of information
24 given orally to the dispensing pharmacy under Subsection (h) and
25 the date the prescription is filled, and:

26 (A) for a written prescription, fill in the
27 dispensing pharmacist's signature; or

1 (B) for an electronic prescription,
2 appropriately record the identity of the dispensing pharmacist in
3 the electronic prescription record;

4 (2) retain with the records of the pharmacy for at
5 least two years:

6 (A) the official prescription form or the
7 electronic prescription record, as applicable; and

8 (B) the name or other patient identification
9 required by Section 481.074(m) or (n); and

10 (3) send all required information [~~required by the~~
11 ~~director~~], including any information required to complete an
12 official prescription form or electronic prescription record, to
13 the board [~~director~~] by electronic transfer or another form
14 approved by the board [~~director~~] not later than the seventh day
15 after the date the prescription is completely filled.

16 (k) Not later than the 30th day after the date a
17 practitioner's [~~department registration number,~~] Federal Drug
18 Enforcement Administration number[~~7~~] or license to practice has
19 been denied, suspended, canceled, surrendered, or revoked, the
20 practitioner shall return to the board [~~department~~] all official
21 prescription forms in the practitioner's possession that have not
22 been used for prescriptions.

23 (m) A pharmacy in this state may fill a prescription for a
24 controlled substance listed in Schedule II issued by a practitioner
25 in another state if:

26 (1) a share of the pharmacy's business involves the
27 dispensing and delivery or mailing of controlled substances;

1 (2) the prescription is issued by a prescribing
2 practitioner in the other state in the ordinary course of practice;
3 and

4 (3) the prescription is filled in compliance with a
5 written plan providing the manner in which the pharmacy may fill a
6 Schedule II prescription issued by a practitioner in another state
7 that:

8 (A) is submitted by the pharmacy to the board
9 [~~director~~]; and

10 (B) is approved by the board [~~director in~~
11 ~~consultation with the Texas State Board of Pharmacy~~].

12 SECTION 11. The heading to Section 481.076, Health and
13 Safety Code, is amended to read as follows:

14 Sec. 481.076. OFFICIAL PRESCRIPTION INFORMATION; DUTIES OF
15 TEXAS STATE BOARD OF PHARMACY.

16 SECTION 12. Section 481.076, Health and Safety Code, is
17 amended by amending Subsections (a), (a-1), (a-2), (b), (c), (d),
18 (e), (g), and (i) and adding Subsections (a-3), (a-4), (a-5), (j),
19 and (k) to read as follows:

20 (a) The board [~~director~~] may not permit any person to have
21 access to information submitted to the board [~~director~~] under
22 Section 481.074(q) or 481.075 except:

23 (1) an investigator for the board, the Texas Medical
24 Board, the Texas State Board of Podiatric Medical Examiners, the
25 State Board of Dental Examiners, the State Board of Veterinary
26 Medical Examiners, the Texas Board of Nursing, or the Texas
27 Optometry [~~State~~] Board [~~of Pharmacy~~];

1 (2) an authorized officer or member of the department
2 or authorized employee of the board engaged in the administration,
3 investigation, or enforcement of this chapter or another law
4 governing illicit drugs in this state or another state; ~~[or]~~

5 (3) the department on behalf of ~~[if the director finds~~
6 ~~that proper need has been shown to the director.]~~

7 ~~[(A)]~~ a law enforcement or prosecutorial
8 official engaged in the administration, investigation, or
9 enforcement of this chapter or another law governing illicit drugs
10 in this state or another state;

11 (4) a medical examiner conducting an investigation;

12 (5) ~~[(B)]~~ a pharmacist or a pharmacy technician, as
13 defined by Section 551.003, Occupations Code, acting at the
14 direction of a pharmacist or a practitioner who is a physician,
15 dentist, veterinarian, podiatrist, optometrist, or advanced
16 practice nurse or is a physician assistant described by Section
17 481.002(39)(D) or an employee or other agent of a practitioner ~~[a~~
18 ~~nurse licensed under Chapter 301, Occupations Code,]~~ acting at the
19 direction of a practitioner and is inquiring about a recent
20 Schedule II, III, IV, or V prescription history of a particular
21 patient of the practitioner, provided that the person accessing the
22 information is authorized to do so under the Health Insurance
23 Portability and Accountability Act of 1996 (Pub. L. No. 104-191)
24 and rules adopted under that Act; ~~[or]~~

25 (6) ~~[(C)]~~ a pharmacist or practitioner who is
26 inquiring about the person's own dispensing or prescribing
27 activity; or

1 (7) one or more states or an association of states with
2 which the board has an interoperability agreement, as provided by
3 Subsection (j).

4 (a-1) A person authorized to receive information under
5 Subsection (a)(4), (5), [~~(a)(3)(B)~~] or (6) [~~(C)~~] may access that
6 information through a health information exchange, subject to
7 proper security measures to ensure against disclosure to
8 unauthorized persons.

9 (a-2) A person authorized to receive information under
10 Subsection (a)(5) [~~(a)(3)(B)~~] may include that information in any
11 form in the medical or pharmacy record of the patient who is the
12 subject of the information. Any information included in a
13 patient's medical or pharmacy record under this subsection is
14 subject to any applicable state or federal confidentiality or
15 privacy laws.

16 (a-3) The board shall ensure that the department has
17 unrestricted access at all times to information submitted to the
18 board under Sections 481.074(q) and 481.075. The department's
19 access to the information shall be provided through a secure
20 electronic portal under the exclusive control of the department.
21 The department shall pay all expenses associated with the
22 electronic portal.

23 (a-4) A law enforcement or prosecutorial official described
24 by Subsection (a)(3) may obtain information submitted to the board
25 under Section 481.074(q) or 481.075 only if the official submits a
26 request to the department. If the department finds that the
27 official has shown proper need for the information, the department

1 shall provide access to the relevant information.

2 (a-5) Records relating to the access of information by the
3 department or by the department on behalf of a law enforcement
4 agency are confidential, including any information concerning the
5 identities of the investigating agents or agencies. The board may
6 not track or monitor the department's access to information.

7 (b) This section does not prohibit the board [~~director~~] from
8 creating, using, or disclosing statistical data about information
9 submitted to [~~received by~~] the board [~~director~~] under this section
10 if the board [~~director~~] removes any information reasonably likely
11 to reveal the identity of each patient, practitioner, or other
12 person who is a subject of the information.

13 (c) The board [~~director~~] by rule shall design and implement
14 a system for submission of information to the board [~~director~~] by
15 electronic or other means and for retrieval of information
16 submitted to the board [~~director~~] under this section and Sections
17 481.074 and 481.075. The board [~~director~~] shall use automated
18 information security techniques and devices to preclude improper
19 access to the information. The board [~~director~~] shall submit the
20 system design to the director [~~Texas State Board of Pharmacy~~] and
21 the Texas Medical Board for review and [~~approval or~~] comment a
22 reasonable time before implementation of the system and shall
23 comply with the comments of those agencies unless it is
24 unreasonable to do so.

25 (d) Information submitted to the board [~~director~~] under
26 this section may be used only for:

27 (1) the administration, investigation, or enforcement

1 of this chapter or another law governing illicit drugs in this state
2 or another state;

3 (2) investigatory or evidentiary purposes in
4 connection with the functions of an agency listed in Subsection
5 (a)(1); or

6 (3) dissemination by the board [~~director~~] to the
7 public in the form of a statistical tabulation or report if all
8 information reasonably likely to reveal the identity of each
9 patient, practitioner, or other person who is a subject of the
10 information has been removed.

11 (e) The board [~~director~~] shall remove from the information
12 retrieval system, destroy, and make irretrievable the record of the
13 identity of a patient submitted under this section to the board
14 [~~director~~] not later than the end of the 36th calendar month after
15 the month in which the identity is entered into the system.
16 However, the board [~~director~~] may retain a patient identity that is
17 necessary for use in a specific ongoing investigation conducted in
18 accordance with this section until the 30th day after the end of the
19 month in which the necessity for retention of the identity ends.

20 (g) If the director permits access to information under
21 Subsection (a)(3) [~~(a)(3)(A)~~] relating to a person licensed or
22 regulated by an agency listed in Subsection (a)(1), the director
23 shall notify that agency of the disclosure of the information not
24 later than the 10th working day after the date the information is
25 disclosed.

26 (i) Information submitted to the board [~~director~~] under
27 Section [481.074\(q\)](#) or [481.075](#) is confidential and remains

1 confidential regardless of whether the board [~~director~~] permits
2 access to the information under this section.

3 (j) The board may enter into an interoperability agreement
4 with one or more states or an association of states authorizing the
5 board to access prescription monitoring information maintained or
6 collected by the other state or states or the association,
7 including information maintained on a central database such as the
8 National Association of Boards of Pharmacy Prescription Monitoring
9 Program InterConnect. Pursuant to an interoperability agreement,
10 the board may authorize the prescription monitoring program of one
11 or more states or an association of states to access information
12 submitted to the board under Sections 481.074(q) and 481.075,
13 including by submitting or sharing information through a central
14 database such as the National Association of Boards of Pharmacy
15 Prescription Monitoring Program InterConnect.

16 (k) A person authorized to access information under
17 Subsection (a)(4) who is registered with the board for electronic
18 access to the information is entitled to directly access the
19 information available from other states pursuant to an
20 interoperability agreement described by Subsection (j).

21 SECTION 13. Section 481.0761, Health and Safety Code, is
22 amended by amending Subsections (a), (c), (d), (e), and (f) and
23 adding Subsection (g) to read as follows:

24 (a) The board [~~director~~] shall [~~consult with the Texas State~~
25 ~~Board of Pharmacy and~~] by rule establish and revise as necessary a
26 standardized database format that may be used by a pharmacy to
27 transmit the information required by Sections 481.074(q) and

1 481.075(i) to the board [~~director~~] electronically or to deliver the
2 information on storage media, including disks, tapes, and
3 cassettes.

4 (c) The board [~~director~~] by rule may:

5 (1) permit more than one prescription to be
6 administered or dispensed and recorded on one prescription form for
7 a Schedule III through V controlled substance;

8 (1-a) establish a procedure for the issuance of
9 multiple prescriptions of a Schedule II controlled substance under
10 Section 481.074(d-1);

11 (2) remove from or return to the official prescription
12 program any aspect of a practitioner's or pharmacist's hospital
13 practice, including administering or dispensing;

14 (3) waive or delay any requirement relating to the
15 time or manner of reporting;

16 (4) establish compatibility protocols for electronic
17 data transfer hardware, software, or format, including any
18 necessary modifications for participation in a database described
19 by Section 481.076(j);

20 (5) establish a procedure to control the release of
21 information under Sections 481.074, 481.075, and 481.076; and

22 (6) establish a minimum level of prescription activity
23 below which a reporting activity may be modified or deleted.

24 (d) The board [~~director~~] by rule shall authorize a
25 practitioner to determine whether it is necessary to obtain a
26 particular patient identification number and to provide that number
27 on the official prescription form or in the electronic prescription

1 record.

2 (e) In adopting a rule relating to the electronic transfer
3 of information under this subchapter, the board [~~director~~] shall
4 consider the economic impact of the rule on practitioners and
5 pharmacists and, to the extent permitted by law, act to minimize any
6 negative economic impact, including the imposition of costs related
7 to computer hardware or software or to the transfer of information.
8 [~~The director may not adopt a rule relating to the electronic~~
9 ~~transfer of information under this subchapter that imposes a fee in~~
10 ~~addition to the fees authorized by Section 481.064.~~]

11 (f) The board [~~director~~] may authorize a contract between
12 the board [~~department~~] and another agency of this state or a private
13 vendor as necessary to ensure the effective operation of the
14 official prescription program.

15 (g) The board may adopt rules providing for a person
16 authorized to access information under Section 481.076(a)(5) to be
17 enrolled in electronic access to the information described by
18 Section 481.076(a) at the time the person obtains or renews the
19 person's applicable professional or occupational license or
20 registration.

21 SECTION 14. Section 481.077(c), Health and Safety Code, is
22 amended to read as follows:

23 (c) This section and Section 481.078 do not apply to a
24 person to whom a registration has been issued by the Federal Drug
25 Enforcement Agency or who is exempt from such registration [~~under~~
26 ~~Section 481.063~~].

27 SECTION 15. Section 481.080(d), Health and Safety Code, is

1 amended to read as follows:

2 (d) This section and Section 481.081 do not apply to a
3 person to whom a registration has been issued by the Federal Drug
4 Enforcement Agency or who is exempt from such registration [~~under~~
5 ~~Section 481.063~~].

6 SECTION 16. Section 481.124(b), Health and Safety Code, is
7 amended to read as follows:

8 (b) For purposes of this section, an intent to unlawfully
9 manufacture the controlled substance methamphetamine is presumed
10 if the actor possesses or transports:

11 (1) anhydrous ammonia in a container or receptacle
12 that is not designed and manufactured to lawfully hold or transport
13 anhydrous ammonia;

14 (2) lithium metal removed from a battery and immersed
15 in kerosene, mineral spirits, or similar liquid that prevents or
16 retards hydration; or

17 (3) in one container, vehicle, or building,
18 phenylacetic acid, or more than nine grams, three containers
19 packaged for retail sale, or 300 tablets or capsules of a product
20 containing ephedrine or pseudoephedrine, and:

21 (A) anhydrous ammonia;

22 (B) at least three of the following categories of
23 substances commonly used in the manufacture of methamphetamine:

24 (i) lithium or sodium metal or red
25 phosphorus, iodine, or iodine crystals;

26 (ii) lye, sulfuric acid, hydrochloric acid,
27 or muriatic acid;

1 (iii) an organic solvent, including ethyl
2 ether, alcohol, or acetone;

3 (iv) a petroleum distillate, including
4 naphtha, paint thinner, or charcoal lighter fluid; or

5 (v) aquarium, rock, or table salt; or

6 (C) at least three of the following items:

7 (i) an item of equipment subject to
8 regulation under Section 481.080, if the person is not a registrant
9 [~~registered under Section 481.063~~]; or

10 (ii) glassware, a plastic or metal
11 container, tubing, a hose, or other item specially designed,
12 assembled, or adapted for use in the manufacture, processing,
13 analyzing, storing, or concealing of methamphetamine.

14 SECTION 17. Section 481.127(a), Health and Safety Code, is
15 amended to read as follows:

16 (a) A person commits an offense if the person knowingly
17 gives, permits, or obtains unauthorized access to information
18 submitted to the board [~~director~~] under Section 481.074(q) or
19 481.075.

20 SECTION 18. Sections 481.128(a) and (b), Health and Safety
21 Code, are amended to read as follows:

22 (a) A registrant or dispenser commits an offense if the
23 registrant or dispenser knowingly:

24 (1) distributes, delivers, administers, or dispenses
25 a controlled substance in violation of Sections 481.070-481.075;

26 (2) manufactures a controlled substance not
27 authorized by the person's Federal Drug Enforcement Administration

1 registration or distributes or dispenses a controlled substance not
2 authorized by the person's registration to another registrant or
3 other person;

4 (3) refuses or fails to make, keep, or furnish a
5 record, report, notification, order form, statement, invoice, or
6 information required by this chapter;

7 (4) prints, manufactures, possesses, or produces an
8 official prescription form without the approval of the board
9 [~~director~~];

10 (5) delivers or possesses a counterfeit official
11 prescription form;

12 (6) refuses an entry into a premise for an inspection
13 authorized by this chapter;

14 (7) refuses or fails to return an official
15 prescription form as required by Section 481.075(k);

16 (8) refuses or fails to make, keep, or furnish a
17 record, report, notification, order form, statement, invoice, or
18 information required by a rule adopted by the director or the board;
19 or

20 (9) refuses or fails to maintain security required by
21 this chapter or a rule adopted under this chapter.

22 (b) If the registrant or dispenser knowingly refuses or
23 fails to make, keep, or furnish a record, report, notification,
24 order form, statement, invoice, or information or maintain security
25 required by a rule adopted by the director or the board, the
26 registrant or dispenser is liable to the state for a civil penalty
27 of not more than \$5,000 for each act.

1 SECTION 19. Section 481.129(a), Health and Safety Code, is
2 amended to read as follows:

3 (a) A person commits an offense if the person knowingly:

4 (1) distributes as a registrant or dispenser a
5 controlled substance listed in Schedule I or II, unless the person
6 distributes the controlled substance as authorized under the
7 federal Controlled Substances Act (21 U.S.C. Section 801 et seq.)
8 ~~[an order form as required by Section 481.069]~~;

9 (2) uses in the course of manufacturing, prescribing,
10 or distributing a controlled substance a Federal Drug Enforcement
11 Administration registration number that is fictitious, revoked,
12 suspended, or issued to another person;

13 (3) issues a prescription bearing a forged or
14 fictitious signature;

15 (4) uses a prescription issued to another person to
16 prescribe a Schedule II controlled substance;

17 (5) possesses, obtains, or attempts to possess or
18 obtain a controlled substance or an increased quantity of a
19 controlled substance:

20 (A) by misrepresentation, fraud, forgery,
21 deception, or subterfuge;

22 (B) through use of a fraudulent prescription
23 form; or

24 (C) through use of a fraudulent oral or
25 telephonically communicated prescription; or

26 (6) furnishes false or fraudulent material
27 information in or omits material information from an application,

1 report, record, or other document required to be kept or filed under
2 this chapter.

3 SECTION 20. Section 481.159(a), Health and Safety Code, is
4 amended to read as follows:

5 (a) If a district court orders the forfeiture of a
6 controlled substance property or plant under Chapter 59, Code of
7 Criminal Procedure, or under this code, the court shall also order a
8 law enforcement agency to:

9 (1) retain the property or plant for its official
10 purposes, including use in the investigation of offenses under this
11 code;

12 (2) deliver the property or plant to a government
13 agency for official purposes;

14 (3) deliver the property or plant to a person
15 authorized by the court to receive it;

16 (4) deliver the property or plant to a person
17 authorized by the director to receive it [~~for a purpose described by~~
18 ~~Section 481.065(a)~~]; or

19 (5) destroy the property or plant that is not
20 otherwise disposed of in the manner prescribed by this subchapter.

21 SECTION 21. Section 481.301, Health and Safety Code, is
22 amended to read as follows:

23 Sec. 481.301. IMPOSITION OF PENALTY. The department may
24 impose an administrative penalty on a person who violates Section
25 [~~481.061, 481.066,~~] 481.067, [~~481.069, 481.074, 481.075,~~] 481.077,
26 481.0771, 481.078, 481.080, or 481.081 or a rule or order adopted
27 under any of those sections.

1 SECTION 22. Section 481.352, Health and Safety Code, is
2 amended to read as follows:

3 Sec. 481.352. MEMBERS. The work group is composed of:

4 (1) the executive director of the board or the
5 executive director's designee, who serves as chair of the work
6 group;

7 (2) the commissioner of state health services or the
8 commissioner's designee;

9 ~~(3) [the executive director of the Texas State Board~~
10 ~~of Pharmacy or the executive director's designee,~~

11 ~~[(4)]~~ the executive director of the Texas Medical
12 Board or the executive director's designee;

13 (4) ~~[(5)]~~ the executive director of the Texas Board of
14 Nursing or the executive director's designee; ~~[and]~~

15 (5) ~~[(6)]~~ the executive director of the Texas
16 Physician Assistant Board or the executive director's designee;

17 (6) the executive director of the State Board of
18 Dental Examiners or the executive director's designee;

19 (7) the executive director of the Texas Optometry
20 Board or the executive director's designee;

21 (8) the executive director of the Texas State Board of
22 Podiatric Medical Examiners or the executive director's designee;

23 (9) the executive director of the State Board of
24 Veterinary Medical Examiners or the executive director's designee;

25 and

26 (10) a medical examiner appointed by the board.

27 SECTION 23. Section 554.006, Occupations Code, is amended

1 to read as follows:

2 Sec. 554.006. FEES. (a) The board by rule shall establish
3 reasonable and necessary fees so that the fees, in the aggregate,
4 produce sufficient revenue to cover the cost of administering this
5 subtitle.

6 (b) The board by rule shall establish reasonable and
7 necessary fees so that the fees, in the aggregate, produce
8 sufficient revenue to cover the cost of establishing and
9 maintaining the program described by Sections 481.075, 481.076, and
10 481.0761, Health and Safety Code.

11 (c) The board may assess the fee described by Subsection (b)
12 on individuals or entities authorized to prescribe or dispense
13 controlled substances under Chapter 481, Health and Safety Code,
14 and to access the program described by Sections 481.075, 481.076,
15 and 481.0761, Health and Safety Code.

16 (d) Each agency that licenses individuals or entities
17 authorized to prescribe or dispense controlled substances under
18 Chapter 481, Health and Safety Code, and to access the program
19 described by Sections 481.075, 481.076, and 481.0761, Health and
20 Safety Code, shall increase the occupational license, permit, or
21 registration fee of the license holders or use available excess
22 revenue in an amount sufficient to operate that program as
23 specified by the board.

24 (e) A fee collected by an agency under Subsection (d) shall
25 be transferred to the board for the purpose of establishing and
26 maintaining the program described by Sections 481.075, 481.076, and
27 481.0761, Health and Safety Code.

1 (f) Grants received by the board to implement or operate the
2 program described by Sections 481.075, 481.076, and 481.0761,
3 Health and Safety Code, may be used by the board to offset or reduce
4 the amount of fees paid by each agency that licenses individuals or
5 entities who are or may be authorized to prescribe or dispense
6 controlled substances under Chapter 481, Health and Safety Code.

7 SECTION 24. Section 554.051, Occupations Code, is amended
8 by adding Subsection (a-1) to read as follows:

9 (a-1) The board may adopt rules to administer Sections
10 481.073, 481.074, 481.075, 481.076, and 481.0761, Health and Safety
11 Code.

12 SECTION 25. The following provisions are repealed:

13 (1) Sections 481.061(c) and (d), 481.062(b), 481.063,
14 481.064, 481.0645, 481.066, and 481.069, Health and Safety Code;
15 and

16 (2) Section 156.0035, Occupations Code.

17 SECTION 26. (a) The changes in law made by this Act to
18 Section 481.076, Health and Safety Code, other than the changes
19 made to Subsection (c) of that section, apply only to information
20 submitted or accessed on or after September 1, 2016.

21 (b) The Texas State Board of Pharmacy may enter into an
22 interoperability agreement described by Section 481.076(j), Health
23 and Safety Code, as added by this Act, before September 1, 2016, but
24 the agreement may not go into effect until on or after September 1,
25 2016.

26 SECTION 27. (a) Not later than September 1, 2016, the
27 Department of Public Safety shall transfer all appropriate records

1 received by the department under Sections 481.074(q) and 481.075,
2 Health and Safety Code, regardless of whether the records were
3 received before, on, or after the effective date of this Act, to the
4 Texas State Board of Pharmacy.

5 (b) A rule, form, policy, procedure, or decision adopted
6 under Chapter 481, Health and Safety Code, as it existed before the
7 effective date of this Act, continues in effect as a rule, form,
8 policy, procedure, or decision and remains in effect until amended
9 or replaced.

10 (c) A reference in law or an administrative rule to the
11 public safety director of the Department of Public Safety relating
12 to rulemaking authority given and duties transferred to the Texas
13 State Board of Pharmacy by this Act is a reference to the Texas
14 State Board of Pharmacy.

15 SECTION 28. The Department of Public Safety is responsible
16 for the expenses of the initial implementation and ongoing
17 operation of the secure electronic portal described by Section
18 481.076(a-3), Health and Safety Code, as added by this Act.

19 SECTION 29. (a) Except as otherwise provided by this
20 section, this Act takes effect September 1, 2016.

21 (b) The Texas State Board of Pharmacy shall adopt any rules
22 required by Chapter 481, Health and Safety Code, as amended by this
23 Act, not later than March 1, 2016.

24 (c) Sections 481.003(a), 481.076(c), 481.0761(a), (e), and
25 (f), and 481.352, Health and Safety Code, as amended by this Act,
26 and Section 481.0761(g), Health and Safety Code, as added by this
27 Act, take effect immediately if this Act receives a vote of

1 two-thirds of all the members elected to each house, as provided by
2 Section 39, Article III, Texas Constitution. If this Act does not
3 receive the vote necessary for immediate effect, these provisions
4 take effect September 1, 2015.

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 195 passed the Senate on April 9, 2015, by the following vote: Yeas 31, Nays 0; and that the Senate concurred in House amendments on May 28, 2015, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

I hereby certify that S.B. No. 195 passed the House, with amendments, on May 23, 2015, by the following vote: Yeas 122, Nays 18, one present not voting.

Chief Clerk of the House

Approved:

Date

Governor