TREO TMB Assessment

Assessment 1: 22 TAC §161.53 — *Provisional License to Foreign Medical License Holders with Offers of Employment*

Recommended Changes:

1.1. The Board could consolidate the common standards in subsection (d) (Initial Provisional License Standards) and subsection (f) (Second Provisional License Standards) into a single shared set of standards, with a short list of the few differences (for example, (d)(3) no delegation or supervision versus (f)(3) delegation or supervision permitted, and the (f) practice-location limits). Subsections (d)(4)-(d)(9) and (f)(4)-(f)(9) are worded similarly on reporting, employment termination, the five-business-day notice, the 60-day re-employment window, and the tolling mechanism, so consolidating them would remove duplicated language.

1.2. The Board could consolidate the repeated provisions in the document checklists in subsections (b), (e), and (g) with one master documentation list stated once, followed by additional specific provisions applicable to each subsection. For instance, items such as the application fee, disciplinary history, Professional or Work History Evaluation forms, and the 'any other documentation deemed necessary' catch-all appear in more than one list and could be stated a single time to shorten the rule without dropping any required submission.

1.3. The Board could consolidate the duplicated employment termination provisions in subsections (d)(5)-(d)(6) and (d)(8) (and their subsection (f) counterparts) by stating the provisions in one subsection and cross-referencing where appropriate.

Field	Detail
Statutory Authority	Tex. Occ. Code §155.1015 (added by Acts 2025, 89th Leg., R.S., ch. 733 (H.B. 2038), eff. Sept. 1, 2025); Tex. Occ. Code §155.202; Tex. Occ. Code §155.051; Tex. Occ. Code §155.0511; Tex. Occ. Code §155.056
Authority Type	Mixed
Reduction Category	Duplicative; Streamlining Opportunity; Unnecessary Requirements

Assessment 2: 22 TAC §180.1 — *Violation Guidelines*

Recommended Changes:

2.1. The Board could consider condensing the list of examples of unprofessional conduct in subsection (1) that largely restates the statutory language in Tex. Occ. Code §164.051(a)(6), 'fails to practice medicine in an acceptable professional manner consistent with public health and welfare' without adding specific operative standards.

2.2. The Board could streamline subsection (2) by grouping the several closely related cooperation and responsiveness examples, such as (2)(A) violating a board order, (2)(B) failing to comply with a board subpoena or request, and (2)(D) failing to cooperate with board staff, into a single provision addressing failure to comply with lawful Board directives.

Field	Detail
Statutory Authority	Tex. Occ. Code §153.001; Tex. Occ. Code §164.001; Tex. Occ. Code §164.051; Tex. Occ. Code §164.052; Tex. Occ. Code §164.053
Authority Type	Mixed
Reduction Category	Duplicative; Streamlining Opportunity; Excessive Requirements

Assessment 3: 22 TAC §173.1 — *General Definitions*

Recommended Changes:

3.1. The Board could consolidate the four sedation and anesthesia depth definitions in paragraphs (12) Deep sedation, (13) General anesthesia, (20) Minimal sedation, and (21) Moderate sedation, which track the American Society of Anesthesiologists continuum-of-depth-of-sedation definitions, by incorporating the ASA definitions by reference.

Field	Detail
Statutory Authority	Tex. Occ. Code §153.001 (general rulemaking authority); Tex. Occ. Code §162.102 (board by rule shall establish minimum standards for anesthesia services in an outpatient setting); Tex. Occ. Code §162.104 (physician registration for outpatient anesthesia); Tex. Occ. Code §162.105 (compliance with anesthesia rules); Tex. Occ. Code §152.001 (Texas Medical Board authority to regulate the practice of medicine); Tex. Health & Safety Code Ch. 481 (Controlled Substances Act) and Ch. 483 (Dangerous Drugs), referenced within the definitions
Authority Type	Mixed
Reduction Category	Duplicative; Streamlining Opportunity

Assessment 4: 22 TAC §169.1 — *Definitions*

Recommended Changes:

4.1. The Board could cross-reference statutory citations, rather than restating terms in rule, including paragraph (4) Device (defined at Occupations Code §157.051 and 551.003), paragraph (7) Medication order (which itself cross-references §551.003 and Health and Safety Code §481.002), paragraph (8) Nonprescription drug, and paragraph (9) Prescribe or order a drug or device.

4.2. The Board could remove paragraphs (2) Controlled substance and (3) Dangerous drug and replace them with a short reference to the Texas Controlled Substances Act (Health and Safety Code Chapter 481) and the Texas Dangerous Drug Act (Health and Safety Code Chapter 483).

4.3. The Board could consolidate the overlapping definitions in paragraphs (11) Protocols and (14) Written protocol into a single streamlined definition given the defined terms both refer to "Written".

Field	Detail
Statutory Authority	Tex. Occ. Code §153.001 (general rulemaking authority of the Texas Medical Board); Tex. Occ. Code ch. 157, esp. §§157.051, 157.0511, 157.0512, 157.054, 157.055 (Authority of Physician to Delegate Certain Medical Acts); Tex. Occ. Code §563.051 (delegation of administration and provision of dangerous drugs); Tex. Health & Safety Code ch. 481 (Texas Controlled Substances Act); Tex. Health & Safety Code ch. 483 (Texas Dangerous Drug Act)
Authority Type	Permissive
Reduction Category	Duplicative; Streamlining Opportunity; Unnecessary Requirements

Assessment 5: 22 TAC §186.19 — *Biennial Continuing Education (CE) Requirements*

Recommended Changes:

5.1. The Board could consider broadening the accepted CE in subsections (a)(1)(A), (a)(2)(A), and (a)(3)(A) so that credit from any nationally recognized accrediting organization may qualify upon approval from the Board rather than requiring ARRT Category A or A+ RCEEM or RCEEM+ designation specifically. Accepting equivalent accreditation would let licensees use lower cost or already completed courses and reduce the premium charged for narrowly designated ARRT credit.

5.2. The Board could consolidate the other-CE categories in subsection (b), which separately list and cap CPR, basic cardiac life support, advanced cardiac life support, tumor conference, in-service, and teaching credit, combining categories with a single standard cap, such as six hours for each, reducing the words and complexity.

Field	Detail
Statutory Authority	Tex. Occ. Code §601.108 (Continuing Education and Other Guidelines); Tex. Occ. Code §601.052 (General Powers and Duties of Advisory Board); Tex. Occ. Code §601.0522 (Powers and Duties of Medical Board Relating to Radiologic Procedures); Tex. Occ. Code §153.001 (Medical Practice Act general rulemaking authority); Tex. Occ. Code §§116.002, 116.003 (required human trafficking prevention training); Tex. Occ. Code §55.003 (military service extensions)
Authority Type	Mixed
Reduction Category	Excessive Requirements; Excessive Training; Streamlining Opportunity; Duplicative

Assessment 6: 22 TAC §182.3 — *Operation of the Program*

Recommended Changes:

6.1. In subsection (b)(2), the Board could replace the enumerated list of acceptable referral sources by incorporating by reference Occupations Code §167.008, which already sets the statutory list of persons and entities from whom the program shall or may accept referrals.

6.2. In subsection (d), the Board could convert the Case Advisory Panel design (fixed three member composition, the mandatory four month rotating membership in (d)(2)), and authorize the Governing Board to set panel composition, and rotation.

6.3. In subsection (e)(2), the Board could shorten the illustrative list of possible agreement terms in (A) through (H). Because the subsection is already framed as nonexclusive with the phrase “may include but are not limited to”, the eight enumerated examples could be trimmed with a general standard tied to clinically appropriate monitoring under Occupations Code §167.007 to streamline the text.

Field	Detail
Statutory Authority	Tex. Occ. Code §167.006 (Rules); Tex. Occ. Code §167.007 (Operation of Program); Tex. Occ. Code §167.008 (Referrals to Program); Tex. Occ. Code §167.009 (Referral by Board as Prerequisite); Tex. Occ. Code §167.0015 (Applicability; Manner of Participation); Tex. Occ. Code §167.012 (Memorandum of Understanding With Board)

Field	Detail
Authority Type	Mixed
Reduction Category	Streamlining Opportunity; Duplicative; Excessive Requirements

Assessment 7: 22 TAC §173.3 — *Specific Requirements Based on Level of Anesthesia Provided*

Recommended Changes:

7.1. The Board could replace the prescriptive drug and equipment enumerations in paragraph (2)(B)(i) through (v) with a performance-based reference to the current ASA and AHA emergency and ACLS standards, following the same standard-of-care drafting model the Board already uses for Level IV in paragraph (4).

7.2. The Board could add a clause noting that a practice site accredited by a nationally recognized accrediting organization whose anesthesia standards meet or exceed these requirements is deemed to satisfy the equipment and emergency-preparedness elements of this section, reducing duplicative documentation for facilities that already demonstrate compliance through accreditation.

Field	Detail
Statutory Authority	Tex. Occ. Code §162.102 (Anesthesia in Outpatient Setting; board by rule shall establish minimum standards, including patient monitoring/equipment, emergency procedures/drugs/equipment, and personnel education, training, and certification); Tex. Occ. Code §162.101 (definition of outpatient setting); Tex. Occ. Code §162.103 (applicability); Tex. Occ. Code §162.105 (compliance with anesthesia rules); Tex. Occ. Code §153.001 (general authority of the Texas Medical Board to adopt rules)
Authority Type	Mixed
Reduction Category	Duplicative; Streamlining Opportunity; Excessive Requirements

Assessment 8: 22 TAC §172.5 — *Audits, Inspections, and Investigations*

Recommended Changes:

8.1. In subsection (a)(2), the Board could replace the fixed prescriptive sampling protocol (a mandatory 30-patient record set, the enumerated record components, and the rigid new-

patient/established-patient calendar windows with a 10-record minimum per type) with a risk-based, scalable sample sized to the clinic and the specific verification question.

8.2. In subsection (a), the Board could consolidate the off-site document audit and the off-site inspection into a single non-disciplinary document-review pathway. Consolidating them could reduce duplicative notices, record requests, and parallel determinations, reducing compliance cost.

8.3. In subsection (b)(2), the Board could amend the inspection record review from patients seen across two of the previous eight calendar months to the minimum set needed to verify compliance for the identified grounds, and could allow electronic or remote production in lieu of on-site review where feasible.

Field	Detail
Statutory Authority	Tex. Occ. Code §168.051 (Adoption of Rules; board shall adopt rules to implement Chapter 168, including rules to address inspections and complaint investigations) and §168.052 (Inspections; board may inspect certified clinics as necessary to ensure compliance, and by rule shall establish grounds for inspecting non-certified clinics based on patient population and volume or combination of drugs prescribed), both in force (§168.052 amended by Acts 2017, 85th Leg., R.S., Ch. 534 (S.B. 315), eff. Sept. 1, 2017); general Medical Practice Act rulemaking authority under Tex. Occ. Code §153.001.
Authority Type	Mixed
Reduction Category	Streamline prescriptive audit and inspection procedures

Assessment 9: 22 TAC §186.45 — *Education Programs and Instructor Requirements*

Recommended Changes:

9.1. In subsections (a) and (c), the Board could streamline the accreditation provisions by deferring to accreditation recognized by the Council for Higher Education Accreditation or the United States Secretary of Education without separately enumerating specific accrediting bodies (JRCNMT, JRCERT, ABHES, SACS, JRCCVT).

9.2. In subsection (d), the Board could consolidate the seven separately itemized NCT board forms into a single board-approved application packet referenced generally, rather than prescribing each form title in rule.

9.3. In subsection (f)(2), the Board could consider aligning renewal of accredited programs with the term of their underlying national accreditation. Because subsection (a) and (c) already require ongoing national accreditation, alignment with Board approval intervals would reduce duplicative reapplication cost for programs whose accreditation is independently maintained and monitored.

9.4. In subsection (f)(3) and (f)(4), the Board could align the 30-day change-reporting duties and the five-year record-retention requirement with the reporting and recordkeeping already imposed by national accreditors, retaining only the items the Board uniquely needs. Where an accreditor already collects address, instructor, and accreditation-status changes, the Board could accept notice of a change in accreditation status alone, trimming duplicative administrative reporting for approved programs.

Field	Detail
Statutory Authority	Tex. Occ. Code §601.052 (General Powers and Duties of Advisory Board; mandating adoption of rules establishing minimum standards for approving and rescinding approval of curricula, education programs, and instructors under subsections (G) and (H)) and §601.054 (Approval and Review of Curricula and Training Programs; application on a Board form and fee not to exceed projected evaluation cost). Both provisions are currently in force (status active; amended 2015). The rule's internal reference to §601.052 of "the Act" (the Medical Radiologic Technologist Certification Act, Tex. Occ. Code Ch. 601, per §601.001) resolves to current §601.052.
Authority Type	Mixed
Reduction Category	Consolidation and reduction of duplicative accreditation, form, and reporting prescriptions with deference to national accreditation

Assessment 10: 22 TAC §184.1 — *Definitions*

Recommended Changes:

10.1. The Board could consolidate the two nearly identical school-qualification tracks in paragraph (3)(A) and (3)(B) into a single definition. Both subparagraphs repeat the same four verbatim clauses (i) through (iv) on herbology, herbal formulas, patent herbs, and clinical training, differing only in whether the school was a candidate for versus fully accredited by ACAHM.

10.2. The Board could consider removing the obsolete transitional phrase ‘Effective January 1, 1996’ from the introductory language of paragraph (3) related to “Acceptable approved acupuncture school.”

10.3. The Board could streamline paragraph (3) to cross-reference the school standards fixed by Tex. Occ. Code §205.206 (including its Texas Higher Education Coordinating Board approval requirement) rather than restating detailed hour counts and curriculum content that the statute and the Board’s substantive licensing rules already govern.

Field	Detail
Statutory Authority	Tex. Occ. Code Ch. 205 (Acupuncture Act), including §205.101 (general powers and duties of the acupuncture board, exercised subject to the advice and approval of the medical board), §205.206 (Acupuncture Schools standards, including Texas Higher Education Coordinating Board approval), and §205.203 (license examination eligibility requiring graduation from a school meeting §205.206 standards). All provisions verified currently in force.
Authority Type	Permissive
Reduction Category	Consolidation and removal of statute-duplicative and obsolete definitional text

Assessment 11: 22 TAC §187.16 — *Biennial Continuing Education (CE) Requirements (Respiratory Care Practitioners)*

Recommended Changes:

11.1. The Board could consider reducing the biennial continuing education total in subsection (a) from the current statutory maximum of 24 contact hours.

11.2. The Board could expand the alternative-credit provision in subsection (a)(3) by allowing credentialing or proctored examination passage (NBRC, BRPT, NAECB, ACLS) to count more frequently than once every three renewal periods, and by crediting other possible alternatives such as relevant graduate coursework, publication, or presentation with approval of the Board.

11.3. The Board could streamline the exemption process in subsection (c) by permitting submission of requests to be made electronically in addition to the stated “in writing”. The Board could also allow exemption requests to be made after the fixed 30-day advance-request deadline for additional hardship and good cause.

Field	Detail
Statutory Authority	Tex. Occ. Code Ch. 604 (Respiratory Care Practitioners), esp. §604.154 (Continuing Education Requirements, directing the advisory board to establish CE of not less than 12 or more than 24 hours per renewal period) and §604.052 (General Powers and Duties of Advisory Board); §604.153 (Issuance of Renewal Certificate). The human trafficking prevention course in subsection (a)(2) is separately mandated by Tex. Occ. Code Ch. 116 (§116.002). Military extensions in subsection (b) rest on Tex. Occ. Code §55.003. All provisions verified currently in force.
Authority Type	Mixed
Reduction Category	Reduce continuing education hours toward statutory floor and broaden accepted CE formats and accreditation

Assessment 12: 22 TAC §189.8 — *Temporary License (Medical Physicists)*

Recommended Changes:

12.1. In subsection (d), the Board could streamline the mandatory seventh-license progress evaluation by eliminating the specified evaluation factors allowing the Board to review any factors relevant to good-faith progress toward certification.

Field	Detail
Statutory Authority	Tex. Occ. Code §602.205 (Temporary License; authorizes issuance of a one-year temporary license to an applicant who has satisfied educational requirements but not the experience and examination requirements of §602.207); §602.203 (License Application; fee prescribed by the medical board); §602.207 (Eligibility for Examination); and §602.151 (General Powers and Duties, including rulemaking authority). All currently in force (Ch. 602 enacted 1999, amended by Acts 2015, 84th Leg., S.B. 202 and S.B. 219).
Authority Type	Mixed
Reduction Category	Streamline temporary-license issuance and remove duplicative application and fee requirements

Assessment 13: 22 TAC §161.55 — *Physician-in-Training Permits*

Recommended Changes:

13.1. The board could consolidate the rule's practice-scope and supervision language in subsections (g) and (h) which repeats language related to practicing within the scope of the training program.

13.2. In subsection (c)(4), the board could streamline the applicant documentation list by removing items the board already receives directly through the program certification required under subsection (b). Because an approved graduate medical training program must certify the applicant's acceptance and status, requiring the applicant to separately submit documentation of "all US or Canadian approved graduate medical training programs attended" in (c)(4)(A) may duplicate information the program supplies.

13.3. In subsection (i), the board could simplify the program-transfer process so that a resident moving between approved programs is not required to submit an entirely "new PIT permit application" with the full documentation set again. Allowing a shorter transfer/amendment filing that relies on the receiving program's certification, rather than a duplicate full application, could reduce paperwork for trainees who change programs mid-training while preserving the board's ability to verify the new program.

Field	Detail
Statutory Authority	Tex. Occ. Code §155.105 (Physician-in-Training Permit), Medical Practice Act, Subtitle B, Chapter 155, Subchapter C; currently in force (enacted Acts 1999, 76th Leg., ch. 388; amended Acts 2001, 77th Leg., ch. 1420).
Authority Type	Permissive
Reduction Category	Duplicative application documentation and embedded fee schedules; consolidation of overlapping practice-scope provisions; streamlined transfer process

Assessment 14: 22 TAC §186.13 — *Requirements for a Limited Medical Radiologic Technologist Certificate*

Recommended Changes:

14.1. In subsection (c), the Board could state accreditation acceptance by reference to the current recognized national accrediting bodies generally rather than enumerating each named entity.

Field	Detail
Statutory Authority	Tex. Occ. Code §§601.052, 601.104, 601.105, and 601.107 (all currently in force). Section 601.052 directs the advisory board to adopt rules establishing the certification program and minimum standards for education programs and examinations; §601.105 requires issuance of a certificate to an applicant who meets those standards; §601.104 permits the board to adopt examination rules; and §601.107 permits certification by endorsement.
Authority Type	Mixed
Reduction Category	Reduce duplicative documentation and cross-reference statute; eliminate excess training requirements

Assessment 15: 22 TAC §184.18 — *Approval of Continuing Education Courses and Providers*

Recommended Changes:

15.1. In subsection (a), the board could broaden automatic acceptance of nationally accredited continuing acupuncture education so that any course or provider already approved by NCCAOM, or by another recognized national acupuncture or oriental medicine accreditor, is deemed approved without a separate Texas application. Tex. Occ. Code §205.255(b) directs the board only to consider approving courses offered by knowledgeable providers and reputable schools or organizations, so expanding deference to national accreditation and eliminating duplicative state-level review of already-vetted courses is well within board discretion and would remove a redundant approval burden for the large share of courses carrying national approval.

15.2. In subsection (b)(3) and subsection (c)(3), the board could replace the itemized documentation checklist and the mandatory three continuous years of prior Texas course experience with an attestation-based filing in which the applicant certifies compliance with the board's published guidelines and retains supporting records for audit. The three-year in-state experience prerequisite is not required by Tex. Occ. Code §205.255 and operates as a barrier to new and out-of-state providers; removing it and shifting to attestation would open the provider market while preserving the board's ability to verify on a risk basis.

15.3. In subsections (a) through (e), the board could add language implementing the delegation directive in Tex. Occ. Code §205.255(c), under which staff must be authorized to approve applications that clearly meet the board's guidelines, reserving full board review only for applications that fall outside the guidelines. Building this staff-level clear-approval track into the rule would shorten processing time, reduce meeting-cycle delay for routine applications, and align the rule with an existing statutory command that the current text does not reflect.

15.4. In subsection (f), the board could lengthen the approval term beyond three years, or move approved courses and providers to a standing approval that remains valid absent a material change or withdrawal under subsection (g). A longer or standing term would eliminate recurring reapproval filings for stable, already-vetted courses and providers without weakening the board's continuing authority under subsection (g) to withdraw approval on adverse information.

Field	Detail
Statutory Authority	Tex. Occ. Code Ch. 205 (Acupuncture), §205.255 (Continuing Education) and §205.101 (General Powers and Duties of Acupuncture Board), both currently in force.
Authority Type	Mixed
Reduction Category	Reduce Duplicative and Prescriptive Approval Requirements

Assessment 16: 22 TAC §186.10 — *General Requirements for Certification*

Recommended Changes:

16.1. In subsection (a)(3), the Board could replace the lengthy itemized documentation catalog with a cross-reference to the eligibility criteria the statute already requires under Tex. Occ. Code §§601.052 and 601.105, retaining only those documents that are not otherwise verifiable through primary-source or national credential checks. Items such as the educational transcript (A), national certification (B), and specialty examination scores (C) largely duplicate information the Board obtains directly from accredited programs and the American Registry of Radiologic Technologists, so the rule could defer to those sources rather than requiring the applicant to separately submit each document.

16.2. In subsection (a)(3)(B), the Board could accept a current, verifiable national certification (for example ARRT) in lieu of separately collected transcripts and specialty examination scores under (A) and (C) where the national credential already establishes the same educational and examination standards, reducing duplicative application documentation for the large share of applicants who hold a national certificate.

Field	Detail
Statutory Authority	Tex. Occ. Code §§601.052 (general powers and duties; board by rule shall establish minimum standards for issuing and renewing certificates), 601.0522 (medical board shall adopt rules, including rules establishing certification and other fees), and 601.105 (Issuance of Certificate; Term – advisory

Field	Detail
	board shall issue a certificate to an applicant who meets the §601.052 minimum standards, passes the required examination, and pays the required fee), together with the Board's general rulemaking authority under Tex. Occ. Code §153.001. Chapter 601 (Medical Radiologic Technologists) is currently in force and was the cited authority for Board rulemaking in this area as recently as March 2026.
Authority Type	Mixed
Reduction Category	Streamline and consolidate application documentation requirements

Assessment 17: 22 TAC §172.3 — *Certification of Pain Management Clinics*

Recommended Changes:

17.1. In subsection (d), the Board could streamline the renewal submission so that continuing education is confirmed through a signed attestation by the applying physician owner rather than through separately submitted documentation establishing completion for every provider involved in any part of patient care. Tex. Occ. Code §168.152 requires only a renewal form plus compliance with requirements adopted by rule, so the Board retains discretion to accept an attestation subject to audit and inspection under §168.052. This could reduce the volume of paperwork clinics assemble and the Board reviews at each renewal.

Field	Detail
Statutory Authority	Tex. Occ. Code Ch. 168 (Regulation of Pain Management Clinics), in particular §168.051 (Board shall adopt rules addressing clinic operation, personnel, quality-of-care standards, certificate application and renewal procedures, inspections, and billing), §168.101 (certificate required), §168.102 (certificate application and issuance), §168.151 (certificate expires on the second anniversary of issuance), and §168.152 (renewal requirements). All cited provisions are currently in force.
Authority Type	Mixed
Reduction Category	Streamlining certification and renewal cycle; eliminating duplicative documentation; cross-referencing statute

Assessment 18: 22 TAC §189.11 — *Biennial Continuing Education (CE) Requirements*

Recommended Changes:

18.1. In subsection (a)(1), the board could consider reducing the required biennial contact hours below the current 24 hours. Section 602.153 of the Texas Occupations Code requires only that CE programs exist and that license holders participate to the extent the board requires; it sets no numeric hour floor.

18.2. In subsection (a)(3), the board could broaden the certification-and-recertification presumption of compliance so that a licensee who maintains any board-recognized certification in the relevant specialty is deemed compliant and could extend the same presumption to licensees who hold current accreditation or credentialing already required for their employment. Recognizing existing credentials that already embed continuing-competency review would eliminate duplicative tracking and separate course purchases for a substantial share of practicing physicists.

18.3. In subsection (a)(2), the board could consolidate the five separately enumerated recognized-CE categories (A) through (E) into a single broad standard that accepts any program relevant to the practice of medical physics offered by an accredited institution or a recognized professional organization.

18.4. In subsection (c), the board could streamline the exemption process by allowing exemption requests to be submitted through the ordinary renewal channel rather than requiring a separate written request at least 30 days before expiration and could allow the enumerated good-cause grounds to be demonstrated at renewal. This would reduce a procedural filing step for licensees facing catastrophic illness or extended service abroad while preserving Executive Director review.

18.5. Throughout subsection (a)(2), the board could replace the fixed list of named sponsoring organizations with a reference to nationally recognized medical physics accrediting and professional bodies generally, so the rule does not require amendment each time an organization is renamed or a new equivalent body emerges, reducing future rulemaking cost and the risk of the list becoming outdated.

Field	Detail
Statutory Authority	Tex. Occ. Code §602.153 (Continuing Education), §602.151 (General Powers and Duties, rulemaking authority), and §55.003 (military service member renewal extension), all currently in force.
Authority Type	Mixed

Field	Detail
Reduction Category	Reduced continuing education burden and simplified compliance requirements

Assessment 19: 22 TAC §161.35 — *Continuing Medical Education (CME) Requirements for License Renewal*

Recommended Changes:

19.1. In subsection (a), the Board could consider reducing the 48 total biennial CME credits and the 24 formal AMA/PRA Category 1 credits while still meeting the statutory framework. Tex. Occ. Code §156.051(a)(1) leaves the total number of hours entirely to the number the Board 'determines appropriate' and sets no floor, while §156.051(a)(2) requires only that at least one-half of whatever total the Board establishes be board approved.

19.2. In subsection (a)(1), the Board could broaden the list of recognized accrediting bodies and CME sources so that formal Category 1 credit earned through any provider meeting the American Medical Association Physician's Recognition Award or American Osteopathic Association standards referenced in Tex. Occ. Code §156.051(b) is accepted.

Field	Detail
Statutory Authority	Tex. Occ. Code Ch. 156, Subch. B (Continuing Medical Education Requirements), principally §156.051 (Reporting Program; Rules; Exemption, authorizing the Board to establish the number of CME hours it determines appropriate and requiring at least one-half to be board approved), §156.052 (Presumption of Compliance for Certain License Holders), §156.053 (Temporary Exemption), §156.055 (Continuing Education in Pain Management and Prescription of Opioids, mandating not less than two hours for direct patient care physicians), and §156.060 (Continuing Education Regarding the Identification and Assistance of Trafficked Persons, mandating at least one hour for direct patient care physicians on the specified schedule). Related mandatory-topic authority also appears at Tex. Health & Safety Code §323.0045 (forensic examination). All cited provisions are currently in force.
Authority Type	Mixed
Reduction Category	Reduced training/continuing-education burden

Assessment 20: 22 TAC §183.16 — *Biennial Continuing Medical Education (CME) Requirements*

Recommended Changes:

20.1. The board could consider reducing the 40-hour biennial CME total in subsection (a). Tex. Occ. Code §204.1562(a)(1) leaves the number of hours entirely to the board's discretion and sets no statutory minimum, so the board could lower the biennial total toward a lighter figure.

20.2. The board could revisit the fixed 20-hour formal-course floor in subsection (a)(1). The only statutory constraint is Tex. Occ. Code §204.1562(a)(2), which requires that at least one-half of whatever total the board adopts be board approved. If the board lowers the overall total, the formal-hour floor could be recalculated as one-half of the new total rather than held at 20, allowing more hours to be met through lower-cost informal Category II activity.

20.3. The board could broaden accepted formal accreditation in subsection (a)(1)(A) beyond courses designated for Category I credit by a CME sponsor approved by the American Academy of Physician Assistants. Recognizing additional nationally recognized accreditors (for example ACCME-accredited physician CME) would expand the supply of qualifying low-cost and no-cost courses, reducing course fees and travel time for license holders while still satisfying the board-approval requirement of §204.1562(a)(2).

20.4. The board could simplify the carry-forward provisions in subsection (d) by consolidating the separate Category I and Category II reporting split and the overlapping two-year and single-renewal-period limits into a single clear allowance.

Field	Detail
Statutory Authority	Tex. Occ. Code §204.1562 (Continuing Medical Education Requirements); Tex. Occ. Code §204.1565 (Informal Continuing Medical Education); Tex. Occ. Code §§204.101–204.102 (powers and duties of the Physician Assistant Board and Medical Board to adopt rules); Tex. Occ. Code §55.003 (military service member extensions). All currently in force.
Authority Type	Mixed
Reduction Category	Reduced continuing education burden

Assessment 21: 22 TAC §183.10 — *General Requirements for Licensure*

Recommended Changes:

21.1. The board could consolidate the overlapping credential-verification items in subsection (a)(3) by relying on the current NCCPA verification in (a)(3)(C) and retrieving it directly from the National Commission on Certification of Physician Assistants rather than also requiring applicant-supplied 'evidence of passage of the national licensing examination' in (a)(3)(B). A current NCCPA certificate necessarily establishes both examination passage and completion of an accredited educational program, so this single board-retrieved verification could satisfy the eligibility elements of §204.153(a)(1)-(a)(3) without duplicative documentation.

21.2. The board could eliminate the separate Dean's Certification of Graduation form in (a)(3)(A) and the physician assistant school transcript in (a)(3)(I), because NCCPA certification is issued only upon completion of an accredited program, which is the education element the statute ties to eligibility under §204.153(a)(1).

21.3. The board could streamline subsections (a) and (c) by cross-referencing the eligibility standards of §§204.152 and 204.153 and the military-applicant provisions of Tex. Occ. Code Chapter 55 rather than restating them.

Field	Detail
Statutory Authority	Tex. Occ. Code §§204.152 (Issuance of License) and 204.153 (Eligibility Requirements), Chapter 204 (Physician Assistants); military-applicant provisions under Tex. Occ. Code Chapter 55 and §204.159.
Authority Type	Mixed
Reduction Category	Streamlining and eliminating duplicative and non-statutory application documentation

Assessment 22: 22 TAC §185.3 — *General Requirements for Licensure*

Recommended Changes:

22.1. In subsection (a), the board could replace the restated eligibility narrative with a direct cross-reference to the statutory eligibility standards in Tex. Occ. Code §§206.202, 206.203, and 206.204, since those provisions already fix the substantive requirements (application form, fee, examination, associate's degree from a substantially equivalent program, and good-standing criteria).

22.2. In subsection (a)(3)(G), the board could clarify that it obtains the FBI/DPS criminal history result directly through the fingerprint submission channel authorized by Tex. Occ. Code §206.2025, so the applicant's obligation is limited to submitting fingerprints rather than also supplying a separate report.

Field	Detail
Statutory Authority	Tex. Occ. Code Ch. 206 (Surgical Assistants), Subchapter E (License Requirements), including §206.202 (License Application), §206.203 (License Eligibility), §206.204 (Examination), and §206.2025 (Criminal History Record Information Requirement); Tex. Occ. Code Ch. 55 (Licensing of Military Service Members, Veterans, and Spouses).
Authority Type	Mixed
Reduction Category	Documentation option; cross-reference to statute in lieu of restatement; deferral to national certification and board-retrieved records, if adequate.

Assessment 23: 22 TAC §163.4 — *Physician Responsibilities when Leaving a Practice*

Recommended Changes:

23.1. The Board could consolidate the dual posting requirement in subsection (a)(2) by treating a conspicuous notice on the practice website (or, for physicians without a website, a single conspicuous public posting) as sufficient, rather than requiring both an in-office physical posting and a website posting. A single durable electronic notice reaches departing and relocating patients who may no longer visit the office and removes duplicative signage effort.

23.2. The Board could allow the 30-day advance posting period in subsection (a)(2) to be satisfied by notice as soon as practicable when 30 days advance notice is not feasible (for example, sudden departure, death, or disability), aligning the timing rule with the immediate-notice standard already recognized in subsection (c) and reducing the risk that unavoidable short-notice departures create technical violations.

23.3. The Board could clarify in subsection (e) that a practice may satisfy its patient-list obligation by providing the list in an electronic format and that a single coordinated notice sent jointly by the practice and departing physician satisfies this section for both, avoiding duplicate notices to the same patients and the associated duplicated cost.

Field	Detail
Statutory Authority	Tex. Occ. Code §153.001 (general authority of the Texas Medical Board to adopt rules necessary to regulate the practice of medicine and to govern medical records); Tex. Occ. Code §159.006 (physician's duty to furnish copies of medical records on written consent); and Tex. Occ. Code §§164.051-164.053 (grounds for disciplinary action, prohibited

Field	Detail
	practices, and unprofessional or dishonorable conduct, the basis for treating patient abandonment and failure to ensure continuity of records access as sanctionable).
Authority Type	Mixed
Reduction Category	Modernization of prescriptive notice methods and removal of duplicative requirements

Assessment 24: 22 TAC §187.10 — *General Requirements for Certification*

Recommended Changes:

24.1. In subsection (a)(3), the board could consolidate the required documents list and accept (D) NBRC verification, if applicable in lieu of separately submitted subparagraph (A) Certification of Graduation and subparagraph (B) transcript-of-examination-scores documents. Because NBRC status already confirms completion of an approved education program and passage of the national examination, deferring to the national credential removes duplicative graduation and score paperwork for applicants who hold current NBRC certification.

Field	Detail
Statutory Authority	Tex. Occ. Code Ch. 604 (Respiratory Care Practitioners); specifically §604.052 (general powers and duties of advisory board, including rules establishing the certification and permitting program and minimum qualifications), §604.053 (advisory board sets fees by rule in amounts sufficient to cover administration), §604.103 (application on prescribed form and nonrefundable application fee), and §604.104 (certificate requirement: approved four-year high school course of study or equivalent and an advisory-board-approved respiratory care education program). Tex. Occ. Code Ch. 55 governs the military service member, veteran, and spouse provisions in subsection (c).
Authority Type	Mixed
Reduction Category	Duplicative application and eligibility documentation; restated statutory requirements; hard-coded fee amounts

Assessment 25: 22 TAC §189.3 — *General Requirements for Licensure*

Recommended Changes:

25.1. In subsection (a)(3), the board could retrieve the National Practitioner Data Bank/Health Integrity and Protection Data Bank report (subparagraph (F)) and the FBI/DPS fingerprint-based criminal history report (subparagraph (G)) directly through its own established access to those systems rather than requiring each applicant to obtain and submit them. Shifting to board-retrieved records would remove a duplicative applicant collection burden while preserving the same background information the board already receives.

25.2. In subsection (a), the board could remove the restatement of documentation that mirrors the statutory eligibility already fixed in Tex. Occ. Code §§602.203(b) and 602.207(a) and rely on the cross-referenced statutory citations that are already cited in the rule.

25.3. In subsection (a)(3), the board could consolidate the conditional, situation-specific items in subparagraphs (H) through (L) (alternate name documentation, arrest records, malpractice records, treatment records, and military orders/DD214) into a single provision stating that the board may request additional records where relevant to an individual application, rather than enumerating each category. This could shorten the rule while retaining the board's discretion to request such records when applicable.

Field	Detail
Statutory Authority	Tex. Occ. Code Ch. 602 (Medical Physicists), Subchapter E, §§602.203 (License Application) and 602.207 (Eligibility for Examination); Tex. Occ. Code Ch. 55 (military service members, veterans, and spouses).
Authority Type	Mixed
Reduction Category	Streamline application documentation and eliminate duplicative applicant-supplied records

Assessment 26: 22 TAC §188.3 — *General Requirements for Licensure*

Recommended Changes:

26.1. Subsection (a) opens by requiring applicants to meet the general standards in Chapter 603, Subchapter F, of the Act and then separately restates a long documentation list. The board could streamline this by cross-referencing the statutory eligibility and examination requirements in Tex. Occ. Code §§603.252-603.2535 rather than re-enumerating them, which reduces duplication between the rule and the statute.

26.2. Subsection (a)(3) lists documents that overlap with the current national certification required at (a)(3)(C). Because Tex. Occ. Code §603.354 already anchors practice to certification by the American Board of Cardiovascular Perfusion and §603.254 ties examination eligibility to a nationally accredited education program, the board could defer to the applicant's current national certification in lieu of separately collecting the educational transcript (A), the certified transcript of examination scores (B), and the Professional or Work History Evaluation forms (E), collecting those items only when national certification is unavailable or lapsed. This removes duplicative paperwork for the large majority of applicants who hold active certification.

26.3. Subsection (a)(2) hardcodes the application fee at $180.00. Because Tex. Occ. Code §603.154 directs the board to set fees only in amounts reasonable and necessary to cover administration costs, the board could state the fee by cross-reference to a board published fee schedule rather than embedding a fixed dollar figure in the rule.

Field	Detail
Statutory Authority	Tex. Occ. Code Ch. 603 (Licensed Perfusionists Act), Subchapter F (License Requirements), including §603.252 (License Application), §603.253 (Competency Examination), §603.2535 (Jurisprudence Examination), and §603.254 (Qualification for Examination); rulemaking authority under §§603.151-603.152 and fee authority under §603.154. Chapter 55 (Licensing of Military Service Members, Veterans, and Spouses) is referenced for military applicants.
Authority Type	Mixed
Reduction Category	Duplicative and discretionary application documentation; deference to national credentials and board-retrieved records; removal of hardcoded fee

Assessment 27: 22 TAC §184.17 — *Biennial Continuing Acupuncture Education (CAE) Requirements*

Recommended Changes:

27.1. The board could consider reducing the total biennial CAE requirement in subsection (a) from 34 hours. Tex. Occ. Code §205.255(a) leaves the number of hours to board discretion and sets no statutory floor.

27.2. The board could broaden the accepted accreditation and provider pathways in subsection (b) so that a wider range of nationally or state-recognized providers qualify automatically. Tex. Occ. Code §205.255(b) directs the board to consider approving courses offered by knowledgeable health care providers and reputable schools, states, or professional

organizations, which supports a more inclusive list. Expanding automatic acceptance (for example, recognizing courses accepted by additional recognized national bodies) would lower the search, fee, and pre-approval friction that licensees currently face when a course lacks Texas-specific board approval.

Field	Detail
Statutory Authority	Tex. Occ. Code Ch. 205 (Acupuncture); specifically §205.255 (Continuing Education), under which the acupuncture board by rule may require a license holder to complete a certain number of continuing education hours to renew a license and shall establish written guidelines for procedural requirements, preferred-provider qualifications, and course content, and shall consider approving courses offered by knowledgeable health care providers or reputable schools, states, or professional organizations; and §205.101 (General Powers and Duties of Acupuncture Board), noting the acupuncture board has no independent rulemaking authority and its rules are subject to medical board approval.
Authority Type	Mixed
Reduction Category	Reduce continuing education burden

Assessment 28: 22 TAC §186.2 — *Functions and Duties*

Recommended Changes:

28.1. Subsection (a) restates the advisory board's general powers and duties that are already prescribed by Tex. Occ. Code §601.052, which mandates in "shall" terms that the board adopt rules, review and approve or reject certificate applications, issue certificates, discipline certificate holders, and take any action necessary to carry out its functions. The Board could replace the enumerated list in (a)(1) through (a)(6) with a single cross-reference stating that the advisory board's functions and duties are those set out in §601.052 of the Act, eliminating the paraphrased restatement while preserving the substance by operation of the statute itself.

Field	Detail
Statutory Authority	Tex. Occ. Code Ch. 601 (Medical Radiologic Technologists), esp. §601.052 (General Powers and Duties of Advisory Board), which directs that the advisory board shall adopt necessary rules, review and approve or reject certificate applications, issue certificates, discipline certificate holders, and take any action necessary to carry out its functions; and

Field	Detail
	§601.052(1) (rulemaking authority under Ch. 2001, Gov't Code).
Authority Type	Mixed
Reduction Category	Duplicative of Statute

Assessment 29: 22 TAC §187.2 — *Functions and Duties*

Recommended Changes:

29.1. Subsection (a) restates the advisory board's general powers and duties that Tex. Occ. Code §604.052(a) already imposes by statute (adopting rules, establishing practice standards, certification and discipline, reviewing and adopting rules). The Board could delete the enumerated list in (a)(1)-(6) and replace it with a single cross-reference stating that the advisory board performs the functions and duties assigned to it under Tex. Occ. Code §604.052.

Field	Detail
Statutory Authority	Tex. Occ. Code Ch. 604 (Respiratory Care Practitioners), particularly §604.052 (General Powers and Duties of Advisory Board) and §604.0522 (Powers and Duties of Medical Board Relating to Respiratory Care Practitioners). 'The Act' referenced throughout §187.2 resolves to Tex. Occ. Code Ch. 604.
Authority Type	Mixed
Reduction Category	Text reduction and consolidation of provisions duplicative of statute

Assessment 30: 22 TAC §161.7 — *Examination Requirements*

Recommended Changes:

30.1. In subsection (b), the Board could consolidate the enumerated list of accepted examinations with the parallel statutory list in Tex. Occ. Code §155.0511. The rule re-enumerates the same examinations (USMLE, COMLEX-USA, FLEX, NBME, NBOME, LMCC, and state board examinations) that the statute already lists, so the subsection could be reframed to adopt the §155.0511 list by reference while retaining only the score standard (a passing score of 75 or better, or a passing grade where applicable) that the Board sets by discretion.

30.2. In subsection (c), the Board could retire or compress the obsolete FLEX-based examination combinations in paragraphs (c)(1), (c)(2), and (c)(4). The FLEX Federation Licensing Examination is no longer administered and now applies only to previously grandfathered applicants, so these prescriptive combinations could be consolidated into a single legacy-combination provision, leaving the currently operative USMLE, NBME, NBOME, and COMLEX pathways and the catch-all 'other combination acceptable to the board' in paragraph (c)(6).

30.3. The Board could also remove the residual pre-1985 and post-1985 FLEX distinctions in paragraphs (b)(3) and (b)(4) and fold them into a single legacy-examination reference to Tex. Occ. Code §155.0511(5) and (6), since the detailed dating conventions and per-component scoring are now historical and are already captured by the statutory subdivisions the Board accepts by rule.

Field	Detail
Statutory Authority	Tex. Occ. Code §§155.051 (examination required; seven-year time frame with ten-year and underserved-area exceptions), 155.0511 (examinations the board may administer or accept as determined by rule), 155.054 (examination subjects and Texas medical jurisprudence examination), 155.056 (three-attempt limit and rulemaking on multi-examination applicants), and 155.0561 (exceptions to attempt limits for certain out-of-state applicants). General rulemaking authority under Tex. Occ. Code §§153.001 and 155.007.
Authority Type	Mixed
Reduction Category	Consolidate overlapping and statute-duplicative provisions and remove obsolete examination references

Assessment 31: 22 TAC §183.2 — *Functions and Duties*

Recommended Changes:

31.1. The board could replace the enumerated list of board duties in subsection (a)(1) through (a)(6) with a direct cross-reference to Tex. Occ. Code §204.101 (General Powers and Duties of Board). Items such as regulating physician assistants through licensure and discipline, receiving complaints and investigating violations, and adopting rules restate the statutory list nearly verbatim, and a citation to the controlling statute would preserve the same legal effect while eliminating duplication that must be re-amended each time the Legislature revises Chapter 204.

Field	Detail
Statutory Authority	Tex. Occ. Code Ch. 204 (Physician Assistants), Subchapter C, esp. §204.101 (General Powers and Duties of Board, requiring the physician assistant board to adopt necessary rules, review and act on license applications, issue licenses, discipline license holders, and take actions necessary to carry out its duties). Related in-force provisions include §204.056 (Grounds for Removal), §204.053 (Membership Eligibility and Restrictions), and §204.052 (Appointment of Board). The rule's internal reference to '§204.101 of the Act' resolves to Tex. Occ. Code §204.101.
Authority Type	Mixed
Reduction Category	Text reduction and consolidation of provisions duplicative of statute

Assessment 32: 22 TAC §164.4 — *Advertising Board Certification*

Recommended Changes:

32.1. The Board could relocate the detailed certifying-organization qualification criteria in subsection (b)(3)(A)-(F) and the fee amounts in (b)(2) and (c)(1) into a fee schedule or an application form incorporated by reference, retaining in the rule text only the substantive equivalence standard. Embedding fixed dollar figures and granular documentary checklists in rule text creates recurring amendment burden each time fees or accreditation bodies change, and moving them to a referenced schedule would shorten the section without lowering the standard.

32.2. The Board could simplify subsection (c) by replacing the fixed five-year re-review cycle and its separate renewal submission requirements with a provision that an approved organization must promptly notify the Board of any substantive change to its certification requirements, with periodic review conducted at the Board's discretion. This risk-based approach would reduce the recurring administrative filing burden on qualifying certifying organizations while preserving the Board's ability to reassess when material changes actually occur.

Field	Detail
Statutory Authority	Tex. Occ. Code §153.001 (authority to adopt rules necessary to regulate the practice of medicine and enforce Subtitle B of Title 3), under which 22 TAC Ch. 164 was adopted; Tex. Occ. Code §101.201 (False, Misleading, or Deceptive Advertising, applicable to health professions); and Tex. Occ. Code

Field	Detail
	§§164.052(a)(5) and 164.053 (prohibited practices and unprofessional or dishonorable conduct likely to deceive or defraud the public, including deceptive advertising).
Authority Type	Mixed
Reduction Category	Consolidate overlapping provisions and cross-reference statute; relocate prescriptive fee and documentation detail; adopt risk-based review