

## **Chapter 177. Business Organizations and Agreements**

### **Subchapter E. Physician Call Coverage Medical Services**

#### **§177.18. Purpose and Scope.**

(a) Purpose. Pursuant to §153.001 of the Act, the Board is authorized to adopt rules relating to the practice of medicine. The purpose of this subchapter is to set forth minimum requirements relating to a physician's provision of call coverage services for another physician's established patients. Advances in technology have enabled a more expansive model of call coverage, requiring that minimum standards be adopted so as to better protect and promote the health and safety of the public while accounting for such technological advances. In setting forth these rules, the board recognizes that a call coverage model outside of the traditional office setting between physicians who are not of the same specialty and do not provide reciprocal call coverage for each other can provide effective and safe patient care, contingent upon the physician meeting the standard of care for the treatment provided under an agreement, and minimum standards being in place that correspond to the level of care being provided. Such standards will allow increased access to healthcare, while maintaining accountability for communication between physicians, in order to provide continuity and coordination of care, thereby protecting patient safety and health.

(b) Scope. This chapter applies to all physicians providing call coverage in Texas, regardless of the nature and scope of technology being used to provide care to patients through the call coverage relationship.

#### **177.19. Definitions.**

The following words and terms, when used in this chapter, shall have the following meanings, unless the contents clearly indicate otherwise.

(1) Act--The Texas Medical Practice Act, Texas Occupations Code Annotated, Title 3 Subtitle B.

(2) Board--Texas Medical Board.

#### **177.20. Call Coverage Minimum Requirements.**

(a) Generally.

(1) Physicians may provide medical services through a call coverage agreement (CCA) to established patients of a physician who requests the coverage. A covering physician who enters into a CCA is responsible for meeting the standard of care for patient care provided during such call coverage.

(2) The covering physician is required to relay a report to the physician who requested the coverage regarding the care provided. The covering physician may satisfy the report requirement described in this subsection by updating the patient's medical record, sending a written report, or providing the information to the physician who requested the coverage through other methods. The duty to provide the report is the sole, exclusive obligation of the covering physician, and cannot be delegated to or satisfied by the patient or patient representative providing a report or otherwise recounting the encounter to the physician who requested coverage. The physician who

requested the call coverage must ensure that the report provided by the covering physician is made a part of the patient's medical record.

(b) Call Coverage Models.

(1) Non-Reciprocal Call Coverage Model. For physicians who enter into a CCA and are not of the same specialty or similar specialties, or do not require reciprocal medical call coverage services for the covering physician's patients through the CCA, the CCA must be in writing and at a minimum include terms that:

(A) establish a covering physician's responsibility for meeting the standard of care in providing call coverage for the patients of the physician requesting coverage;

(B) provide a list of all of the physicians that may provide the call coverage under the CCA;

(C) require that at the time of the service provided, the covering physician have access to the necessary medical records related to the patient who is being treated under the CCA;

(D) for non-emergency care provided for a diagnosis previously made by the physician who requested call coverage, require the covering physician to furnish a report to the physician requesting the call coverage within 7 days from the end of each call coverage period;

(E) for non-emergency care provided for an injury, illness, or disease not previously diagnosed by the physician who requested call coverage, require the covering physician to furnish a report to the physician who requested the call coverage within 72 hours from the end of each call coverage period; and

(F) for emergency care provided, require the covering physician to furnish a report to the physician who requested call coverage within an appropriate time period according to the circumstances of the emergency situation.

(2) Reciprocal Call Coverage Model.

(A) For physicians who enter a CCA and are of the same specialty or similar specialties and require reciprocal medical call coverage services for the covering physician's patients, the CCA may be oral or written.

(B) Terms of the CCA at a minimum must establish the covering physician's responsibility for meeting the standard of care for patient care provided during such call coverage and relaying a report to the physician who requested the coverage regarding such patient care provided within an appropriate amount of time from the conclusion of each call coverage period.