ADOPTED RULES

Adopted rules include new rules, amendments to existing rules, and repeals of existing rules. A rule adopted by a state agency takes effect 20 days after the date on which it is filed with the Secretary of State unless a later date is required by statute or specified in the rule (Government Code, §2001.036). If a rule is adopted without change to the text of the proposed rule, then the *Texas Register* does not republish the rule text here. If a rule is adopted with change to the text of the proposed rule, then the final rule text is included here. The final rule text will appear in the Texas Administrative Code on the effective date.

TITLE 19. EDUCATION

PART 2. TEXAS EDUCATION AGENCY

CHAPTER 67. STATE REVIEW AND APPROVAL OF INSTRUCTIONAL MATERIALS

SUBCHAPTER B. STATE REVIEW AND APPROVAL

19 TAC §67.27

The State Board of Education (SBOE) adopts an amendment to §67.27, concerning eligibility and appointment of instructional materials review and approval (IMRA) reviewers. The amendment is adopted with changes to the proposed text as published in the December 19, 2025 issue of the *Texas Register* (50 TexReg 8136) and will be republished. The adopted amendment updates the requirements for suitability reviewers and the process for the appointment and selection of suitability reviewers.

REASONED JUSTIFICATION: Texas Education Code (TEC), Chapter 31, addresses instructional materials in public education and permits the SBOE to adopt rules for the adoption, requisition, distribution, care, use, and disposal of instructional materials. House Bill 1605, 88th Texas Legislature, Regular Session, 2023, significantly revised TEC, Chapter 31, including several provisions under SBOE authority.

The IMRA process requires the use of both quality and suitability reviewers. Dedicated suitability reviewers were introduced for the first time as part of IMRA Cycle 2025. The adopted amendment incorporates feedback gathered during the first year of implementation. Certain language requirements for nominees were added, and the process for reviewer selection was clarified, specifically related to timelines.

The following changes were made since published as proposed.

Subsection (e)(2) was modified to allow, rather than require, each SBOE member to nominate and rank a minimum number of applicants to serve as suitability reviewers.

Subsection (e)(4), relating to instructional materials for languages other than English, was modified to allow, rather than require, each SBOE member to nominate and rank at least five reviewers fluent in the languages to be reviewed.

The SBOE approved the amendment for first reading and filing authorization at its November 21, 2025 meeting and for second reading and final adoption at its January 30, 2026 meeting.

In accordance with TEC, §7.102(f), the SBOE approved the amendment for adoption by a vote of two-thirds of its members to specify an effective date earlier than the beginning of the 2026-2027 school year. The earlier effective date will ensure that the changes can be implemented prior to IMRA Cycle 2026. The effective date is 20 days after filing as adopted with the *Texas Register*.

SUMMARY OF COMMENTS AND RESPONSES: The public comment period on the proposal began December 19, 2025, and ended at 5:00 p.m. on January 20, 2026. The SBOE also provided an opportunity for registered oral and written comments at its January 2026 meeting in accordance with the SBOE board operating policies and procedures. No public comments were received.

STATUTORY AUTHORITY. The amendment is adopted under Texas Education Code (TEC), §31.003(a), which permits the State Board of Education (SBOE) to adopt rules for the adoption, requisition, distribution, care, use, and disposal of instructional materials; TEC, §31.022, as amended by House Bill (HB) 1605, 88th Texas Legislature, Regular Session, 2023, which requires the SBOE to review instructional materials that have been provided to the board by the Texas Education Agency (TEA) under TEC, §31.023; and TEC, §31.023, as amended by HB 1605, 88th Texas Legislature, Regular Session, 2023, which requires the commissioner of education to establish, in consultation with and with the approval of the SBOE, a process for the annual review of instructional materials by TEA. In conducting a review under this section, TEA must use a rubric developed by TEA in consultation with and approved by the SBOE.

CROSS REFERENCE TO STATUTE. The amendment implements Texas Education Code, §31.003(a); and §31.022 and §31.023, as amended by House Bill 1605, 88th Texas Legislature, Regular Session, 2023.

§67.27. IMRA Reviewers: Eligibility and Appointment.

(a) All instructional materials review and approval (IMRA) reviewers must complete an application. The application will include a resume and supervisor, if applicable, or another reference contact information and must request any professional associations, affiliations, and groups in a format approved by the State Board of Education (SBOE) chair. SBOE members shall have access to all completed applications in their respective districts.

(b) The IMRA reviewer application shall be posted to the SBOE website.

(c) An IMRA reviewer may serve as a quality reviewer or as a suitability reviewer.

(d) Quality reviewers.

(1) IMRA quality reviewers must meet one of the following minimum qualification requirements:

(A) educators with three or more years of experience;

(B) district or campus personnel who have taught and/or directly supported the grade level(s) and subject area(s) or course(s) for at least three years;

(C) professors at an accredited institution of higher education in Texas with at least three years or more experience in the subject area(s) or courses; or

(D) persons with evidence of strong content knowledge and experience in the grade level(s) and subject area(s) or course(s).

(2) The Texas Education Agency (TEA) may reject a quality reviewer applicant if the candidate does not meet minimum eligibility as outlined in this section with approval of the SBOE member for which the applicant is a district resident. The member has one week to respond to TEA's decision. If the SBOE member approves applicants who were previously rejected by TEA, those applications shall be reinstated to the applicant pool to be rated.

(3) All eligible quality reviewer applicants shall be evaluated by TEA staff using the applicants' experience and qualifications rated on a scale of 1-3. The best qualified individuals are ranked 1.

(4) Once rated, all eligible quality reviewer applicants are shared with the SBOE member for which the applicant is a district resident.

(5) TEA staff provides all quality reviewer applicants and their applications to the SBOE member for which the applicant is a district resident, and the SBOE member may adjust rankings, veto applicants, and/or identify top candidates.

(6) The SBOE member has two weeks to return applicants and their rankings to TEA staff. If the SBOE member does not submit a response, TEA staff's ranking shall remain unchanged.

(7) IMRA quality reviewers must be approved by the SBOE member for which they are a district resident.

(8) If an individual invited to serve on a quality review panel declines the invitation, the relevant SBOE member will select an alternate from the list of candidates within one week. To the extent an SBOE member fails to select an alternate within one week, the top-ranked applicant is deemed selected.

(9) In the event TEA does not receive enough applications to fill available roles, TEA may:

(A) reduce the size of the review team to no fewer than three reviewers;

(B) postpone the review of materials using the SBOE-approved strategy for prioritizing selection of instructional materials for review; or

(C) modify the review schedule to allow for additional recruitment efforts.

(10) TEA staff shall build quality review panels using top candidates identified from each SBOE district. As final selections are made, TEA may consider the following characteristics to ensure that each individual review panel is balanced and has the necessary qualifications. The guidelines are established to ensure that the work groups are highly qualified, reflect the make-up of the state's educators, and include representation from the following.

(A) Experience: highly qualified educators and others with evidence of strong content knowledge and experience in the subject and/or grade level or bands and/or course(s).

(B) Position: a variety of positions reflected such as parents, classroom teachers, campus- and district-level administrators/specialists, education service center subject area personnel, representatives from higher education, and community members, including employers.

(C) School district size: large, midsize, and small school districts.

(D) Demographics: multiple and different racial and ethnic groups and males and females.

(E) School district/charter school: a variety of local education agencies are represented, including open-enrollment charter schools.

(F) Expertise: if a work group is assigned a grade band, at least one reviewer with experience teaching for each grade level will be prioritized.

(11) TEA staff shall maintain a database of individuals who have served on an IMRA review panel during the review process.

(12) Only if the SBOE member responds affirmatively to a request from TEA will an applicant be exempt from subsection (a) of this section, and only if the applicant has previously served as an IMRA quality reviewer in at least one of the prior two IMRA cycles and received an acceptable performance rating.

(e) Suitability reviewers.

(1) Texas residency is a minimum requirement for any IMRA suitability reviewer.

(2) Each SBOE member may annually nominate a minimum of 40 applicants to serve as suitability reviewers and rank them from most preferred to least preferred.

(3) At least 20% of nominees must be fluent in the Spanish language and ranked separately from most preferred to least preferred.

(4) For the review of instructional materials for languages other than English, members may each nominate and rank at least five reviewers fluent in the languages to be reviewed.

(5) A panel for suitability review consists of three reviewers and shall reflect the political affiliation of the membership of the SBOE. No more than one suitability reviewer per panel may be nominated by any one SBOE member.

(6) TEA staff shall build suitability review panels using top candidates identified from each SBOE district. As final selections are made, TEA may consider the following characteristics to ensure that each individual review panel is balanced and has the necessary qualifications.

(A) Experience: successful participation as a quality or suitability reviewer in a past review.

(B) Demographics: multiple and different racial and ethnic groups and males and females.

(7) If an individual invited to serve on a review panel declines the invitation, TEA will then invite the next eligible reviewer from the SBOE member's list.

(8) If there are not enough suitability reviewers available for a review cycle, TEA shall request more nominations from each SBOE member. To the extent a member fails to nominate additional candidates within one week of being notified by TEA, candidates from other SBOE member districts may be considered.

(9) If TEA still requires additional suitability candidates to complete the review after notifying SBOE members of the need for more nominations and fewer than 14 calendar days remain before the

review begins, final reviewer selections shall be made in consultation with the SBOE chair to preserve SBOE authority.

(10) If an SBOE member who nominated reviewers no longer holds the office before the start of the annual review, the new SBOE member may nominate different suitability reviewers or adjust their rankings. If the office is vacant, the SBOE chair may nominate different suitability reviewers or adjust their rankings.

The agency certifies that legal counsel has reviewed the adoption and found it to be a valid exercise of the agency's legal authority.

Filed with the Office of the Secretary of State on March 18, 2026.

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Cristina De La Fuente-Valadez
Director, Rulemaking
Texas Education Agency
Effective date: April 7, 2026
Proposal publication date: December 19, 2025
For further information, please call: (512) 475-1497

TITLE 22. EXAMINING BOARDS

PART 11. TEXAS BOARD OF NURSING

CHAPTER 217. LICENSURE, PEER ASSISTANCE AND PRACTICE

22 TAC §217.24

Introduction. The Texas Board of Nursing (Board) adopts amendments to 22 Texas Administrative Code §217.24, relating to Telehealth Services and Telemedicine Medical Services in Nursing, formerly Telemedicine Medical Service Prescriptions, with changes to the proposed text published in the December 19, 2025 issue of the *Texas Register* (50 TexReg 8155). The rule will be republished.

Reasoned Justification. The adopted amendments to Board Rule 217.24 reflect changes required by House Bill 1700 (89th Legislature), which amended Texas Occupations Code §111.004. Specifically, the bill specifies the informed consent documentation that is required when licensees perform telehealth services or telemedicine medical services. The adopted amendments ensure that a written record of informed consent is maintained when nursing services are provided via telehealth. The Board carefully considered public comments regarding the proposed amendments, including concerns about potential administrative burdens and impacts on patient access to care. In response, the Board made revisions to clarify the rule language and ensure that the requirements are consistent with legislative intent and existing standards of care. The rule, as adopted, maintains standardized documentation and retention requirements for informed consent while avoiding unnecessary or duplicative provisions.

Section by Section Overview.

The adopted amendments to §217.24 implement recent statutory changes requiring agencies regulating health professionals who provide telemedicine medical services and telehealth services to adopt rules standardizing the format and retention of patient consent records. These amendments implement Texas Occupations Code §111.004, as amended effective September 1, 2025.

Subsection (a) incorporates the statutory definitions of "telehealth service" and "telemedicine medical service" from Texas Occupations Code §111.001 to ensure consistency with governing law.

Subsection (b) clarifies that the rule's standards apply equally to video and audio-only encounters, implementing the statutory requirement that consent documentation provisions address audio-only formats based on the appropriate standard of care.

Subsection (c) standardizes informed consent documentation for telehealth and telemedicine services, allowing written or verbal consent and requiring documentation of verbal consent, including the date given and identification of any responsible party providing consent.

Subsection (d) provides uniform record retention requirements for consent documentation, consistent with existing Texas law, including specific provisions for minors, thereby implementing the statutory mandate to standardize retention of consent records.

Subsections (e) through (i) update existing prescription-related provisions, including updated cross-references.

Public Comment. The Board received five comments on the proposal. The commentors include Dr. Jennie Berkovich, DO, FAAP, VP of Physical Health at Hazel Health; Dr. Tracy Hicks, DNP, MBA, APRN, President, Texas Nurse Practitioners; Mr. Hunter Young, Head of State Government Relations, ATA Action; Access TeleCare; and Ms. Nora Cox, CEO, Texas e-Health Alliance. All five commentors primarily focused on similar concerns and objections to the rule as proposed and their concerns are addressed together in the Board's response.

Comment Summaries:

Dr. Jennie Berkovich, DO, FAAP, VP of Physical Health at Hazel Health, supports the Board's goals of transparency, patient protection, and consistent telehealth standards. However, she objects to the visit-specific disclosure of the treating APRN's identity, license information, practice location and delegating physician details in writing at each patient encounter. She explains that in a school-based telehealth platform, parental consent is typically obtained in advance of care to ensure timely access to students. She emphasizes that current consent processes already include the nature of telehealth services, provider information, provider licensure, supervision structures, and contact information for parental questions or concerns. Requiring new written consent for each visit would delay care. She also notes that requiring remote providers to disclose their primary practice address and phone number may suggest that the Board is requiring remote providers to disclose their private addresses and personal phone numbers in addition to the business or organizational contact information already provided. Dr. Berkovich suggests modifying the proposed rule to allow information regarding nurse's identity or delegation authority to be provided through visual or verbal disclosure at commencement of telehealth encounter, rather than through a written consent form. She further suggests that the Board clarify that the appropriate practice address and phone number can include the corporate address and business phone number.

Dr. Tracy Hicks, DNP, MBA, APRN, as President and on behalf of Texas Nurse Practitioners, submitted comments strongly opposing proposed §217.24, citing key provisions TNP believes

conflict with HB 1700 and create unnecessary administrative burdens. TNP strongly opposes the requirement that APRNs disclose their delegating physician's name, license number, and contact information as part of telemedicine informed consent. TNP argues this requirement is duplicative because physician information is already disclosed through other legal mechanisms (e.g., prescriptions), lacks statutory authority under the Nursing Practice Act and HB 1700, and unfairly singles out telemedicine encounters. The organization asserts this provision would confuse patients, burden providers, and undermine the professional accountability of APRNs.

Additionally, TNP opposes requiring telehealth informed consent to be obtained through a signed, written document. They argue this directly conflicts with HB 1700, which explicitly requires licensing boards to allow consent documentation in audio-only formats. TNP urges the Board to adopt language which allows informed consent to be obtained in writing or verbally with appropriate documentation in the medical record. TNP requests removal of the delegating physician disclosure provision and revision of the consent requirements to explicitly allow verbal consent prior to any adoption. TNP urges the Board to consider consultation with its APRN Advisory Committee to ensure alignment with statutory authority, nursing regulation, and patient access to telehealth services.

Access TeleCare, a Dallas-based company that is the nation's largest provider of acute specialty telemedicine, submitted comments expressing concerns about additional administrative requirements that could hinder telemedicine access without improving patient safety. Access relies heavily on APRNs to deliver specialty telemedicine services. Access opposes the requirement for written informed consent that includes detailed supervising or delegating physician information. Supervising physician relationships are already thoroughly documented through hospital credentialing, medical staff privileges, and Texas Medical Board delegation systems. Requiring the same information in telemedicine consent forms would be duplicative and increase administrative burdens for clinicians and hospital staff. Access would request a hospital-based exemption should the requirement remain.

Mr. Hunter Young, Head of State Government Relations, submitted comments for ATA Action, identified as the American Telemedicine Association's affiliated trade association focused on advocacy. While supporting the Board's implementation of House Bill 1700, ATA Action opposes certain provisions arguing that they exceed statutory authority and could unnecessarily restrict telehealth access for Texas patients. ATA Action contends that requiring a signed, written informed consent goes beyond HB 1700 and Texas Occupations Code §111.004, which require documentation of informed consent but do not mandate signatures. The requirement could be impractical for digital and audio-only telehealth encounters, create compliance ambiguity, and impose higher standards on telehealth than on in-person care, contrary to modality-neutral policy principles.

Additionally, ATA Action opposes the requirement that APRNs disclose detailed information about delegating physicians (name, license number, practice address, and phone number) during the informed consent process. The organization argues this is not contemplated by HB 1700 and is already governed under existing Texas law. ATA Action notes that other Texas licensing boards implementing HB 1700 have not adopted similar signature or physician disclosure requirements and urges alignment to reflect legislative intent and ensure consistency.

Ms. Nora Cox, CEO of Texas e-Health Alliance (TeHA) submitted comments strongly opposing the proposed amendments to 22 TAC §217.24, arguing that they conflict with the plain language and intent of HB 1700 and would impose unnecessary administrative burdens on nurses providing telehealth and telemedicine services.

TeHA explains that HB 1700 was designed to ensure clear guidance on how informed consent may be documented for virtual encounters, including audio-only services, without imposing a single rigid standard across professions. The proposed rule's requirement that informed consent be obtained through a signed, written document, with no allowance for electronic signatures or audio-only consent, directly contradicts HB 1700's explicit requirement to allow consent documentation in an audio-only format.

TeHA also opposes the proposed requirement that APRNs disclose the delegating physician's name, Texas medical license number, and contact information as part of the informed consent process. They argue this information is already disclosed through other legal mechanisms (such as prescriptions), making the requirement duplicative, administratively burdensome, and potentially confusing for patients. TeHA notes that current law does not impose this disclosure requirement in telemedicine or in-person care, and that it exceeds both the scope and intent of HB 1700.

TeHA urges the Board to revise the rule to align with HB 1700 and follow models adopted by other Texas licensing boards, such as the Texas Board of Physical Therapy Examiners, which expressly allow both written and verbal consent with appropriate documentation in the medical record. TeHA recommends deleting subsection (c)(2) entirely and adopting a more flexible, modality-neutral framework.

Agency Response:

The Board has reviewed and carefully considered the comments provided by Dr. Berkovich, Texas Nurse Practitioners (TNP), Access TeleCare, ATA Action, and the Texas e-Health Alliance (TeHA). The Board agrees with the concerns raised regarding the proposed administrative requirements and the potential for these provisions to create barriers to patient access.

In response to this feedback, the Board has removed the offending sections which parties identified as duplicative or overly burdensome. Specifically, the Board has eliminated the requirement for a signed, written informed consent at each encounter and the mandate for Advanced Practice Registered Nurses (APRNs) to disclose detailed delegating physician information as part of the telehealth consent process. Further, the Board has also removed all of the first subsection (d) relating to a prescribed format for "special" informed consent for delivery models, treatment methods, and limitations associated with a telehealth service encounter. The Board agrees that it would be improper to adopt a prescribed format, which may be viewed as unnecessarily duplicative of current informed consent requirements, or impose additional requirements for telehealth services that are inconsistent with the same procedures in an in-person setting.

Furthermore, the Board has updated the amendments to include language consistent with similar standards adopted by other occupational agencies. These revisions ensure that informed consent may be obtained in a variety of formats, including verbal or audio-only, provided it is appropriately documented in the medical record. This approach aligns the rule with the legislative intent of HB 1700, maintains modality-neutral policy principles,

and ensures a consistent regulatory framework across Texas licensing boards. Minor edits to correct grammar and punctuation were included.

Statutory Authority. This amendments are adopted under the authority of Texas Occupations Code §301.151 and Texas Occupations Code §111.004. Section 301.151 grants the Board general rulemaking authority to adopt and enforce rules necessary to perform its duties, regulate the practice of professional and vocational nursing, establish standards of professional conduct, and conduct proceedings under Chapter 301. Section 111.004, as amended by the Legislature effective September 1, 2025, requires each agency with regulatory authority over a health professional who provides telemedicine medical services or telehealth services to adopt rules standardizing the format and retention of records related to a patient's consent to treatment, data collection, and data sharing, including provisions addressing consent documentation in audio-only formats based on the appropriate standard of care. The amendments to §217.24 are adopted to implement and comply with these statutory requirements.

Cross reference to statute. The adopted amendments affect Texas Occupations Code §111.004.

§217.24. Telehealth Services and Telemedicine Medical Services in Nursing.

(a) Definitions.

(1) "Telehealth service" shall have the meaning defined by Texas Occupations Code §111.001(3).

(2) "Telemedicine medical service" shall have the meaning defined by Texas Occupations Code §111.001(4).

(b) The same standards discussed in this rule are applicable to telehealth services and telemedicine medical services regardless of whether the patient interaction occurs in a video format or an audio-only format.

(c) A nurse must document informed consent for either telehealth services or telemedicine medical services in the medical record. Consent is acceptable either in written format or verbally. If the informed consent is obtained verbally, it must be documented in the patient's medical record and must include the date that the verbal consent is given. If the informed consent is provided by a responsible party of the patient, the name and relationship to the patient must be included.

(d) Informed consent records must be retained at least seven years from the date of last treatment by a nurse or longer if required by other federal or state law. If a patient is under 18 years old, informed consent records must be retained until the patient reaches 21 years old or seven years from the date of last treatment, whichever is longer.

(e) Issuance of Prescriptions. The validity of a prescription issued as a result of a telemedicine medical service is determined by the same standards that would apply to the issuance of the prescription in an in-person setting.

(f) This rule does not limit the professional judgment, discretion, or decision-making authority of a licensed practitioner. A licensed practitioner is expected to meet the standard of care and demonstrate professional practice standards and judgment, consistent with all applicable statutes and rules when issuing, dispensing, delivering, or administering a prescription medication as a result of a telemedicine medical service.

(g) A valid prescription must:

(1) be issued for a legitimate medical purpose by a practitioner as part of a patient-practitioner relationship as set out in §111.005, Texas Occupations Code; and

(2) meet all other applicable laws before prescribing, dispensing, delivering, or administering a dangerous drug or controlled substance.

(h) Any prescription drug orders issued as the result of a telemedicine medical service are subject to all regulations, limitations, and prohibitions set out in the federal and Texas Controlled Substances Act, Texas Dangerous Drug Act, and any other applicable federal and state law.

(i) Limitation on Treatment of Chronic Pain. Chronic pain is a legitimate medical condition that needs to be treated, but must be balanced with concerns over patient safety and the public health crisis involving overdose deaths. The Legislature has already put into place laws regarding the treatment of pain and requirements for registration and inspection of pain management clinics. Therefore, the Board has determined clear legislative intent exists for the limitation of chronic pain treatment through a telemedicine medical service.

(1) For purposes of this rule, chronic pain has the same definition as used in 22 Texas Administrative Code §172.1(2).

(A) Telemedicine medical services used for the treatment of chronic pain with scheduled drugs by any means other than via audio and video two-way communication is prohibited, unless a patient:

(i) is an established patient of the APRN being treated for chronic pain;

(ii) is receiving a prescription that is identical to a prescription issued at the previous visit; and

(iii) has been seen by the prescribing APRN, physician, or other health professional as defined in Tex. Occ. Code §111.001(1) in the last 90 days, either:

(I) in-person; or

(II) via telemedicine medical service using audio and video two-way communication.

(B) An APRN, when determining whether to utilize telemedicine medical services for the treatment of chronic pain with controlled substances as permitted by paragraph (1)(A) of this subsection, shall give due consideration to factors that include, at a minimum, the date of the patient's last in-person visit, patient co-morbidities, and occupational related COVID risks. These are not the sole, exclusive, or exhaustive factors an APRN should consider under this rule.

(C) If a patient is treated for chronic pain with scheduled drugs through the use of telemedicine medical services as permitted by paragraph (1)(A) of this subsection, the medical records must document the exception and the reason that a telemedicine medical service visit was conducted instead of an in-person visit.

(2) For purposes of this rule, acute pain has the same definition as used in 22 Texas Administrative Code §172.1(1). Telemedicine medical services may be used for the treatment of acute pain with scheduled drugs, unless otherwise prohibited under federal and state law.

The agency certifies that legal counsel has reviewed the adoption and found it to be a valid exercise of the agency's legal authority.

Filed with the Office of the Secretary of State on March 20, 2026.

TRD-202601341
James W. Johnston
General Counsel
Texas Board of Nursing
Effective date: April 9, 2026
Proposal publication date: December 19, 2025
For further information, please call: (512) 305-6879

TITLE 34. PUBLIC FINANCE

PART 1. COMPTROLLER OF PUBLIC ACCOUNTS

CHAPTER 16. COMPTROLLER GRANT PROGRAMS

SUBCHAPTER C. TEXAS OPIOID ABATEMENT FUND PROGRAM

34 TAC §§16.200 - 16.203, 16.205, 16.206, 16.208, 16.212, 16.214, 16.215, 16.217 - 16.219, 16.222, 16.223

The Comptroller of Public Accounts adopts amendments to §16.200, concerning definitions; §16.201, concerning opioid abatement strategies; §16.202, concerning grant issuance plan; §16.203, concerning notice and applications; §16.205, concerning engage in business in Texas; §16.206, concerning peer review panel members; §16.208, concerning grant application review; §16.212, concerning grant requirements; §16.214, concerning conflicts of interest; code of ethics; §16.215, concerning reporting; §16.217, concerning extensions and amendments; §16.218, concerning noncompliance; §16.219, concerning monitoring grant award performance and expenditures; and §16.222, concerning hospital district allocations, without changes to the proposed text as published in the January 30, 2026, issue of the *Texas Register* (51 TexReg 525). The rules will not be republished. The comptroller adopts the amendments to simplify the council's operations, align the rules with the council's experiences and with Senate Bill 1901, 89th Legislature, R.S., 2025, and clarify requirements related to grant issuance plans, notices of funding availability (NOFA), grant applicants, grant agreements, peer review panels, conflicts of interest, and distributions to hospital districts. The comptroller also adopts new §16.223, concerning grants to certain political subdivisions, without changes to the proposed text as published in the January 30, 2026, issue of the *Texas Register* (51 TexReg 525). The rule will not be republished.

The amendments to §16.200 authorize the director to determine the size of peer review panels.

The amendments to §16.201 remove the requirement that the council rank abatement strategies in order of priority for grant funding.

The amendments to §16.202 clarify the requirements for grant issuance plans, authorize the council to modify the allocation of funding to regional healthcare partnership regions, and remove the requirement that the council rank the parameters related to funding for targeted interventions.

The amendments to §16.203 clarify the requirements for NOFAs, authorize the director to require a grant applicant to submit additional information, and remove the requirement that grant applications must comply with the applicable NOFA and statutory requirements, which is already required by the NOFAs and grant agreements.

The amendments to §16.205 clarify the requirement that a grant applicant "engage in business" in the state.

The amendments to §16.206 clarify the requirements regarding the location of peer review panel members.

The amendments to §16.208 authorize the director to determine the size of peer review panels.

The amendments to §16.212 clarify that grant applicants must comply with applicable provisions of the Texas Grant Management Standards and the State of Texas Procurement and Contract Management Guide.

The amendments to §16.214 add a conflict of interest standard consistent with Government Code, §403.5041, added by Senate Bill 1901, 89th Legislature, R.S., 2025, and clarify that the council may adopt a code of ethics for council members and peer review panel members.

The amendments to §16.215 provide that the director will receive periodic reports from grant recipients and that the director or the council may determine the requirements of such reports.

The amendments to §16.217 authorize the director to approve amendments to grant agreements without further action of the council.

The amendments to §16.218 provide that the director may monitor and address any noncompliance by a grant recipient and removes the force majeure provision, which is addressed in the applicable grant agreements.

The amendments to §16.219 provide that the director shall monitor the performance of grant recipients.

The amendments to §16.222 clarify when unclaimed or disclaimed distributions to hospital districts may be cancelled and reallocated to other hospital districts.

New §16.223 provides the council with authority to award non-competitive grants to political subdivisions, including streamlined, targeted grants to small counties and municipalities whose distributions under Government Code, §403.506(c)(1), are too small to fund meaningful opioid abatement.

The comptroller did not receive any comments regarding adoption of the amendments and new section.

The amendments and new section are adopted under Government Code, §403.511, which authorizes the comptroller to adopt rules to implement Government Code, Chapter 403, Subchapter R, concerning the statewide opioid settlement agreement.

The amendments and new section implement Government Code, Chapter 403, Subchapter R, concerning statewide opioid settlement agreements.

The agency certifies that legal counsel has reviewed the adoption and found it to be a valid exercise of the agency's legal authority.

Filed with the Office of the Secretary of State on March 19, 2026.

TRD-202601331

Victoria North
General Counsel for Fiscal and Agency Affairs
Comptroller of Public Accounts
Effective date: April 8, 2026
Proposal publication date: January 30, 2026
For further information, please call: (512) 475-2220

34 TAC §§16.207, 16.213, 16.216

The Comptroller of Public Accounts adopts the repeal of §16.207, concerning authorized officials, §16.213, concerning use of council's grant management system, and §16.216, concerning grant reduction or termination, without changes to the proposed text as published in the January 30, 2026, issue of the *Texas Register* (51 TexReg 531). The rules will not be republished. The comptroller repeals these sections because they are no longer necessary or are adequately addressed through the applicable grant agreements or notices of funding availability.

The comptroller did not receive any comments regarding adoption of the repeal.

The repeals are adopted under Government Code, §403.511, which authorizes the comptroller to adopt rules to implement Government Code, Chapter 403, Subchapter R, concerning the statewide opioid settlement agreement.

The repeals implement Government Code, Chapter 403, Subchapter R, concerning statewide opioid settlement agreements.

The agency certifies that legal counsel has reviewed the adoption and found it to be a valid exercise of the agency's legal authority.

Filed with the Office of the Secretary of State on March 19, 2026.

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