Be it enacted by the Legislature of the State of Texas:

SECTION 1. Subchapter K, Chapter 351, Occupations Code, is amended by adding Section 351.509 to read as follows:

Sec. 351.509. REMEDIAL PLAN. (a) The board may issue and establish the terms of a remedial plan to resolve the investigation of a complaint filed under this chapter.

(b) A remedial plan may not contain a provision that:

(1) revokes, suspends, limits, or restricts a person's license or other authorization to practice optometry or therapeutic optometry; or

(2) assesses an administrative penalty against a person.

(c) A remedial plan may not be imposed to resolve a complaint:

(1) concerning:

(A) a death;

(B) a hospitalization; or

(C) the commission of a felony; or

(2) in which the appropriate resolution may involve a restriction on the manner in which a license holder practices optometry or therapeutic optometry.

(d) The board may not issue a remedial plan to resolve a complaint against a license holder if the license holder has entered into a remedial plan with the board in the preceding 24 months for the resolution of a different complaint filed under this chapter.

(e) If a license holder complies with and successfully completes the terms of a remedial plan, the board shall remove all records of the remedial plan from the board's records on the second anniversary of the date the license holder successfully completes the remedial plan.

(f) The board may assess a fee against a license holder participating in a remedial plan in an amount necessary to recover the costs of administering the plan.

(g) The board shall adopt rules necessary to implement this section.

SECTION 2. The Texas Optometry Board shall adopt rules under Section 351.509, Occupations Code, as added by this Act, not later than January 1, 2014.

SECTION 3. Section 351.509, Occupations Code, as added by this Act, applies only to a complaint under Chapter 351, Occupations Code, filed on or after the effective date of this Act. A complaint under Chapter 351, Occupations Code, filed before that date is governed by the law in effect on the date the complaint was filed, and that law is continued in effect for that purpose.

SECTION 4. This Act takes effect September 1, 2013.

Passed by the House on April 25, 2013: Yeas 136, Nays 0, 2 present, not voting; passed by the Senate on May 20, 2013: Yeas 31, Nays 0.

Approved June 14, 2013.

Effective September 1, 2013.

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CHAPTER 1023

H.B. No. 2636

AN ACT

relating to the transfer of money from the tax increment fund established for a tax increment financing reinvestment zone to the fund established for an adjacent zone.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. Section 311.014, Tax Code, is amended by adding Subsection (f) to read as follows:

(f) Money in the tax increment fund for a reinvestment zone may be transferred to the tax increment fund for an adjacent zone if:
(1) the taxing units that participate in the zone from which the money is to be transferred participate in the adjacent zone and vice versa;

(2) each participating taxing unit has agreed to deposit the same portion of its tax increment in the fund for each zone;

(3) each participating taxing unit has agreed to the transfer; and

(4) the holders of any tax increment bonds or notes issued for the zone from which the money is to be transferred have agreed to the transfer.

SECTION 2. This Act takes effect September 1, 2013.

Passed by the House on May 8, 2013: Yeas 147, Nays 0, 2 present, not voting; passed by the Senate on May 21, 2013: Yeas 27, Nays 3.

Approved June 14, 2013.

Effective September 1, 2013.

CHAPTER 1024

H.B. No. 2645

AN ACT

relating to certification and operation of independent review organizations.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. Section 4202.002, Insurance Code, is amended by amending Subsection (c) and adding Subsections (d), (e), and (f) to read as follows:

(c) In addition to the standards described by Subsection (b), the commissioner shall adopt standards and rules that:

(1) prohibit:

(A) more than one independent review organization from operating out of the same office or other facility;

(B) an individual or entity from owning more than one independent review organization;

(C) an individual from owning stock in or serving on the board of more than one independent review organization;

(D) an individual who has served on the board of an independent review organization whose certification was revoked for cause from serving on the board of another independent review organization before the fifth anniversary of the date on which the revocation occurred;

(E) an individual who serves as an officer, director, manager, executive, or supervisor of an independent review organization from serving as an officer, director, manager, executive, supervisor, employee, agent, or independent contractor of another independent review organization; [an attorney who is, or has in the past served as, the registered agent for an independent review organization from representing the independent review organization in legal proceedings] and

(F) an independent review organization from:

(i) publicly disclosing [confidential] patient information protected by the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. Section 1320d et seq.); or

(ii) transmitting the information to a subcontractor involved in the independent review process that has not signed an agreement similar to the business associate agreement required by regulations adopted under the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. Section 1320d et seq.); [except to a provider who is under contract to perform the review]; and

(2) require: