



TEXAS
Health and Human
Services

Texas Department of State
Health Services

1

Medical Advisory Board (MAB) Open Meeting

December 1, 2023

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**This meeting is being conducted live
and virtually through Microsoft
Teams.**

Public participation is available at:
Moreton Building, Room M-100
1100 West 49th Street
Austin, TX 78756

Agenda Item 1

Call to Order

Medical Advisory Board Open Meeting
December 1, 2023
1 PM to 5 PM (CST)

1.

Agenda Item 2

Roll Call

Board Members:

If attending virtually, please have your camera on during today's meeting.

For members in the room, please remember to speak directly into the microphone so that online participants can hear your comments.

2.

5

Virtual Rules of Participation

Medical Advisory Board Meeting

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Rules of Participation

- If you would like to make a statement or ask a question, please put your question in the chat with your name and entity you represent.

Please note: Anonymous entries in the chat are unable to be shared.

- Please do not put your phone on hold at any time if you are using your phone for audio.

To mute/unmute if not using the computer for audio, press

***6** on Android phones

***6#** on iPhones

Rules of Participation

- All participants will sign into the chat with their name and entity they represent.
- All participants will mute their microphone unless speaking, except the Chair.
- Board Members: Please have your camera on during today's meeting. When speaking or making a motion, please state your name for the meeting record.

Agenda Item 3

**Review and Approval of the
September 27, 2023,
Minutes**

3.

Agenda Item 4

**Texas Department of Public Safety (DPS)
Update**

Deferred to the Next Meeting

4.

Agenda Item 5

Review of Proposed MAB Bylaws

Discussion

Motion to Approve

Vote to Approve

5., 6.a

11

Agenda Item 6

Vote for Items and Positions Outlined in the Bylaws

- 6a. Biosketch information for nominees
- 6c. Vote to elect the MAB Chair
- 6d. Vote to elect the MAB Vice-chair
- 6e. Vote to elect the three MAB
representatives for the Executive
Council

6.

12

Vote for the Chair of MAB

MAB Chair

- 1) Lead open meetings which shall include bringing items from committees to the entire MAB membership for approval as well as updating members on changes in MAB function.
- 2) Participate in active committees within the MAB such as the Process Improvement Workgroup
- 3) Participate in MAB staff meetings as requested.
- 4) Participate in joint DPS/MAB(DSHS) meetings
- 5) Assist DSHS and TMA with recruitment and education of new physicians
- 6) Duties are expected to require at least 20 hours a month
- 7) Integrate with other stakeholders as indicated
- 8) Other duties as required, especially during the legislative session

6.c.

13

MAB Chair

• Nominations

- Nominated by W. LaValley – Leanne Burnett, MD

6. C

14

Vote for the MAB Vice-Chair

MAB Vice Chair

- 1) Lead the open meetings when the Chair is unavailable.
- 2) Participate in active committees within the MAB such as the Process Improvement Workgroup
- 3) May participate in MAB staff and joint DPS/MAB(DSHS) meetings as able
- 4) Assist the Chair with recruitment and education of physicians
- 5) Duties are expected to require at least 8 hours a month.

6.d

15

MAB Vice-Chair

- Nominations
- Nominated by Alison Leston, MD – Will LaValley, MD

6.d

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Vote for the MAB Executive Committee

MAB Executive Committee

In concert with the Chair and Vice Chair, members of the Executive Committee will review new proposed forms, processes, etc so that if approved, these items can be put into use until approval of the full Board can be obtained at an open meeting.

Duties are expected to require at least 4-8 hours a month.

6.e.

Executive Committee

- Nominations
- Nominated by Leanne Burnett, MD – Lenor Stroud, MD
- Nominated by W. LaValley, MD – Alison Leston, MD
- Nominated by T. Coopwood, MD – Peggy Russel, MD
- Nominated by T. Coopwood, MD – Ryan Butler
- Nominated by T. Coopwood, DM – Neil Greishop, MD

6.e.

Agenda Item 7

Discussion of revisions to the Medical History Form

- Potential action item regarding
Medical History Form

7 and 7.a.

19

Agenda Item 8

Opportunities for revisions to the DL 45

8.

20

Agenda Item 9

Review of the MAB Guidelines and any potential recommendations to the Guidelines

- Recommendations for the Guidelines
- Recognizing Dr. Roberts for his review and edits to the Guidelines

9. And 9a

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Agenda Item 10

MAB Exceptional Item (EI) Update

10.

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MAB Program Staff

- Exceptional Item
- 11 Additional staff members
- Recruiting, Hiring, Orientation
- Two positions remain vacant
- Other various stages on on-boarding and orientation

- Performance Improvement Initiatives
 - MAB Program
 - Physician PI Workgroup

10.a

23

MAB Program

- MAB Voucher Procedure
- MAB Affidavit Procedure
- MAB Email and Communication Procedure

- DSHS Performance Improvement Section
 - Data Reports – Lillian Meza

10.b

24

MAB Physicians PI Workgroup

- MAB Physician PI Workgroup Meetings – Every other Wednesday at 6 pm
- Collaborative meetings with DPS / MAB – Every other Wednesdays at 10 am
- Medical History Form
- Opinion Form
- Cases Requiring Additional Information
- Rule Revision
- Record Retention Request
- Other Discussions

10.b

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Agenda Item 11**Statutory and Rule Revision
Discussion**

- a. Texas Health and Safety Code, Chapter 12, Subchapter H, §§12.091-12.098
- b. Texas Administrative Code, Subchapter L, Rules §§1.151-1.152

11.

26

Agenda Item 12

Public Comment

- Provide your name, who you represent, and the item you are addressing.
- Please limit public comment to 3 minutes.

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Agenda Items 13 and 14

Next Meeting

- 13. Priorities
- 14. Meeting Date and Location

13. and 14

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Adjourn

Thank you!

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Medical Advisory Board

September 27, 2003, Open Meeting

Members of the MAB present: Algis Baliunas, MD, Leanne Burnett, MD, Ryan Buter, MD, Tom Coopwood, MD, Gerlyn Friesenhan, MD, Wendell Grogan, MD, Will LaValley, MD, Audrey Nath, MD, David Tasker, MD, Azreen Thomas, MD, Kevin Tomsic, MD Note: A Quorum was present.

Non-MAB members present: Jorie Klein, Karla Greathouse-Chilot, Laura Rios, Haley White, Ida Murguia, Marcy Heine, Goodluck, Elei

Minutes

Agenda	Discussion	Action Plan	Individual Responsible	Timeline
Call to Order	Dr. Leann Burnett called the meeting to order	Program team explained the Open Meeting process and the virtual attendance expectations of having cameras on when speaking and raising their hand for comments.	All MAB Open Meeting attendees	None
Introduction of new the MAB members	Dr. Burnett requested each new member of the MAB to introduce themselves during the roll call. See attendance Roster	Program staff completed the roll call and the new members introduced themselves.	MAB members	None
Update for the Department of Public Safety (DPS)	Mary Hines and Goodluck Eli were present and provided on update on the leadership and the DPS processes for MAB. The discussed their role and participation in MAB DPS/MAB Workgroup.	No actions required.	-	-
Dr. Burnett presented the proposed Bylaws for the MAB.	The proposed Bylaws for the MAB were included in meeting invite for the members to review and comment. Dr. Burnett stated	MAB members were requested to review the Bylaws and be prepared to make comments and potentially vote to approve.	MAB members	Next MAB Open Meeting

	<p>that the Bylaws will be on the next meeting agenda for a vote of approval.</p> <p>Dr. Burnett presented the information on the proposed Bylaws MAB officers, to include the Chair, Vice-Chair, and three Executive Committee Members. She stated that individuals interested in a MAB officer position should complete a nomination form or individuals who would like to nominate an individual need to complete a nomination form.</p>	<p>Dr. Burnett stated that the MAB program staff will send the nomination form out to the MAB members.</p>	Jorie Klein	
Dr. Burnett presented the proposed revisions to the Medical History Form.	Dr. Burnett reviewed the form with the MAB members. Dr Burnett asked that comments or recommendations to form be sent to her. The updated Medical History Form will be reviewed at the next Open Meeting.	MAB members were requested to review the form and provide any feedback or comments.	MAB members	Next MAB Open Meeting
Discussion of the revisions to the DL45.	Dr. Burnett reviewed the recommendations for revisions to the DL45.	Members were asked to provide any recommendations or feedback regarding the current form to her. This is one of the items being reviewed through the DPS/MAB Workgroup.	MAB members	On-going

Discussion of the MAB Guidelines	Dr. Burnett briefly reviewed the MAB Guidelines and asked the members if they had feedback or recommendations to send them to her for discussion during the DPS/MAB Workgroup.	MAB members to review and provide feedback	MAB members	On-going
Action Items	Dr. Burnett reviewed the request for members to review the Medical History Form, DL45, and MAB Guidelines and provide feedback and recommendations.	MAB members to review and provide feedback.	MAB members	On-going
Update on the MAB Exceptional Item (EI)	Jorie Klein provided an overview of the EI process and support from the DSHS leadership and Legislators. The EI provided funding to increase the number of FTEs from two to thirteen. She also shared that the physician meeting payment can be increased from \$100 to \$150 through the rule revision process.	Program staff are working on recruiting the additional FTE. The rule revision process is being reviewed through the Physician PI meeting. Ida Murguia, legal counsel for MAB is leading the rule revision process.	Program staff	On-going
Statutory and Rule Revision Discussion	Texas Health and Safety Code, Chapter 12, Subchapter H, §§12.091 - .098 and Texas Administrative Code, Subchapter L, Rule §1.152 were reviewed by Ida	Members were asked to provide any feedback or recommendations to the rule revision. This will continue to be a discussion item during the MAB Physician PI workgroup.	Program staff MAB Physician PI workgroup All members of the MAB	Next Open Meeting of the MAB

	Murguia. She also reviewed the statutory authority that allows the MAB to conduct their business.			
Public Comment	No individuals signed up for Public Comment	-	-	-
Next Meeting Priorities	Bylaws Bylaws – Officers Medical History Form Rule Revisions			
Meeting was adjourned				

Presiding

____/____/____
Data

BYLAWS OF THE MEDICAL ADVISORY BOARD TEXAS DEPARTMENT OF STATE HEALTH SERVICES

1. Board Name

Texas Department of State Health Services (DSHS) Medical Advisory Board (MAB) or (DSHS MAB).

2. Composition of the MAB

The MAB is a part of the Texas Department of State Health Services (DSHS). Within DSHS, the MAB falls under the Department of Consumer Protection and the EMS/Trauma Systems section. The MAB is composed of physicians from various specialties including internal medicine, cardiology, neurology, ophthalmology, integrative medicine, physiatry, surgery, and psychiatry. In addition, program specialists and the manager of the MAB interface with the physicians and the DPS (Department of Public Safety) to perform the duties of the MAB. The director of the EMS/Trauma section directly supervises the MAB.

3. Duties of the MAB

The MAB was established in 1970 to advise the Department of Public Safety (DPS) pursuant to Health and Safety Code, Title 2, Sec. 12.092-12.098. The Department of Public Safety (DPS) of the State of Texas may request an opinion or recommendation from the medical advisory board physician members on the ability of an applicant or license holder to operate a motor vehicle safely or to exercise sound judgment on the proper use and storage of a handgun. If DPS makes a request, a 3-physician panel is convened to consider the case or question submitted. Each panel member prepares an independent written report for DPS providing an opinion on the applicant or license holder's ability to safely operate a motor vehicle or their use sound judgment in the proper use and storage of a handgun as appropriate. The panel member's report may also make recommendations relating to DPS's next action. As the driver licensing agency for Texas, DPS is solely responsible for all actions taken or initiated. The DPS decision may be appealed to the courts for final determination.

The MAB Bylaws are reviewed and approved by a majority vote of the physicians appointed to the MAB.

4. Guidelines for MAB Physician Members

Decisions by panel members with regard to the safe operation of motor vehicles are guided by the Guide for Determining Driver Limitations for the MAB (the Guide) which is a document that has been based on information in the National Highway Traffic Safety Association (NHTSA) and The American Association of Motor Vehicle Administrators (AAMVA)-"Driver Fitness Medical Guidelines-2009" In addition, the document undergoes ongoing revisions and modifications based on MAB member input. MAB physician members review medical facts provided by the licensee's physician in addition to other relevant information such as drug and alcohol screens and reports by law enforcement. MAB physician members utilize their expertise and experience along with the Guide to reach their opinions.

Optometrist will review cases specific to the eye or vision referrals.

All MAB members must complete the required “Open Meetings Act” Texas Government Code CHAPTER 551 training prior to participation in a meeting.

Physicians may be removed from the MAB due to lack of participation in meetings, lack of completing a minimum of 12 panel reviews annually, or due to disruptive unprofessional behavior during meetings.

5. Executive Committee

The MAB members will elect a Chair, Vice-Chair, and three additional members to serve as the Executive Committee. The Executive Committee will meet as needed to assist the MAB program staff with business operations. All decisions made by the Executive Committee must be vetted and approved by MAB at the next scheduled meeting.

The Chair of the MAB will serve as the presiding officer and conduct business for the MAB at the scheduled open meetings.

The Vice-Chair of the MAB serves as a back-up to the Chair in the event the Chair is not able to participate in a meeting.

The additional three members of the Executive Committee serve as representatives of the MAB members for decisions required between the scheduled MAB meetings.

6. Committees

The MAB appoints committees it considers necessary to perform its duties. All committee meetings must follow the “Open Meetings Act” Texas Government Code CHAPTER 551. Committees will not have more than thirteen members. The MAB Chair will appoint the committee chair.

It is recommended that MAB members have six months of experience reviewing MAB referrals and have completed a minimum of twenty panels of case reviews prior to participation on a committee or workgroup.

7. Workgroups

The MAB appoints workgroups it considers necessary to perform its duties. Workgroups have a specific assignment and timeline. Workgroups will not have more than eleven members. The MAB Chair will appoint the workgroup lead.

The current workgroup is the Process Improvement Workgroup (PIW). Members of the PIW are physician members of the MAB with additional interest and dedication to the mission of the PIW and the MAB. The assignment of the PIW, as reflected in its name, is to monitor and review the procedures of the MAB and make recommendations for improvement. The timeline of this workgroup is to complete this process by December of 2024, with the possibility of an extension based on the productivity of the workgroup.

Purpose of the PIW:

- * To review of current processes of the MAB for efficiency



- * To update the Guide as indicated to maintain its relevance to current medical knowledge and the law
- * To update the MAB History Form to maintain its relationship to the Guide.
- * To interface with the MAB program manager and director of the DSHS and upon their request, to interface with other stakeholders.

One physician member of the PIW will head the committee. Should that physician step down or become inactive, the MAB Chair will appoint a new lead. The workgroup lead will conduct meetings on an as needed basis in concert with members of the MAB program staff. In addition, the physician who heads the workgroup will interface with both the DSHS leadership of the MAB program and the physician membership regarding these issues. The head of the workgroup will also commit to attendance (in person or by video) with the DPS/ DSHS Monthly Meeting and other meetings as deemed necessary by the leadership of the MAB program. All members of the PIW may also attend these meetings as they are able and offer input as desired. While a single physician is designated as head of the workgroup, it is understood that the position serves only to guide the workgroup in a collegial manner.

Recommendations made by the PIW for alterations in MAB procedures, the Guide and any relevant forms will be brought to all members of the MAB at the next scheduled biannual meeting for a vote to approve changes by the entire physician membership of the MAB.

8. Meetings

At minimum, there will be biannual meetings of the entire MAB scheduled on dates at the discretion of the membership. Meetings are scheduled to maximize the number of physician members who can attend. In addition to items brought to the agenda by the PIW, any member of the MAB physicians or staff can, at their discretion, bring an item for agenda with appropriate notice.

9. Conduct of meetings

All meetings will be conducted in accordance with the state “Open Meetings Act” Texas Government Code CHAPTER 551. Agendas will include the opportunity for the public comment as well as specific comment before any action is taken by the MAB.

All documents associated with MAB agenda items will be submitted to DSHS no later than twenty business days in advance of the MAB meeting. MAB program staff will complete the review process and posting of the materials for distribution to MAB members and stakeholders no later than nine days in advance of the meeting.

A quorum must be present for the MAB to conduct business. A quorum is a simple majority of the members of the MAB.

10. Review of the MAB Bylaws

The MAB Bylaws will be reviewed every two years or as required due to legislative initiatives.

Medical Advisory Board

Officer Nomination Form for December 1, 2023 Meeting

Please check the position that you are completing the nomination for:

☒ Chair ☐ Vice-Chair ☐ Executive Committee Member (3 positions)

Nominee: Dr Leanne Burnett MD Phone: 832-541-0636

Email: Leanne Burnett <burnettleanne692@gmail.com>

Zip code: 77545 Medical Specialty: Neurology

Brief Bio sketch (work history); must be within 500 words.

I am a general neurologist and movement disorder specialist. In addition to owning my private practice, I served as an expert witness for 17 years and did peer reviews for a number of years. I served on numerous hospital committees including chairing the Ethics Committee and served on my hospital's executive committee for 8 years including 2 years as chief of staff. I also served on the Houston Area Parkinsons Society for 5 years including 2 as its president. I have a great deal of experience working with others in committee and leadership roles.

I have been on the MAB since 2021 and have chaired the Process Improvement Committee for the past 2 years with Drs. LaValley, Stroud, Leston and Croft. During our tenure, we have revamped the Opinion Sheet and the Medical History Forms and rewritten the MAB Bylaws for Board approval. We are also revising the Rules which, upon approval, will increase reimbursement from \$100 per packet to \$150. We have also investigated the workings of the MAB in other states and intend to take up the processes and guidelines to reach driver determinations in 2024. In the future, we hope to streamline the function of the MAB and have the forms available for physicians to complete online which will ensure that providers complete these forms more thoroughly. Dr. LaValley is going to be spearheading our informatics efforts. In the last 6 months, I have also attended numerous meetings of the DPS and DSHS as we strive to bring the two organizations into closer alignment to improve efficiency and reduce the backlog of cases. I also wrote an article for the Harris County Medical Society soliciting new physicians for the MAB and communicated with many of these physicians in the process of their application to the MAB. I provided the onboarding for the new doctors. I chaired the September general meeting and will chair the December meeting

I hope to continue to serve the MAB as its chair for the next 3 years.

Nomination completed by: J. William LaValley MD Date: 2023-11-28

Please send completed nomination to Jorie Klein at dshsmab@dshs.texas.us

Nominations must be received by November 30th, 2023, by 1300 or 1 pm.

Medical Advisory Board

Officer Nomination Form for December 1, 2023 Meeting

Please check the position that you are completing the nomination for:

☐ Chair ☒ Vice-Chair ☐ Executive Committee Member (3 positions)

Nominee: J. William LaValley MD _____ Phone: 512-794-8907

Email: jwl@LaValleyMDProtocols.com

Zip code: 78759 Medical Specialty: Integrative Medicine

Brief Bio sketch (work history); must be within 500 words.

Dr. LaValley is currently appointed by Texas Department of State Health Services (DHS) Commissioner to the Texas Medical Advisory Board (MAB) since May 2020 serving as an active member on the DHS MAB Process Improvement Workgroup (PIW) since October 2021.

Dr. LaValley graduated from Baylor College of Medicine in Houston, Texas in 1986 and completed Family Practice Internship at the University of Louisville School of Medicine in 1987. Since 1988, he is licensed by the Texas Medical Board (TMB) and the College of Physicians and Surgeons of Nova Scotia (CPSNS) in Canada.

Since 1994, in the Canadian Medical Association (CMA), he is the founding Chairperson of the CMA's first Section of Integrative and Complementary Medicine - in the Nova Scotia division of the CMA, Doctors Nova Scotia (DNS). From 1997 to 2004 Dr. LaValley was integral to Canada's development of the Federal Regulations for Natural Health Products and Canadian guidelines regarding Complementary Medicine. Dr. LaValley was appointed by the federal Canadian Minister of Health to the Natural Health Products Advisory Panel (1997-2000), the National Transition Team for the Office of Natural Health Products within Health Canada (1997-2000), the Expert Advisory Committee of the Natural Health Products Directorate for the development of Regulations for Natural Health Products (NHPs) in Canada (2000-2004), and the Canadian National Advisory Group on Complementary and Alternative Medicine, Health (1998-1999).

He is a member of the American Medical Association (AMA), the Texas Medical Association (TMA), the Travis County Medical Society (TCMS), the Canadian Medical Association (CMA), and its Nova Scotia Division — Doctors Nova Scotia (DNS), as well as the College of Family Physicians of Canada (CFPC).

Dr LaValley lives in Austin, Texas with his wife, Margaret (Maggz). He maintains his active Integrative Medicine consultation practice in collaboration with physicians throughout the United States and Canada.

Nomination by: Dr Alison Leston MD Date: 15 November 2023

Please send completed nomination to Jorie Klein at dshsmab@dshs.texas.us

Nominations must be received by November 30th, 2023, by 1300 or 1 pm.

Medical Advisory Board

Officer Nomination Form for December 1, 2023 Meeting

Please check the position that you are completing the nomination for:

☐ Chair ☐ Vice-Chair ☐ Executive Committee Member (3 positions)

Nominee: Alison Leston, MD PhD Phone: 214-648-2104

Email: Alison.Leston@UTSouthwestern.edu

Zip code: 75390 Medical Specialty: Neurology

Brief Bio sketch (work history); must be within 500 words.

As a member of the Federal Air Surgeon's neurology advisory panel, Dr. Alison Leston has considerable experience in evaluating medical risks to transportation safety. She also has experience working in a regulatory environment. On this panel, she advises the FAA on fitness to fly decisions for pilots with neurological concerns. She brings this experience to the Texas Medical Advisory Board (MAB) on which she served since 2020. She has served on the MAB Process Improvement Workgroup since its inception in 2021.

Dr. Leston earned her PhD in neuroscience from the University of Chicago. Her MD and neurology residency and fellowship training were obtained at Washington University in St. Louis. After practicing as a community general neurologist 2006-2014 in St. Louis, she relocated to Texas. She has been a faculty member of the UT Southwestern Medical School since 2014. She is associate professor of neurology and head of the General Neurology section. Her clinical practice includes general neurology and is also a national referral center for pilots seeking neurological evaluation to support their application for FAA medical certification to fly.

In addition to her participation in MAB, Dr. Leston is Vice President of the International Aerospace Neurology Consortium and is a Trustee of the Civil Aviation Medical Association. She is able to offer her experience in certification medicine, specifically as it applies to operating a vehicle, to the Texas Medical Advisory Board.

Nomination completed by: William LaValley MD Date: 29 Nov 2023

Please send completed nomination to Jorie Klein at dshsmab@dshs.texas.us

Nominations must be received by November 30th, 2023, by 1300 or 1 pm.

Medical Advisory Board

Officer Nomination Form

Please check the position that you are completing the nomination for:

☐ Chair ☐ Vice-Chair ☒ Executive Committee Member (3 positions)

Nominee: Lenor Stroud, MD _____ Phone: _____

Email: _____

Zip code: _____ Medical Specialty: Internal Medicine ☐

Brief Bio sketch (work history); must be within 500 words.

Leonor B. Frierson-Stroud, M.D., F.A.C.P. is a private practice Internal Medicine specialist with greater than 34 years of experience in both in-patient and out-patient care. She received her Liberal Arts degree from the Plan II Honors Program at the University of Texas at Austin in 1980. She earned her Medical Doctor degree from the University of Texas Health Science Center, San Antonio in 1985. She went on to Scott and White in Temple where she became Board Certified in Internal Medicine in 1989. She has served as the Chief of Medicine for Round Rock Hospital (19__) and interim Chief of Medicine for Seton Northwest Hospital (19__). She helped bring Manual Lymphatic Drainage treatment to central Texas as the Director of the first Lymphedema Clinic in the region (____). Formerly, she has been on the faculty of Texas A&M and Dell Medical Schools as Associate Clinical Professor.

In addition to her clinical background, she has been a Type I Diabetic for over 50 years and a caregiver for family with significant health issues. These experiences put her in a unique position to understand the multi-faceted job the MAB performs.

Dr. Frierson-Stroud has been active, with the other members of the Process Improvement Sub-Committee, over the last 18 months in the process of modernizing and streamlining the function of the MAB. She has also been actively involved in reaching out to the physician community to increase the membership of the MAB. The aim is to facilitate the important mission of the MAB to as safe a driving environment as possible for the State of Texas. She would be honored to be able to continue this important mandate.

Nomination completed by:Leann Burnett, MD _____ Date:11/27/2023

Please send completed nomination to Jorie Klein at dshsmab@dshs.texas.us

Nominations must be received by November 30, 2023.

Medical Advisory Board
Officer Nomination Form

Please check the position that you are completing the nomination for:

☐ Chair ☐ Vice-Chair ☒ Executive Committee Member (3 positions)

Nominee: Peggy Russell, MD _____ Phone: _____

Email: _____

Zip code: _____ Medical Specialty: Geriatrics _____

Brief Bio sketch (work history); must be within 500 words.

Nomination completed by: TomCoopwood,MD _____ Date: _____

Please send completed nomination to Jorie Klein at dshsmab@dshs.texas.us

Nominations must be received by November 30, 2023.

Medical Advisory Board
Officer Nomination Form

Please check the position that you are completing the nomination for:

☐ Chair ☐ Vice-Chair ☒ Executive Committee Member (3 positions)

Nominee: Ryan Butler, MD _____ Phone: _____

Email: _____

Zip code: _____ Medical Specialty: _____

Brief Bio sketch (work history); must be within 500 words.

Nomination completed by: TomCoopwood,MD _____ Date: _____

Please send completed nomination to Jorie Klein at dshsmab@dshs.texas.us

Nominations must be received by November 30, 2023.

Medical Advisory Board

Officer Nomination Form

Please check the position that you are completing the nomination for:

☐ Chair ☐ Vice-Chair ☒ Executive Committee Member (3 positions)

Nominee: Neil Grieshop, MD _____ Phone: _____

Email: _____

Zip code: _____ Medical Specialty: General Surgery ☐

Brief Bio sketch (work history); must be within 500 words.

Nomination completed by: TomCoopwood,MD _____ Date: _____

Please send completed nomination to Jorie Klein at dshsmab@dshs.texas.us

Nominations must be received by November 30, 2023.

DPS/DSHS TX MAB MEDICAL EVALUATION FORM

Draft Document – Process Improvement Committee

Dr Leanne Burnett MD & Dr William LaValley MD -- 08 Nov 2023



TEXAS
Health and Human
Services

Texas Department of State Health Services

Jennifer A. Shuford, MD, MPH
Commissioner

PLEASE PROVIDE THIS LETTER TO YOUR PHYSICIAN WITH THE ATTACHED MEDICAL EVALUATION FORM TO BE COMPLETED BY YOUR PHYSICIAN

Dear Healthcare Provider:

The attached form has been brought to you by a candidate for, or current holder of, a Texas Driver's License. This person's case has been referred by the Texas Department of Public Safety (DPS) to the Texas Department of State Health Services Medical Advisory Board (**DSHS MAB**) because of a concern about the candidate's medical history. The relevant section(s) pertaining to the candidate's referral **MUST** be completely filled out in order to process the referral.

If this is the first time you have seen this patient, please record what the patient states was their last occurrence of the reported medical issue. Also, please state this is the first time you have seen this patient, and this is the information that has been provided to you.

The Health and Safety Code authorizes the MAB to require the person to undergo a medical examination at his or her own expense. However, at this time we are simply calling for a thorough and current medical evaluation, as it pertains to any medical limitations to driving. Current medical information is defined in Medical Advisory Board rules as being less than 12 months old. An examination will be necessary if one has not been conducted within 12 months. Please complete and return this MAB Medical Evaluation Form to the MAB at the following:

Email	Fax	Mail
dshsmab@dshs.texas.go	(512) 834-6736	Texas Department of State Health Services ATTN: Medical Advisory Board (MC 1876) PO Box 149347 Austin, Texas 78714-9909

Health and Safety Code, Title 2 Subchapter H, Section 12.098, is the law pertaining to your liability protection, as it concerns any professional opinion, recommendation, or report you make for the purpose of assisting us in determining a candidate's ability to operate a motor vehicle.

Please note you are providing medical information and your professional medical opinion of this person's capability to drive.

If you have any questions about the forms or the procedure, please call (512) 834-6738 or (512) 834-6739. Medical Advisory Board, Texas Department of State Health Services.



TEXAS
Health and Human
Services

Texas Department of State Health Services

Jennifer A. Shuford, MD, MPH
Commissioner

**PLEASE USE THIS COVER SHEET FOR YOUR FAX
FAX TRANSMITTAL**

Date:			
Sender's Fax:			
To: Medical Advisory Board, Texas Department of State Health Services			
Fax: 512-834-6736			
Message: Medical forms - Driver Medical Evaluation			
Medical Evaluation Date:			
Patient's Name:			
Patient's Driver's License Number:			
Physician Name:			
Physician Signature:			
Physician License #:		Physician Specialty:	
Physician Phone:		Physician Fax:	
Advanced Practice Provider (NP/PA) Name:			
Advanced Practice Provider (NP/PA) Signature:			
Advanced Practice Provider (NP/PA) License #:			
Please note: Medical forms completed by APP must be co-signed by Supervising Physician			
Advanced Practice Provider Phone:		Advanced Practice Provider Fax:	
Number of pages after this cover sheet:			
For any problems or questions, please call (512) 834-6738 or (512) 834-6739			

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Medical Advisory Board (MAB) Medical Evaluation Form

Section A is required. Sections B-K are relevant for specific diagnoses/conditions

A. GENERAL

(SECTION A IS REQUIRED: FAILURE TO COMPLETE WILL RESULT IN RETURN OF FORM)

1) Condition(s) the patient is being treated for:

2) List all current medications (include dose and frequency. If prn, average frequency of use)

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.
6.	11.
7.	12.

3) When did you start providing care for this patient?

Date: _____

4) Date the patient was seen for this evaluation / date patient last seen?

Date: _____

5) In your opinion, can the patient safely operate a motor vehicle?

Yes _____ No _____

If No, please provide reason (mandatory) _____

Optional - Additional Comment : _____

6) Do you recommend a driving evaluation?

Yes _____ No _____

Complete additional Sections B-K which are relevant to your patient

B. BREATHING RELATED CONDITIONS NOT APPLICABLE _____

1) Does the patient have asthma? Yes _____ No _____

2) Does the patient have COPD? Yes _____ No _____

3) Dyspnea?

No _____

Yes _____ Yes, at rest

Yes _____ Yes, with exertion with O2 sat > 88% without supplemental O2

Yes _____ Yes, with exertion with O2 sat > 88% with supplemental O2

Yes _____ Yes, with exertion and O2 sat < 88% even with supplemental O2

C. DISORDERS OF SLEEP/ALERTNESS NOT APPLICABLE _____

1) Does the patient have sleep apnea? Y____|N____

a) If YES

What was the AHI (Apnea-Hypopnea Index) prior to treatment?

AHI _____

What is the AHI on treatment?

AHI _____

Is the patient compliant with treatment?

Yes ____ | No ____

What is the Epworth Sleepiness Scale (ESS) on treatment?

ESS _____

2) Does the patient have narcolepsy? Y____|N____

a) If YES

Is the patient compliant on medication?

Yes ____ | No ____

Does the patient have uncontrolled daytime sleepiness or sleep attacks?

Yes ____ | No ____

If YES What is the frequency of the attacks and what was the date of the last attack?

Frequency _____
Date _____

D. VASCULAR DISEASE - TO BE COMPLETED BY CARDIOLOGY.

NOT APPLICABLE _____

1) Cardiovascular Disease/ Heart Failure - Functional Classification American Heart Association (AHA):

- | | |
|---------------------|--|
| _____ AHA Class I | AHA Class I: No symptoms |
| _____ AHA Class II | AHA Class II: Symptoms with strenuous activity |
| _____ AHA Class III | AHA Class III: Symptoms with normal activity |
| _____ AHA Class IV | Class IV: Symptoms at rest |

2) Cardiovascular Disease/Heart Failure – Objective medical classification:

- | | |
|-------|--|
| _____ | Class A - No objective evidence of cardiovascular disease |
| _____ | Class B - Objective evidence of minimal cardiovascular disease |
| _____ | Class C - Objective evidence of moderately severe cardiovascular disease |
| _____ | Class D - Objective evidence of severe cardiovascular disease |

3) Angina Pectoralis:

- | | |
|-------|--|
| _____ | At rest or with minimal exertion |
| _____ | With mild exertion (walking 1-2 blocks, climbing 1 flight of stairs) |
| _____ | With moderate exertion |
| _____ | With severe exertion |

4) For Commercial Drivers Only:

Can the patient complete the Stage II of the standard Bruce protocol? Yes _____ No _____

5) Malignant hypertension or hypertensive urgency: Yes _____ No _____

6) Coronary Artery Disease/ Myocardial Infarction / D.V.T.

- | | | |
|---------------------|-----------------------|--|
| 1) Yes ____ No ____ | Myocardial Infarction | Date: _____ |
| 2) Yes ____ No ____ | DVT | Date: _____ |
| 3) Yes ____ No ____ | Bypass grafting | Date: _____ |
| 4) Yes ____ No ____ | Stenting | Date: _____ |
| 5) Yes ____ No ____ | Cleared to drive? | By PCP? Yes ____ No ____ By Cardiology? Yes ____ No ____ |

(for drivers with Private
Owner driver license)(for drivers with Commercial
driver license)

- 6) Yes ____ | No ____ Stable? On antiplatelet agents Yes ____ | No ____
On anticoagulants Yes ____ | No ____

7) Arrhythmias:

- a) Syncopal episode(s) associated with cardiac condition Yes ____ | No ____
If Yes, Date: _____
- b) Atrial fibrillation/flutter Yes ____ | No ____
Under treatment by cardiology Yes ____ | No ____
Heart Rate is controlled Yes ____ | No ____
On stable anticoagulation Yes ____ | No ____
- c) AV nodal re-entry tachycardia Yes ____ | No ____
Symptomatic Yes ____ | No ____
Not symptomatic OR Yes ____ | No ____
controlled with catheter ablation or medical therapy
- d) Wolff Parkinson White syndrome Yes ____ | No ____
With atrial fibrillation Yes ____ | No ____
Without atrial fibrillation Yes ____ | No ____
- e) Ventricular tachycardia Yes ____ | No ____
History of sustained V tach Yes ____ | No ____
Nonsustained V tach Yes ____ | No ____
Controlled with medication Yes ____ | No ____
Date of tachycardia control Date: _____
- f) Other Arrhythmias
Specify Type
- g) Has Pacemaker been placed Yes ____ | No ____
Has AICD (defibrillator) been placed Yes ____ | No ____
Date of placement Date: _____
Cleared/Released to drive by cardiology? Yes ____ | No ____
(for drivers with Commercial License)

7) Heart block – if applicable Check one

- ____ First Degree
____ Second degree Mobitz I
____ Second degree Mobitz II
____ Third degree
____ Cleared/Released to drive by cardiology? Yes ____ | No ____
____ (for drivers with Commercial License)

**E. BLACKOUT (UNEXPLAINED temporary loss of consciousness
with no recall) OR, SYNCOPE (fainting)****NOT APPLICABLE** _____

- a) Single episode? Yes ____ | No ____

- Multiple episodes? Yes _____ | No _____
 If multiple, how many episodes in the last year? _____
 b) Date of episode(if single) or most recent episode Date: _____
 Cause of syncope: _____
 c) Unknown - provide records of any evaluation (general, cardiac, neuro) _____
 d) Vasovagal (cause of vagal episode if known) _____
 e) Neurocardiogenic Yes _____ | No _____
 f) Hypotensive (cause of hypotension if known) _____
 g) Arrhythmia (complete relevant vascular section) Yes _____ | No _____
 h) Other (cause if known) _____
 i) In your opinion, is the condition controlled? Yes _____ | No _____

F. NEUROLOGIC NOT APPLICABLE _____

1) TIA

- a) Single episode? Yes _____ | No _____
 Multiple episodes? Yes _____ | No _____
 If multiple, how many TIAs in the last year? _____
 b) Date of most recent TIA Date: _____
 Stable on antiplatelet or anticoagulant therapy? Yes _____ | No _____

2) CVA / Stroke

- a) Residual deficits: Yes _____ | No _____
 _____ None
 _____ Mild
 _____ Moderate
 _____ Severe
 b) If moderate to severe, describe deficit(s) _____
 c) Any visual deficits? (If yes, complete visual evaluation) Yes _____ | No _____
 d) Any language deficits Yes _____ | No _____
 If yes, describe _____

3) Seizures

- a) Date of last seizure: Date: _____
 b) Number of seizures in the last year? _____
 c) On anticonvulsants? Yes _____ | No _____
 d) The patient reliably takes his/her anticonvulsant? Yes _____ | No _____
 e) Does the patient experience daytime somnolence with the medication? Yes _____ | No _____
 f) Any other medication side effects which might interfere with driving? Yes _____ | No _____
 If yes, what side effects? Date: _____
 g) Does the patient consume excess alcohol? Yes _____ | No _____

4) Cognitive impairment/ Dementia

- a) MMSE or MoCa score (in last 3 months) _____
 b) Has the patient had an O.T. evaluation for driver safety? Yes _____ | No _____
 If yes, supply the report Yes _____ | No _____
 c) Has the patient had neuropsychological testing in the last year? Yes _____ | No _____

If yes, supply the report

Yes _____ | No _____

5) Vertigo/Dizziness

Severity

- | | |
|---|----------------------|
| a) Minimal (intermittent or chronic mild) | Yes _____ No _____ |
| b) Mild (acute episodic vertigo, stable on medication) | Yes _____ No _____ |
| c) Moderate (Benign positional vertigo, acute/chronic vestibulopathy) | Yes _____ No _____ |
| d) Severe (Meniere's Disease, nonfunctioning labyrinths) | Yes _____ No _____ |

6) Other Miscellaneous neurologic disorders (traumatic brain injury, movement disorders such as Parkinson's, Multiple Sclerosis, peripheral neuropathy)

- a) Diagnosis: _____
- b) Severity (Check one)
- _____ Mild
- _____ Moderate
- _____ Severe
- c) If the condition is associated with cognitive impairment, complete Section F(4) above

G. PSYCHIATRIC NOT APPLICABLE _____

- a) Diagnosis: _____
- b) At the time of this evaluation, is the patient
- | | |
|--|----------------------|
| Aggressive, assaultive or excessively hostile? | Yes _____ No _____ |
| Experiencing hallucinations or delusions? | Yes _____ No _____ |
| Homicidal? | Yes _____ No _____ |
| Suicidal? | Yes _____ No _____ |
| Impulsive? | Yes _____ No _____ |
| Paranoid? | Yes _____ No _____ |
| Exhibiting impaired judgement? | Yes _____ No _____ |
- c) Is the patient compliant with medication/ treatment? Yes _____ | No _____
- d) Do medications cause any drowsiness or adverse effects that would impair driving? Yes _____ | No _____
- e) In your opinion, is the psychiatric condition adequately controlled? Yes _____ | No _____

H. ALCOHOL AND DRUG USE/ABUSE NOT APPLICABLE _____

- a) Substance used or abused: _____
- b) Length of use/dependency: _____
- c) Last known use _____
- d) Number of times treated: _____
- e) Month/year of last treatment: _____
- f) Member of AA/NA: _____ Yes _____ | No _____
- g) On Methadone/Antabuse _____ Yes _____ | No _____
- h) Urine drug screen (required for history of drug use-provide report)
- | | | | | |
|---------|------------|----------------------|---------------|-------|
| Results | Negative ? | Yes _____ No _____ | Positive for: | _____ |
|---------|------------|----------------------|---------------|-------|
- i) Urine for alcohol ethyl glucuronide/ethyl sulfate (required for history of alcohol abuse-provide report)
- | | | |
|---------|----------|----------------------|
| Results | Negative | Yes _____ No _____ |
|---------|----------|----------------------|

I. METABOLIC DISEASE NOT APPLICABLE _____

- a) Chronic severe or end stage renal failure Yes _____ | No _____
- If yes, compliant with medical therapy/dialysis? Yes _____ | No _____

- b) Diabetes Yes _____ | No _____
 On oral agents Yes _____ | No _____
 On insulin Yes _____ | No _____
 HgbA1c Yes _____ | No _____
- c) Any episodes of DKA, coma, shock or symptomatic hypoglycemia
 (confusion, loss of consciousness, altered mental status, motor deficits) Yes _____ | No _____
 If yes, date of last incident Date: _____
- d) Number of incidents in the last year _____
- e) Any incidents requiring hospitalization Yes _____ | No _____
- f) Is the patient compliant with therapy? Yes _____ | No _____
- g) Does the patient have a Continuous Glucose Monitor (CGM) Yes _____ | No _____

J. MUSCULOSKELETAL NOT APPLICABLE _____

- a) Any functional impairment of upper or lower extremities (arthritis, weakness, spasticity)? Yes _____ | No _____
 If yes, specify condition and describe impairment: _____
- b) Is the condition progressive? Yes _____ | No _____
- c) Is assistive equipment employed? Yes _____ | No _____
- d) If so, is the equipment effective in allaying functional impairment? Yes _____ | No _____

K. VISION (Must be completed by ophthalmology or optometry if vision is worse than 20/40 in best eye or there is diplopia or visual field impairment)

NOT APPLICABLE _____

- a) Cause of visual impairment: _____
- b) Visual acuity: _____
 Without correction: R 20/ _____ | L 20/ _____
 With present correction: R 20/ _____ | L 20/ _____
 With best correction: R 20/ _____ | L 20/ _____
- c) Does the patient use a biopic telescope? Yes _____ | No _____
 If yes,
 Type of biopic telescope? _____
 Power of telescope? _____
 Visual acuity with telescope R 40/ _____ | L 40/ _____
- d) Does the patient have diplopia? Yes _____ | No _____
 If yes, is the diplopia constant? Yes _____ | No _____
- e) Is the diplopia monocular? Yes _____ | No _____
 If yes, which eye? _____
- f) Is the diplopia correctable with a patch? Yes _____ | No _____
- g) Does the patient have a visual field impairment? Yes _____ | No _____
 If yes, describe type and degree of field loss _____



MAB Medical Opinion Sheet

MAB Review Date: _____					
CLIENT NAME:	«LAST_NAME»	«FIRST_NAME»	«MID_NAME»	«SUFFIX»	«TITLE»
MAB CASE #:	«CASENBR»				
DL #:	«DL_NUM»	Vehicle Class: «VEHICLE_CLASS»			
Times before the Board: «XB4_BOARD»		Date of Birth: «DOB»		Age: «AGE»	
Medical problem:	«MED_PROBLEM»				

APPROVAL

<input type="checkbox"/> Vehicle Approved for referenced class {{ «VEHICLE_CLASS» – Also Approves Class M }}
If approved, is DPS test required? Mark [<input type="checkbox"/> YES <input type="checkbox"/> NO]
<input type="checkbox"/> DPS test to determine if {{Click or tap here to enter text}} affects driving ability.
<input type="checkbox"/> Review at {{Click or tap here to enter text}} to verify control of {{Click or tap here to enter text}}
Restrictions: <input type="checkbox"/> C: Daytime driving only <input type="checkbox"/> D: speeds up to 45 mph <input type="checkbox"/> P8: Telescopic lens <input type="checkbox"/> P31: Class C only <input type="checkbox"/> Other: _____

DENIAL

<input type="checkbox"/> No Vehicle – Justification required {{ Click or tap here to enter text. }}
<input type="checkbox"/> If not approved Class CDL and approved Class C Justification required {{ Click or tap here to enter text. }}

More information is required from: (Explain in justification)

<input type="checkbox"/> Hospital	<input type="checkbox"/> Examining Physician				
<input type="checkbox"/> Internal Med	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Optometry	<input type="checkbox"/> Neurology	<input type="checkbox"/> Psychiatry
<input type="checkbox"/> OTHER _____					

TITLE 25 HEALTH SERVICES

PART 1 DEPARTMENT OF STATE HEALTH SERVICES

CHAPTER 1 MISCELLANEOUS PROVISIONS

SUBCHAPTER L MEDICAL ADVISORY BOARD

§1.151 Definitions

The following words and terms when used in this section, shall have the following meanings, unless the text clearly indicates otherwise:

- (1) MAB – The Medical Advisory Board is the body of physicians and optometrists licensed by the State of Texas and established under authority of the Health and Safety Code Section 12.092, from which a panel is to be convened when opinions are requested by the Department of Public Safety. Each physician on the MAB is a MAB member or “member”
- (2) DPS – The Department of Public Safety of the State of Texas, responsible for MAB referrals established under authority of the TAC Title 31 Subchapter C, Rule Section 15.58.
- (3) DSHS – The Department of State Health Services which is responsible for administering MAB activities established under authority of the Health and Safety Code Chapter 12, Subchapter H. Medical Advisory Board, Sections 12.091-12.098.
- (4) Bylaws – Bylaws of the DSHS Medical Advisory Board
- (5) Applicant -- An individual referred by the DPS to the MAB for medical review to include applicants defined under Texas Health and Safety Code Section 12.092(2)(b)(1)(2).
- (6) Commissioner – The commissioner of DSHS
- (7) TMA – Texas Medical Association
- (8) TOA – Texas Optometric Association
- (10) MAB Panel – A body of at least 3 MAB members convened to review applicants and provide opinions at the request of the DPS. Additional members may be empaneled as necessary to reach a consensus opinion.
- (11) Medical Packet – Information provided to the members on the MAB panel inclusive of:
 - (a) records/information supplied by the applicant pertinent to the medical condition(s) under review
 - (b) other medical information/records provided by the applicant’s health care providers pertinent to the medical review and
 - (c) information provided by DPS including Supplemental Medical History form (DL-45), Medical Information Request form (DL-177), and accident reports. Other information may be included if considered pertinent to the review.

TITLE 25 HEALTH SERVICES

PART 1 DEPARTMENT OF STATE HEALTH SERVICES

CHAPTER 1 MISCELLANEOUS PROVISIONS

SUBCHAPTER L MEDICAL ADVISORY BOARD

§1.152 Operation of the Medical Advisory Board

A. MAB Membership

1. The commissioner shall appoint MAB members from:

- a. Persons licensed to practice medicine in Texas, including physicians who are board certified in medicine, psychiatry neurology, physical medicine, or ophthalmology, and are jointly recommended by DSHS and the TMA established under the authority of Health and Safety Code Section 12.092 and
- b. Persons licensed to practice optometry in this state who are jointly recommended by the DSHS and the Texas Optometric Association (TOA).

2. Members shall be paid a fee per Medical Packet review and for attendance of meetings as per the Bylaws.

3. Members may be recommended for dismissal, per the Bylaws, for failure to perform in a professional manner, failure to attend meetings regularly and failure to review the minimum required number of cases.

B. Function of the MAB

1. Upon a referral request from the DPS based on below established authority:

- a. Texas Administrative Code (TAC) Chapter 15 Drivers License Rules, Rule 15.58 Medical Advisory Referrals or
- b, Texas Administrative Code (TAC) Chapter 6 License to Carry and Government Code Subchapter H. License to Carry, Section 411.171

DSHS shall convene a MAB panel of a minimum of 3 MAB members

a. Each MAB member shall review the applicant's Medical Packet. Each member of a MAB panel may examine any medical records or reports containing materials which may be relevant to the ability of the applicant to safely operate a motor vehicle or to exercise sound judgment with respect to the proper use and storage of a handgun.

b. Upon completion of the review, each member shall provide an independent opinion in the form of a written recommendation which shall state the member's opinion as to the ability of the applicant to safely operate a motor vehicle or to exercise sound judgment in the proper use and storage of a handgun. Any decision will be held in abeyance until all additional information deemed necessary for the medical review has been made available.

c. The members recommendations or opinions are provided to the DPS. The final decision to issue, renew restrict, or revoke a driver's license or license to carry a handgun shall rest entirely with the DPS as established under the authority of the Transportation Code Section 521.294(1) and (3).

d. All members are expected to act in an impartial manner in their medical reviews. Any member who is unable to be impartial as to any applicant before the MAB shall declare this impartiality and shall not participate in any MAB proceedings involving the applicant.

C. Medical Packet1. The applicant shall provide current medical information to the MAB which is pertinent to the medical condition(s) for which DPS requested the review. Information shall be provided within 20 days by a licensed physician or, in the case of medical conditions impacting vision, may be provided by an optometrist.

2. Any department approved health care provider or facility who treated the applicant may provide information regarding the applicant's fitness to operate a motor vehicle safely or the ability to exercise sound judgement with respect to the proper use and storage of a handgun. Information completed/provided by a midlevel provider must be cosigned by a physician except in the case of information from an optometrist who may sign if reporting on a vision related condition.

D. Confidentiality

1. DSHS shall collect and maintain the individual medical records according to record retention requirements outlined in MAB bylaws from a physician, hospital or other health care provider necessary for use by the MAB and its members. All records provided shall be kept confidential as established by the Health and Safety Code Section 12.097.

2. All records, reports and testimony relating to the medical condition of an applicant:

(a) Are for the confidential use of the MAB, a MAB Panel or the DPS;

(b) Are privileged information; and

(c) May not be disclosed to any person or used as evidence in a trial except as provided below in Subsection 3.

3. In a subsequent proceeding under Subchapter H. License to Carry, Chapter 411, Government Code, or Subchapter N. Driver's License Denial, Suspension, or Revocation, Chapter 521 , , DSHS may provide a copy of the report of the MAB or MAB Panel and the Medical Packet relating to an applicant to:

(a) DPS;

(b) the applicant; and/or

(c) the presiding officer at the license to carry or driver's license hearing

4. . MAB physician opinions may be released to DPS for a license to carry or driver's license hearing with a certificate of custodian of records affidavit.

5. Health Care providers may request and shall be mailed a copy of any medical information provided by that health care provider subject to Open Records and HIPAA regulations.