**Coalition for Nurses in Advanced Practice - CNAP**

**83rd Texas Legislature – Update #13**

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Capitol visit – May 8 – this is the last scheduled CNAP Capitol visit this session

**Clock is ticking –** There are now less than 40 days left in this regular session. Here is a link to the end-of-session deadlines for the House of Representatives and Senate that make the time to get bills passed even more challenging: http://www.legis.state.tx.us/tlodocs/DeadlineActionCalendar.pdf.

**Good news! SB 406 to be heard next week.** Senate Bill 406 (Nelson/Kolkhorst), the “agreed-to” bill on delegated prescriptive authority, has been set for a public hearing in the House Committee on Public Health (HPH) beginning at 8 a.m. Wednesday, April 24. CNAP appreciates Chair Lois Kolkhorst (R-Brenham) for scheduling this bill to be heard next week and encourages APRNs to contact their legislators serving on the Committee asking for their support of SB 406. There will be a committee substitute for SB 406 that incorporates the changes worked on by lobbyists for advanced practice nursing, PAs and medicine since the bill passed the Senate in February.

Here is a link to determine if your House member is a member of the Committee: http://www.fyi.legis.state.tx.us/Home.aspx. While CNAP does not want to overwhelm members of the Committee with phone calls or e-mails from non-constituents, it is important that Committee members’ constituents contact their offices asking for their support of the committee substitute for SB 406 by asking them to pass the “agreed-to” bill out of the Committee as soon as possible.

If you are a constituent of Representatives Kolkhorst (R-Brenham), Coleman (D-Houston), or Naishtat (D-Austin), please thank them for co-authoring the House companion bill, HB 1055. [Representative Rob Orr (R-Burleson) is also a co-author, but he does not serve on the Public Health Committee. Be sure to express your appreciation to him during your next contact.]

**SB 1 –** Williams/Pitts – the Senate, on April 18th, named its five conferees for SB 1, the General Appropriations Act (GAA). They, and the yet-to-be named House conferees, will hammer out the differences in the two versions of the state budget for the 2014-15 biennium. The conferees are Senators: Tommy Williams (R-The Woodlands – who will serve as the chair of the Conference Committee; Robert Duncan (R-Lubbock); Juan “Chuy” Hinojosa (D-McAllen), Jane Nelson (R-Flower Mound) and John Whitmire (D-Houston).

**Committee action** - CNAP-tracked bills heard or voted on by the House Committee on Public Health (HPH) or the Senate Health & Human Services (HHS) Committee this week:

**HB 453 –** Dukes (D-Austin) – the bill relates to providers’ registrations and renewals under the Texas Controlled Substances Act by extending the registration period from one to three years, and it allows electronic notification of renewals via e-mail from the Texas Department of Public Safety (DPS). The fee for the renewal will be $75 for the three-year period instead of $25 for one year. During the formal meeting of the HPH on April 19, Rep. J.D. Sheffield said he will offer a floor amendment to sync up dates for the renewals with DPS and the Drug Enforcement Agency (DEA). The bill passed to the House General Calendar on a 10-0 vote.

**HB 1213** – Clardy (R-Nacogdoches) – the bill clarified the law allowing mental health professionals or school counselors the ability to report threats of physical harm by a patient without fear of breaking confidentiality. The bill failed to pass out of the HPH on a 4 to 6 vote at its formal meeting on April 19.

**SB 1609** – Schwertner (R-Georgetown) – the bill relates to additional training in the privacy of health records under state and federal law concerning protected health information necessary for employees to carry out their duties. The bill requires an employee to complete the required training not later than the 180th day, rather than the 60th day as required in current law, after the date the employee is hired. The bill was left pending in the Committee.

**SB 1644 -** Williams (R-The Woodlands) – a committee substitute (CS) for SB 1644 was heard by the HHS earlier this week. As noted in Legislative Update #12, the bill relates to continuing medical education (CME) for physicians that prescribe controlled substances and amends Chapter 156, Occupations Code by adding a section (Sec. 156.058).   The CS requires physicians, dentists, physician assistants and advanced practice registered nurses who are licensed in Texas and are registered with the Department of Public Safety (DPS) to prescribe controlled substances to complete three hours of continuing education (CE) relating to pain management using controlled substances and other methods, and using DPS’s Prescription Access in Texas database to monitor patients’ dispensing history.  The newly required three hours of CE is in addition to the number of hours currently required by law for each of these providers. The bill was left pending.

**Bills with committee hearings next week –**CNAP is tracking 163 bills. Fourteen of those are scheduled to have public hearings next week. Some key ones are described below:

Tuesday, Senate HHS:

**SB 1375** – Hinojosa – the bill gives self-directed, semi-independent (SDSI) status to the Texas Medical Board, the Texas Board of Nursing, and the Texas State Board of Pharmacy. Since 2001, there have been nine state agencies granted SDSI status, all of whom have successfully implemented and maintained this system. This will allow the medical, nursing and pharmacy boards to collect revenue and set an annual budget on their own via their governor-appointed board, outside of the appropriations process.

They will be responsible for all direct and indirect costs, such as rent, supplies, and benefits and retirement for all employees, who will remain part of the Employees Retirement System of Texas. No general revenue (GR) will be used to pay expenses for these agencies, which will rely solely on revenue from licenses and other fees to cover costs of operations; but their budget authority is limited to the costs of running agency programs. The boards will still have to comply with general laws applicable to state boards, such as the Open Meetings and Public Information Acts, as well as undergo Sunset Review. The legislature retains jurisdiction of the Nursing Practice Act, Pharmacy Act, and Medical Practice Act, and can revise or rescind SDSI status at any time. Please note that the House Companion to SB 1375 is **House Bill 2361** (Darby, King S., Zerwas) is scheduled for its public hearing on Tuesday (04/23) in the House Committee on Appropriations’ subcommittee on Budget Transparency and Reform.

**SB 1842 –** Deuell (R-Greenville) – the bill requires Department of State Health Services (DSHS) to amend its rules to expand the category of health care professionals permitted to perform face-to-face psychiatric evaluations of the medical and psychiatric stability of residents of inpatient psychiatric facilities who are placed in either seclusion or restraint. Current DSHS rules require that a physician conduct this evaluation within one hour of initiating the restraint or seclusion. The physician may delegate this evaluation to physician assistant (PA) or an advanced practice nurse (APN). SB 1842 adds registered nurses (RNs) to the list of health care professionals authorized to conduct these evaluations, and requires RNs performing these evaluations to have undergone the same training required under DSHS rules and by Centers for Medicaid and Medicare Services (CMS), which is specifically tailored to the evaluation of psychiatric patients placed in restraint or seclusion to ensure that RNs are competent to perform this evaluation. Currently, Texas and Massachusetts are the only states that do not allow RNs to conduct these evaluations. As proposed, SB 1842 amends current law relating to rules for restraint and seclusion procedures at certain facilities to be in accordance with national CMS regulations.

Tuesday, House Committee on Human Services (House HHS):

**HB 1143** – Strama (D-Austin) – the bill relates to certain mental health and medical services for children in foster care and the conservatorship of the state, including the administration of psychotropic drugs. CNAP requested that Rep. Strama amend HB 1143 to include psychiatric mental health advanced practice registered nurses because they are currently providing psychiatric care to children in foster care and conservatorship of the state. As of today, Rep. Strama’s staff said there will be a committee substitute (CS) that limits the scope of HB 1143 to require that within 45 days of when children enter into state conservatorship they receive a developmentally appropriate, comprehensive psychological assessment. The CS leaves it up to the discretion of the Department of Family and Protective Services (DFPS) to adopt rules governing the assessments.

**May 8th – next Capitol visits. MAKE YOUR VOICE HEARD.** The last Capitol visit during the regular session is planned for Wednesday, May 8th. We continue to hear rumors that an effort will be made on the House floor to delete or dilute the language in SB 406 that allows physicians to delegate Schedule IIs to APRNs and PAs in hospitals and for hospice patients. If being able to prescribe Schedule II drugs will improve your ability to care for your patients, JOIN US ON THE 8th and let your Representative know. If you see this as a stepping stone to future gains, JOIN US ON THE 8th and let your Representative know. **Speak up now when we have an excellent opportunity to make this important advancement!**

Please e-mail Trish Conradt, CNAP Public Policy Director, at trish@cnaptexas.org if interested in visiting elected officials at the Capitol. Legislators and their staff will be scrambling to get their bills passed or attached to other germane bills that are moving as mid-May deadlines kick-in and most bills are on life support. Your presence and voice are needed! Make plans now to come advocate in Austin.