

Sen. Charles Schwertner SD 5

APRN
Alliance

9,252

Number of RN's

627

Number of APRN's

300,000

Total RN's in Texas

Texas APRN shortage will increase by two-thirds if nothing is done to keep nurses in Texas

8,076

The current shortage number of 5,382 will increase to a shortage of 8,076 APRNs by 2030

In Central Texas, the unmet demand for nurses will increase by



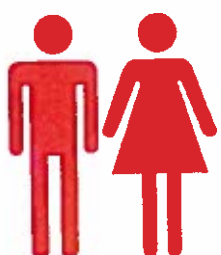
13%

over the next 14 years according to 2016 statistics from the Texas Center for Nursing Workforce Studies in DSHS



\$120,000

The amount that some APRNs pay each year to a physician just to provide care to patients



2 out of 3

patients support legislation giving greater access to nurse practitioners

For more information, contact APRN Alliance Staff at aprn@txana.org

Full Practice Authority

HB 1415/SB 681 (Rep. Klick/Sen. Hancock)

Background

Nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, and clinical nurse specialists play a crucial role in caring for Texans and addressing our state's growing and changing health care needs. Unfortunately, the state's current regulatory climate restricts their ability to practice effectively. We need to modernize state licensure laws to allow these Advanced Practice Registered Nurses (APRNs) to practice to the full extent of their training and education, remove costly and burdensome regulatory requirements such as signed delegation agreements with physicians, and place APRNs under the exclusive regulatory authority of the Texas Board of Nursing.

Problem

To practice in Texas, APRNs are required to enter into a Prescriptive Authority Agreement (PAA) with a delegating physician. In many cases, the delegation is simply a physician's signature that says the APRN can practice and in turn the APRN writes a check to that physician. The physician is under no requirement to provide care for the patients or even be in the same practice site or city as the APRN. In fact, a 2016 study of Texas APRNs found that some were forced to pay their delegating physician up to \$120,000 every year.

More states are opting to cut the red tape and eliminate delegation agreements. Currently 21 states, the District of Columbia, the Department of Defense, and the U.S. Department of Veteran Affairs do not require them. Meanwhile, states like New Mexico and Arizona are recruiting Texas-trained APRNs, where they face fewer regulatory burdens and lower practice costs.

Medically underserved areas and regions with low-income populations are most negatively impacted by these requirements, as delegating physicians are hard to come by in these areas and the ones who are available can be prohibitively expensive.

Solution

Remove the physician delegation requirement and place APRNs under the exclusive licensure authority of the Texas Board of Nursing by amending Subchapter B, Chapter 157 of the Occupations Code. APRNs would still be required by law to collaborate with physicians when the needs of a patient exceed their scope of practice or population focus.



APRN Signatures

SB 431 (Sen. Jose Rodriguez)

Background

Advanced Practice Registered Nurses (APRNs) provide care to millions of Texans yet are prevented from signing certain health-related forms, such as immunization forms. Expanding signature authority will allow APRNs to serve patients in a timely and cost-effective manner, while also reducing the medical paperwork burden on both patients and physicians.

Problem

Physicians have long been the only medical professionals allowed to sign health care-related documents, such as birth and death certificates, orders for handicap placards, jury duty and immunization waivers, and workers' compensation forms. In the modern healthcare environment where growing numbers of APRNs are providing primary care to Texas patients, the requirement for physician signatures on these documents no longer make sense and has become a barrier to practice and care.

Solution

Remove unnecessary red tape by amending state law to allow APRNs to sign forms certifying health care services that are well within their scope of practice (see references below). Changing these provisions will allow the more than 20,000 APRNs in Texas to serve patients in a more timely and cost-effective manner. Relevant sections:

- Sections 38.001(c), 51.933(d), and 51.9192(d), Education Code - Immunization waivers for elementary and secondary schools and for institutions of higher education.
- Sections 62.109(b) and (f), Government Code - Jury duty exemptions.
- Section 89.011(a), Health and Safety Code - Certifications of completed tuberculosis screening at correctional facilities.
- Sections 192.003(a) and (c), Health and Safety Code - Birth certificates.
- Sections 193.005(a), (b), and (c), Health and Safety Code - Death certificates.
- Section 504.201(d), Transportation Code - Statements authorizing specialty license plates.
- Sections 681.003(c) and 681.004(d), Transportation Code - Disabled parking placards.
- Section 408.025, Labor Code - Worker's compensation forms.



Discharge Prescriptive Authority

SB 433 (Sen. Jose Rodriguez)

Background

Currently, facility-based and hospice Advanced Practice Registered Nurses (APRNs) have authority to write Schedule II prescriptions for patients being discharged from a hospital or emergency room. Unfortunately, there is some confusion about whether these prescriptions must be filled only in a pharmacy operated by the hospital the patient is discharged from, or if these prescriptions may be filled in local pharmacies.

Problem

Senate Bill 406, passed in 2013, allows physicians to delegate to APRNs the ordering and prescribing of Schedule II controlled substances in a hospital facility-based setting. A subsequent FAQ released by state agencies overseeing SB 406 implementation stated that APRNs may prescribe Schedule II medications to patients *only* if the prescription is filled in the hospital pharmacy and not in an off-site pharmacy, effectively changing the plain meaning of the statute.

This agency-issued FAQ creates a number of obstacles for patients, hospitals, and hospital providers during the discharge process, including prohibiting patients from filling their prescriptions in the pharmacy of their choosing. In hospitals without a pharmacy, as is sometimes the case in rural facilities, APRNs are effectively unable to write discharge prescriptions that will allow their patients to continue recovery at home.

Texas Occupations Code, Section 157.0511 (b-1) states that an APRN may prescribe Schedule IIs in a hospital. The law does not say that APRNs must fill the prescription only in a hospital pharmacy.

Solution

Amend Subchapter A, Chapter 562 of the Occupations Code to clarify that physicians may delegate to facility-based APRNs the ability to write and sign Schedule II drug prescriptions to be filled in community pharmacies for patients being discharged from the hospital or emergency room.





Get to Know Your APRN: The Four Roles of Advanced Practice Nursing

Nurse Practitioner

15,482
NPs are licensed to practice in Texas.

NP

 Diagnose illness, treat illness, prescribe medications, order and interpret tests.

 Bring a comprehensive approach to health care, can be found in many medical settings

80% were prepared in primary care, while only 14.6% of physicians entered primary care residency in 2012.


Clinical Nurse Specialist

 Improve quality, safety, and cost outcomes for patient populations; diagnose and treat illness, promote health, and some prescribe medications.

1,348

CNSs are licensed to practice in Texas.

CNS


 Provide specialized nursing clinical expertise to patients, nurses, and organizations.

Certified Registered Nurse Anesthetist

 Most cost-effective model when they are the sole anesthesia provider, with an exceptional safety record.

CRNA

4,000+
More than 4,000 CRNAs practice in Texas.

 Trained to deliver anesthesia care, regardless of whether an anesthesiologist is involved.
Practice in every setting where anesthesia is provided.

Certified Nurse Midwife

12,000 BIRTHS


CNMs attended over 12,000 births in Texas in 2013, 96% of which were in hospitals.

CNM



Provide primary care to women, including health promotion, gynecologic and family planning services, care during pregnancy, childbirth, postpartum period, and newborn care.