



2016-17 Policy Positions

APRN Issues

1. The Texas Nurses Association supports full practice authority for APRNs in all four roles without burdensome government restrictions and anti-competitive supervision by another profession and urges the Legislature to consolidate all regulatory authority of nurses, including APRNs, under the Board of Nursing.
2. Texas Occupations Code, Section 157.0511(b-1) states that an APRN may prescribe Schedule II's in a hospital. The law does not say that APRNs may prescribe *but must fill* the prescription in a hospital. If the patient feels more comfortable going to their local pharmacy to fill their prescription, then state boards should not prohibit them from doing so.

TNA recommends that the legislature clarify this statute to remove any doubt regarding the interpretation, and allow all APRNs to issue discharge prescriptions for patients, regardless of the pharmacy the patient chooses.

3. TNA recommends that the legislature allow APRNs to lower costs and serve consumers by amending outdated laws that prevent APRNs from authorizing certain forms.

Nursing Education

1. In the 84th legislative session, \$33.75 million was appropriated to the PNSRP. The Texas Nurses Association engaged THECB, Texas colleges and universities, and nursing educators in extensive discussions regarding the PNSRP. All these groups agree that the PNSRP should continue in its current form with the same appropriation. TNA urges the legislature to continue its commitment to Texas citizens by reinvesting in the PNSRP in its 85th session.
2. The Texas Nurses Association supports continued growth in the existing higher education strategies, which include participation in THECB incentive programs and articulation agreements between community colleges and universities that allow associate degree and diploma nursing students to seamlessly continue their baccalaureate education.

Until Texas has definitive data on the realistic ability of Texas community colleges to take on the financial and administrative burden that would come with baccalaureate programs, the legislature should focus its resources on developing and championing the current proven pipeline between the community colleges and universities through articulation agreements like CABNET.

3. The Texas Nurses Association recommends using a portion of the PELRP funding stream which is currently held by the Comptroller's office as a General Revenue-Dedicated Account (to balance the budget) to set aside money for the Nursing Faculty Loan Repayment Program. Only with a dedicated funding source will the program be able to reliably incentivize nurses to become faculty and assist in the nursing shortage reduction efforts.

Mental Health

1. **SAFE WORKPLACE:** TNA is sensitive to the concern that increasing penalties for violence against nurses in all settings could have the unintended consequence of bringing more patients with mental illness into the criminal justice system.

TNA believes that two immediate strategies will promote a safer workplace for nurses working in mental health:

- Support legislation to provide nurses employed in all mental health hospitals the same weapons-free work environment already afforded to nurses in licensed hospitals. Support legislation **clarifying** that the protections the Legislature granted to licensed hospitals apply to **all** hospitals in Texas.
 - Evaluate the feasibility of creating a statewide reporting system for staff injuries in all mental health facilities. This would help the Legislature and others understand the scope of the violence problem.
2. **ACCESS TO INPATIENT CARE:** The Texas Nurses Association encourages the legislature to strengthen language in the Mental Health Code that will facilitate civil commitment of individuals judged to be a danger to self or others. Individuals should not have to severely decompensate or commit a crime in order to access an inpatient bed. The Legislature should also explore ways to provide mental health services in the most appropriate setting, whether that is in inpatient, residential, or outpatient or home settings, as indicated by individual need, through telemonitoring, telenursing and telehealth capabilities.
 3. **MENTAL HEALTH FUNDING:** TNA strongly encourages the Legislature to fund programs that will reduce the nursing shortage in Texas. TNA also supports funding increases for community-based mental health services to decrease wait lists and unnecessary referrals in addition to the need for an increase in Medicaid reimbursement rates for mental health providers. Finally, the Legislature should explore mutually-funded partnerships with the Veteran's Administration to provide community support, including the Veteran Services Provider Network (VSPN) and programs offered through TexVet.
 4. **Texas Peer Assistance Program for Nurses:** TNA wants to ensure that TPAPN is able to continue serving the hundreds of nurses per year that participate in the program. The Texas Statewide Behavioral Health Strategic Plan (May 2016) even notes that "use of peer services" is a key gap in mental health service to Texans, and Texas should increase access to programs (like TPAPN) that offer peer support services. TPAPN is "self-funded" through nurse licensing fees. TNA recommends maintaining the current appropriations process through the Board of Nursing (BON) to continue the important services offered by TPAPN to Texas nurses.

Regulatory Issues

1. **NURSE LICENSURE COMPACT/TELEHEALTH:** Texas should adopt the new NLC to avoid unnecessary barriers to practice. New market participants lower costs and increase access to care.
2. **APRN Issues:** The Board of Nursing must have sole regulatory authority over APRNs in Texas. The Sunset bill in the 85th legislative session should incorporate this concept to reduce duplication of state resources and anti-competitive practices.
3. **NORTH CAROLINA DENTAL BOARD & STATE ACTION IMMUNITY:** The Texas Nurses Association urges the Sunset Commission and the Legislature to carefully consider the consequences, both intended and unintended, of changing the rulemaking process in Texas. Changes to the process to artificially create immunity from suit for regulatory agencies will likely not only result in a rulemaking bottleneck, but will also prevent legal recourse for consumers against anti-competitive actions taken by an agency. Texans and the regulated community have the right to challenge their government in a court of law if their industry is unduly restricted by market participants, and TNA recommends continuing to allow this fundamental right of recourse.
4. **BOARD OF NURSING JUST CULTURE:** Inevitably, the Sunset Commission will look at the disciplinary process of the BON during its Sunset review. The Texas Nurses Association supports the Just Culture approach to disciplinary action within the BON and would like to see the approach expanded and implemented in all cases where context and disciplinary history allow. Part of a Just Culture should also allow for a licensee's record to remain clear when deferred actions are successfully completed, and TNA would like to see this approach incorporated into the Just Culture at the BON.
5. **EXCELSIOR COLLEGE:** The Texas Legislature should Sunset the grandfather clause that allows Excelsior College, an out-of-state online program, to operate without adhering to nursing education standards in Texas.

Workplace Advocacy Issues

1. **WORKPLACE VIOLENCE:** The Texas Nurses Association (TNA) believes that there are opportunities to improve workplace safety for nurses and other health care workers. HB 2696 (2015) authorized a statewide study to gather Texas specific data regarding the existence of workplace violence and current strategies being implemented to mitigate these events. Resultant data will assist Texas to develop state specific strategies to prevent workplace violence, protect our health care workforce, and provide safe environments for patients.

TNA urges the legislature to favorably consider legislation that support efforts of healthcare facilities to identify and implement measures aimed at reducing violence and enhancing workplace protections for nurses and other health care workers.

2. **FATIGUE:** TNA firmly believes nurses and employers must collaborate to reduce the risks of nurse fatigue associated with shift work and long hours. Evidence-based strategies must be implemented by employers to proactively address nurse fatigue and promote the health, safety, and wellness of nurses and ensure optimal patient outcomes. Nurses have a professional responsibility to be

proactive about managing their health and rest. Employers should utilize their staffing committees to ensure practices are sensitive to risks to patient care related to nurse fatigue.

In 2016 TNA delegates adopted a Resolution on Fatigue that endorses educational efforts, including targeted continuing nursing education and media campaigns to build greater awareness of this issue. TNA urges all nurses to be aware of their professional responsibility to practice healthy behaviors that reduce the risk of working while fatigued.

3. **SAFE STAFFING:** TNA firmly believes in a staffing model in which nurses are empowered to actively participate in determining nurse staffing plans specific to each unit within their work setting. This approach adapts staffing to local needs considering factors unique to the facility (e.g. intensity of patient care, patterns of admission/discharge/transfer of patients, nursing staff experience, unit layout, and resource availability).

TNA believes that mandated fixed nurse-to-patient ratios offer an inadequate and simplistic approach to a complex situation. Instead, TNA continues to advocate for full implementation of existing statute which requires hospital employers utilize nurse staffing committees to develop staffing plans and report this work to their Board of Directors.

**For questions on the above positions or for additional information, please contact
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Nursing Survey - members & non-members
through mid-Oct*