

Advanced Practice Registered Nurses

***APRNs... Turning health insurance
Into health care.***

Solving the Texas Health Care Dilemma

Texas leads the nation in the number of uninsured adults under age 65. The new federal health care legislation will add an additional 2.2 million people to Medicaid at a time when the state is facing an \$18 billion shortfall and a primary care provider shortage (Texas ranks 47th). To meet this challenge, Texas must overhaul its antiquated laws and allow Advanced Practice Registered Nurses (APRNs) prescriptive authority to help meet the health care challenges facing the state.

Current APRN Prescriptive Authority in Texas

Currently, Texas requires a 2-step process for APRNs who prescribe.

1) The Board of Nursing ensures the Advanced Practice Registered Nurse (APRN) has the required education and national certification to qualify for prescriptive authority and then the Board issues a prescriptive authority number to the APRN. At that point, in 35 states and Washington D.C., APRNs have authority to prescribe. However, in Texas, APRNs are not able to prescribe until they meet the requirements in step 2.

2) A physician must delegate prescriptive authority to the qualified APRN. Texas is the only state that further complicates the process by only allowing physicians to delegate prescriptive authority if the APRN works in one of four types of sites.

Proposed 2011 Legislation

The proposed legislation eliminates that second step in the prescriptive authority process by allowing the Texas Board of Nursing to grant APRNs authority to diagnose and prescribe rather than requiring physicians to delegate that authority to APRNs. Specifically the bill will remove APRNs from the delegated prescriptive authority provisions in the Medical Practice Act and put a definition of "Advanced Practice Registered Nurse" in the Nursing Practice Act that includes diagnosing and prescribing. The bill will also include conforming amendments in the Medical Practice, Pharmacy Practice, Dangerous Drugs and Controlled Substances Acts.

Advantages of this Legislation to Address the Texas Dilemma

- Allows APRNs to provide care in any location, thus allowing APRNs to practice in counties where there are no physicians (25) or physicians are in short supply.
- Puts the accountability where it belongs: with the APRN.
- Allows APRNs to consult and refer to physicians as needed, rather than meeting paperwork & supervision requirements related to delegation.
- Removes restrictions on physicians who work with APRNs, allowing them to allocate time as they see fit to take care of patients instead of meeting unnecessary state supervision requirements.
- Gives APRNs authority to prescribe the full range of pain medications, as currently permitted in 41 states and the District of Columbia. Giving APRNs this authority is endorsed by the American Cancer Society.
- **NO COST to TEXAS**

The bill will be based on model language adopted by the National Council of State Boards of Nursing as the safest and most effective way to regulate APRNs. The legislation will bring Texas into alignment with the 16 best states for APRN practice. This will attract more APRNs to Texas and help retain the APRNs that Texas already educates. With the severe shortage and maldistribution of mental health and primary health care providers in Texas, these legislative changes are needed now.