

Free Nurse Practitioners to Practice

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INTRODUCTION

Texas is widely acknowledged for having the highest percentage of uninsured residents in the country, but that is only one of the health care statistics that paints the picture of the state of health care in Texas. The state has 226 regions designated as Medically Underserved Areas or Medically Underserved Populations. These regions, defined by both federal and state law as regions or populations suffering from shortages of medical practitioners and clinics under contract with the state, are in dire need of health care providers.

Nearly 90 percent of rural Texas counties are designated—in part or as a whole—as medically underserved.¹ Even more alarming is that 25 counties in the state have no physician at all, and more than 13 percent of Texans—or 3.2 million people—do not have access to a primary care provider.²

A viable solution to the lack of physicians in regions across the state is to allow health care providers other than physicians to meet the needs of residents in these regions. Nurse practitioners could provide the majority of the services needed in these areas, but state regulations limit their availability by restricting nurse practitioners' ability to practice.

TEXAS REGULATION

Texas has one of the most stringent regulatory environments for nurse practitioners in the country, greatly restricting the ability of these qualified medical professionals to

provide more affordable health care services to Texas consumers. Texas is one of only three states that requires a nurse practitioner to be supervised by and collaborate with a physician, while abiding by specific protocols when providing services.³

Texas law requires that a nurse practitioner collaborate with a licensed physician in order to work in a separate facility. The law also requires a physician to work onsite with the nurse practitioner 20 percent of the time and requires that the physician's primary worksite be no more than 60 miles from the facility where the nurse practitioner works. The number of nurse practitioners that a physician can collaborate with is capped at three—this regulation unnecessarily limits the number of nurse practitioners allowed to provide services to Texans.

Although these rules are relaxed if a nurse practitioner is practicing in a medically underserved area, the regulations are still more onerous than many states. For instance, physicians need only work onsite with the nurse practitioner once every 10 days in a medically underserved area.⁴

Two years ago, Representative Rob Orr filed House Bill 1096, which would have amended nurse practitioner regulations by “increasing the collaboration limit from three to six nurse practitioners per physician; increasing the allowable distance between primary and alternative sites from 60 to 75 miles; amending the chart review provisions to allow reviews from the physician's main office,

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rather than onsite with the nurse practitioner; and repealing the rule requiring 20 percent of the nurse practitioner's time be spent onsite with the collaborating physician.”⁵

OTHER STATES' REGULATIONS

Some states impose minimal restrictions on nurse practitioners. In fact, eight states (Alaska, Indiana, Maine, New Hampshire, New Mexico, Oregon, Utah, and Washington) do not require any physician involvement in a nurse practitioner's practice.⁶

In 14 states, nurse practitioners are only required to enter into a collaborative practice agreement with a physician in order to practice or prescribe medication. Depending on the state, these agreements may be required to impose some level of chart or patient records review, as well as mandating how often the collaborating physician and nurse practitioner must practice at the same location.

Ten states, including Texas, have gone a step further in their imposition of regulations, including the introduction of supervisory rather than collaborative language, and, in many cases, limiting the number of nurse practitioners with which a physician may supervise or collaborate. These limits typically disallow more than three or four collaborating nurse practitioners per physician.

In addition to the above limits on nurse practitioners, Texas is among the five states that have imposed limits on the

allowable distance between a collaborating or supervising physician's primary practice and any satellite practices managed by nurse practitioners. These distance limitations typically stipulate that any satellite practices may not be further than 30 to 75 miles from the physician's primary worksite.

RECOMMENDATIONS

When compared to other states, Texas nurse practitioners are among the most highly regulated in the country. Considering Texas' growing need for lower cost alternatives in health care, policymakers should look for every opportunity to give Texans a diversified provider field that offers a variety of health care options at a range of prices. Easing regulations on nurse practitioners would give consumers more choices and more affordable options.

The bills filed during the 80th Texas Legislature would have been important first steps toward reform of the state's onerous practice regulations. Similar and even more extensive reforms that would allow the health care delivery model to evolve with patient demand are necessary to meet the needs of Texas' growing population.

During the 81st Texas Legislature, legislators should repeal the requirements stipulating how often a collaborating physician must conduct onsite collaborative visits and review chart information. Nurse practitioners should be permitted to practice independently within their scope of practice by repealing the collaborative practice regulations. ★

ENDNOTES

¹ *Fellowship in Rural Family Medicine and Obstetrics*, University of Texas Medical Branch, <http://fammed.utmb.edu/fmr/ruralmed.asp>.

² *Ibid.*

³ Carolyn Buppert, *Nurse Practitioner's Business Practice and Legal Guide*, Third Edition (2008) 46.

⁴ Mary Katherine Stout and Jonathan Elton, *Comparing State Regulation of Nurse Practitioners*. Texas Public Policy Foundation (2007) <http://www.texaspolicy.com/pdf/2007-11-PB34-nursepractitioner-mks.pdf>.

⁵ *Ibid.*

⁶ Carolyn Buppert, *Nurse Practitioner's Business Practice and Legal Guide*, Third Edition (2008) 46.

