



Testimony

Testimony to the House Public Health Committee *Expanding Scope of Practice for Advanced Practice Registered Nurses*

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Currently, Texas is among the top five most heavily regulated states regarding the scope of practice for advanced practice registered nurses (APN). In a majority of states, APNs must enter into a collaborative practice agreement with at least one physician in order to prescribe medication; nonetheless, 33 states do not require delegation by a physician.

Moderately regulated states have supervisory requirements with a physician and, in many cases, limit the number of APNs with whom a physician can supervise. But Texas' rules go several steps further and impose limits on the distance between a supervising physician's primary practice and any satellite practice managed by an APN.

At these satellite sites, Texas statute prohibits physicians from supervising more than three APNs at a time, requires physicians to work at the same site as the practitioner 20 percent of the time, requires a physician to review 10 percent of a practitioner's charts, and dictates that the physician's primary site must not be more than 60 miles away from any worksites of collaborating nurse practitioners.

Nearly 90 percent of rural Texas counties are designated—in part or as a whole—as medically underserved. 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.

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 basic health needs of residents in these regions. APNs could provide the majority of the services needed in these areas, but state laws limit their availability by restricting nurse practitioners' ability to prescribe.

Although some stringent rules are relaxed when a nurse practitioner is practicing in a medically underserved area, the regulations are still more onerous than those of many states. Both rural

and urban communities are literally paying for this shortage in care as health care costs continue to rise. A simple law change can make health care more efficient and less costly.

HB 1107 allows licensed advanced practice registered nurses to diagnose patients and prescribe medications, within their education and training. The bill also repeals the requirements stipulating how often a supervising physician must conduct onsite visits and review chart information. APNs would be permitted to practice independently within their scope of practice by repealing the requirement that prescriptive authority be delegated.

Additionally, the bill affirms that an APN can practice as a licensed independent practitioner and may serve as a primary care provider of record. Clinics throughout Texas are on the front lines of providing care, and many are struggling to handle patient demand because primary care providers are scarce.

Healthcare that is delayed means healthcare that is denied. And in many parts of our state, people are being forced to wait months for basic preventative care — or simply go without.

At retail health clinics, a walk-in patient is usually seen within 20 minutes. These clinics accept the majority of insurance plans. For the uninsured, fees tend to be under \$60 — much cheaper than emergency room fees and high insurance premiums. Allowing patients to be treated for common or minor illnesses at these clinics by APNs provides them with a more accessible health care option. Giving APNs prescriptive authority will make this more cost effective without changing quality.

Studies have shown that the quality of service consumers get does not decline when receiving care from a nonphysician clinician. Repealing the restrictions on APN prescriptive authority will provide Texans with a viable alternative to primary care physicians and more affordable options for all Texas patients. ★