Testimony

Testimony to the Senate Health and Human Services Committee

Relating to Expanding Scope of Practice for Advanced Practice Nurses

by Elizabeth Young Health Care Policy Analyst

Recommendations

- Repeal the requirements for physician supervision.
- Permit nurse practitioners to practice independently within their scope of practice as defined by the Board of Nursing.
- Allow prescriptive authority to be determined by the Board of Nursing.

Senator Nelson and members of the Committee, thank you for this opportunity to testify before you today. My name is Elizabeth Young, and I am a health care policy analyst at the Texas Public Policy Foundation. I will be speaking to you today about the state's current and long-range need for health care services and will provide you with some recommendations on how to meet the state's present and future health care needs by utilizing the services of advanced practice nurses (APNs).

One of the foremost health care issues of concern to the legislature each session is how to adequately insure that Texas citizens have adequate access to care. One simple way legislators can immediately address this problem of access at no additional cost to the state is to ease regulations on APNs. Current restrictions on the scope of practice for APNs only worsen patient access to quality care.

Primary care is our greatest area of need. Not only do we have the highest number of uninsured persons in the country, but Texas has 226 regions designated as Medically Underserved Areas (MUAs) and nearly 90 percent of rural Texas counties are partially or completely designated as medically underserved. Twenty five counties in the state have no physician at all, and nearly 20 percent of Texans, or 3.2 million people, do not have access to a primary care provider. Unfortunately, when people cannot access primary care in the community, the emergency room is all too often the relief valve.

Nationwide, there is an estimated shortage of 44,000-46,000 primary care physicians anticipated by 2025 due, in large part, to the declining number of medical school students select-

ing primary care specialties. With our state being one of the highest in population growth, physicians will be unable to keep pace. With already fewer than 13,000 board certified family practice physicians, internists, and pediatricians in the state, the lack of primary care will hit hardest in rural areas that are not as financially attractive for physicians to establish practices and in some areas, not feasible at all.

Texas' rapidly expanding population and the aging of baby boomers will only make the primary care shortage worse. Advanced practice nurses can help fill the gaps.

Nurse practitioners are the fastest growing primary care providers in the United States, increasing at a rate faster than physicians. Nurse practitioners account for the greatest increase per capita supply of primary care services at 9.44 percent compared to 1.17 percent per capita supply of physicians.

Texas ranks among the top five most heavily regulated states regarding the scope of practice for APNs. Texas' complex statutes regulate nurse practitioners differently depending on the type of site, requiring that a nurse practitioner collaborate with a licensed physician, requiring a physician to work on site with the nurse practitioner a certain percentage of the time, limiting the drugs that can be prescribed, limiting the physicial distance the site can be from the physician's primary site, and limiting the number of APNs in collaboration with one physician.

Some states impose minimal restrictions on nurse practitioners. In fact, among those that impose minimal restrictions, eight states (Alaska, Indiana, Maine, New Hampshire,

900 Congress Avenue Suite 400 Austin, TX 78701 (512) 472-2700 Phone (512) 472-2728 Fax www.TexasPolicy.com New Mexico, Oregon, Utah, and Washington) do not require any physician involvement in a nurse practitioner's practice. 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. If removing the restrictions on nurse practitioners were a threat to patient safety, it would be seen in one of the 33 states with only minimal to moderate restrictions. What we see instead is that the number of retail clinics is expanding in the states where regulations are more favorable, increasing access to affordable and convenient care.

Giving APNs the ability to practice to the extent of their education and training will improve patient access to prompt treatment as well as efficient and effective patient-centered care without changing quality. The Board of Nursing has very well defined regulations that prevent nurses from stepping outside of their individual level of education and training. Studies have shown that the quality of service consumers get does not decline when receiving care from a non-physician clinician. Other research findings support that appropriately trained nurses can provide as high a quality of care as doctors for the services they provide.

In comparison to other states, Texas nurse practitioners are among the most highly regulated in the country. Repealing the restrictions on APN prescriptive authority and site restrictions will provide Texans with a viable alternative to primary care physicians and more affordable options for all Texas patients.

Recommendations:

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