

## Testimony before the House Committee on Public Health *Scope of Practice for Advanced Practice Nurses (HB 708, 915, and 1266)*

by The Honorable Arlene Wohlgemuth, Executive Director & Director of the Center for Health Care Policy

I am here today to testify on one subject but three different bills. The subject at hand is the scope of practice laws for advanced practice nurses (APNs) in Texas. The Foundation has written extensively concerning our ongoing support of expanded scope of practice laws for APNs, and with the developments in health care policy since the last legislative session it is more imperative that we pass these bills.

Texas has a significant problem with access to primary care across our state. Crossing every socioeconomic and geographic divide, 98 percent of Texas counties are, in part or fully, classified as either a Medically Underserved Area (MUA) or Health Professional Shortage Area (HPSA). Twenty-five counties have no physician at all, and nearly 20 percent of Texans, or 3.2 million people, lack access to a primary care provider. Studies have shown time and time again that consumers who access primary care on a regular basis have better health and lower health expenditures on average. It is also known that patients without access to care will largely seek that care, when needed, through an emergency room. Health care combined with poverty present special challenges since the people without access to primary care are often also on Medicaid. Texas taxpayers are paying the price for lack of access to primary care. This is particularly unsettling when additional resources are readily available.

The conventional wisdom is that we need policies in place to increase the number of primary care physicians we are graduating or attracting. However, the primary care physician supply chain has failed to provide an adequate supply. Since 1910 the population of the United States has increased by 284 percent while the number of medical schools we have has declined by 26 percent. Nationwide, a shortage of 44,000 to 46,000 primary care physicians is anticipated by 2025, due in large part to the declining number of medical school students selecting primary care specialties. Given Texas' rapid population growth, and the aging of the baby boom generation, physicians will be unable to keep pace with demand for their services. Fewer than 13,000 board certified family practice physicians, internists, and pediatricians now practice in

the state. The lack of primary care will hit hardest in areas that are financially unable to attract enough physicians. The reality is that "more physicians" is no longer a viable solution on its own.

Texas is home to one of the country's most highly regulated environments for advanced practice nurses (APNs), particularly nurse practitioners, greatly restricting the ability of these highly qualified medical professionals to operate effectively and provide additional health care services to Texas consumers. Texas statute requires that a nurse practitioner be supervised by a licensed physician in order to operate in a separate facility. Another statute requires a physician to work on site with the nurse practitioner 10 percent of the time and to maintain his or her primary site no more than 75 miles from the facility where the nurse practitioner works. Another regulation limits the number of nurse practitioners that a physician can collaborate with to four, reducing the number of available practitioners.

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 well-defined regulations that prevent nurses from stepping outside of their individual levels 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. APNs also provide care to Medicaid clients at an 8 percent discount from the physician's rates.

These three bills vary somewhat in the level of freedom they grant APNs, but all of them are a welcome step in the right direction. Access and fiscal problems rarely have the same solution, but that is exactly the case here. Low cost, quality primary care is vital to a modern Texas health care market. The Texas Public Policy Foundation supports the expanded scope of practice found in these three bills. ★