



TEXAS PUBLIC POLICY FOUNDATION
LEGISLATORS' GUIDE TO THE ISSUES

Health Care Regulations

By The Honorable Arlene Wohlgemuth, Executive Director & Director, Center for Health Care Policy
& Spencer Harris, Health Care Policy Analyst

THE ISSUE

Scope of practice regulations limit the diversification of health care services by restricting the services health care professionals are allowed to provide. Texas operates 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 alternative 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. Many states impose minimal restrictions on nurse practitioners. Eight of these—Alaska, Indiana, Maine, New Hampshire, New Mexico, Oregon, Utah, and Washington—require no physician involvement in a nurse practitioner's practice.

In 14 states, nurse practitioners are required only to enter into a collaborative practice agreement with a physician in order to practice or prescribe medication. If lack of restrictions on nurse practitioners genuinely threatened patient safety, surely one of the 33 states with only minimal to moderate restrictions would have noticed. In fact, the number of retail clinics is expanding in states where regulations are more favorable, increasing access to affordable and convenient care.

In the U.S., Texas has the highest number of uninsured persons, with 226 regions designated as Medically Underserved Areas (MUAs). Nearly 90 percent of rural Texas counties fit wholly or partially into this category. 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.

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 rural areas that are financially unable to attract enough physicians.

APNs can help fill the gaps. Already they account for the greatest increase per capita in the supply of primary care services—9.44 percent compared to 1.17 percent for physicians.

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.

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THE FACTS

- ★ Texas has 226 regions designated as (MUAs) or as Medically Underserved Populations (MUPs). Nearly 90 percent of rural Texas counties are partially or completely designated as medically underserved.
- ★ Twenty-five Texas counties 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.
- ★ The number of retail clinics is expanding in the 33 states where regulations are more favorable to the development of retail health clinics.
- ★ Texas has one of the most highly regulated environments for nurse practitioners, which makes it difficult to provide alternative, affordable, and accessible health care services.

RECOMMENDATIONS

- ★ Repeal regulations that dictate the collaborative relationship between physicians and nurse practitioners.
- ★ 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.

RESOURCES

Testimony to the Senate Health and Human Services Committee: Related to Expanding Scope of Practice for Advanced Nurse Practitioners by Elizabeth Young, Texas Public Policy Foundation (Feb. 2010) <http://www.texaspolicy.com/pdf/2010-02-testimony-ey.pdf>.

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

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

Senate Bill 532, State Senator Dan Patrick, 81st Legislature, <http://www.capitol.state.tx.us/BillLookup/Text.aspx?LegSess=81R&Bill=SB532#>. ★

