

# Keeping Texas Competitive

## A Legislator's Guide to the Issues 2013-2014



### Scope of Practice

#### The Issue

Texas has 226 regions designated as Medically Underserved Areas (MUAs). In fact, only 23 of Texas' 254 counties have fully adequate levels of medical providers. Nearly 90% of rural Texas counties fit wholly or partially into this category. Twenty-five counties have no physician at all, and nearly 20% of Texans, or 3.2 million people, lack adequate access to a primary care provider.

Broader use of advanced practice nurses (APRNs), particularly nurse practitioners, could improve this situation by increasing access to trained health care providers. However, Texas operates one of the country's most highly regulated environments for APRNs, greatly restricting the ability of these highly qualified medical professionals to operate effectively and provide lower cost health care services to Texas consumers.

APRNs are trained and educated to provide the majority of basic needs within their given field of practice. For instance, a nurse practitioner is capable of administering a physical exam, treating a basic wound or infection, or managing a treatment regimen for a chronic disease such as diabetes. Unlike physicians, APRNs are not allowed to practice outside of their education and training. For instance, if a pediatrician diagnosed a young child with strep throat and the mother asked the physician to examine her as well, the pediatrician would be able to. However, if the same scenario was encountered by a pediatric nurse practitioner, they would have to get an appropriately licensed nurse practitioner or a physician to examine the adult mother.

Texas law requires that a nurse practitioner be supervised by a licensed physician in order to practice in a separate facility. Oversight requirements mandate that a physician works on site with the nurse practitioner 10% of the time, and site-based regulations require the supervising physician to work no more than 75 miles from the facility where the nurse practitioner works. The physician does not deliver care nor does he supervise the nurse practitioner delivering care; rather, the physician reviews a minimum number of charts. The law further restricts the number of available nurse practitioners by allowing physicians to supervise a maximum of four.

Thirty-three states allow APRNs to diagnose and prescribe, and 11 of those do not require collaboration with a physician. No increased threat to patient safety has been reported in any of the 33 states with only minimal to moderate restrictions. Access to affordable and convenient care has improved as the number of retail clinics has expanded in states where regulations are more favorable.

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. Giving APRNs 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 affecting quality of care. 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 APRNs can provide as high a quality of care as doctors for the services they provide.

## The Facts

- Only 23 of Texas' 254 counties have adequate levels of health care professionals. Nearly 90% of rural Texas counties are partially or completely designated as medically underserved. Twenty-five Texas counties have no physician at all, and nearly 20% of Texans, or 3.2 million people, do not have adequate 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.
- Research findings support that appropriately trained nurses can provide as high a quality of care as doctors for the services they provide. APRNs also provide care to Medicaid clients at an 8% discount from the physician's rates.
- Giving APRNs 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 affecting quality.

## Recommendations

- Repeal onerous regulations surrounding APRN scope of practice such as site-based requirements and oversight requirements.
- Permit nurse practitioners to practice to the extent of their education and training as defined by the Board of Nursing. Allow prescriptive authority to be determined by the Board of Nursing.

## Resources

*The Future of Nursing: Leading Change, Advancing Health* by Institute of Medicine (Oct. 2010).

*The Pearson Report* by The American Journal for Nurse Practitioners (Feb. 2009).

*Texas Needs a New Approach to APRN Prescriptive Authority* by Texas Nurse Practitioners (Apr. 2012).

