

2019-20

LEGISLATOR'S GUIDE to the Issues

APRNs and the PAA

The Issue

Millions of rural Texans as well as many inner-city residents have difficulty getting health care—medical, dental, as well as mental and behavioral—when they need it. There is a shortage of providers, both an insufficient number of doctors as well as maldistribution.

Midlevel providers could ameliorate the problem, but a regulatory barrier called a Prescriptive Authority Agreement (PAA) restricts their ability to care for patients.

In Texas, Advanced Practice Registered Nurses (APRNs) cannot treat patients without a PAA, an expensive contract with a physician who delegates his authority to write prescriptions. In major metropolitan hospitals, the institution pays the cost of the PAA for their APRNs, which averages \$20,000 per contract with some priced over \$100,000. These prices make it impossible for APRNs to practice independently, particularly in underserved areas, without a hospital paying the cost of the PAA.

Some argue that a PAA protects patients from errors made by the APRN because the contract includes reviews of APRN records by the contracting physician. Three facts rebut this concern: (1) APRNs are well-trained to perform the necessary diagnostic and therapeutic roles needed; (2) in states where APRNs are able to function independently, a host of research studies confirm the lack of errors, safety, and high quality of APRN solo practice; (3) the reviews performed by the contracting physician are typically done four times per year. The patient would suffer any putative adverse outcome long before such a review.

The Facts

- Texas has 254 counties—232 have been designated as partially or completely Medically Underserved Areas.
- In 35 Texas counties, there is no licensed physician at all.
- In Dallas, there are 228 doctors per 100,000 inhabitants. In Hidalgo County, there are 42 per 100,000.
- Wait times to see a physician can be as long as 122 days.
- Only 47% of Texas physicians accept new Medicaid patients. The national average is 70%.
- An APRN in Texas makes on average \$84,000 per year. The cost of a PAA, averaging \$20,000 per year, represents 24% of an APRN's average gross income.

Recommendation

Expand the scope of practice for APRNs by eliminating PAAs—this allows APRNs to practice independently to the full extent of their training and knowledge, and thus, they can provide care to Texans who otherwise might have no access to medical services.

Resources

[“Advanced Practice Nurse Strategies to Improve Outcomes and Reduce Cost In Elders With Heart Failure”](#) by Kathleen McCauley, M. Brian Bixby, and Mary Naylor. *Disease Management* 9(5): 302-312 (Nov. 2006).

[Evidence Brief: The Quality of Care Provided by Advanced Practice Nurses](#) by McCleery E. et al., U.S. Department of Veterans Affairs (Sept. 2014).

[“The Role of Nurse Practitioners in Reinventing Primary Care”](#) by Mary D. Naylor and Ellen Kurtzman *Health Affairs* 29(5) (May 2010).

[“Quality of care provided by mid-level health workers: systematic review and meta-analysis”](#) by Lassi ZS et al., *Bull World Health Organ* 91(11):824-833 (Nov. 2013).

[“How do nurse practitioner regulatory policies, access to care, and health outcomes vary across four states?”](#) by Andrea Sonenberg and Hillary Knepper, *Nursing Outlook* 65(2): 143-153 (March-April 2017).

[Survey of Physician Appointment Wait Times and Medicare and Medicaid Acceptance Rates](#), Merritt Hawkins (2017).

[Background: Prescriptive Authority Agreement](#), Texas Medical Association (2013).