

Texas Public Policy Foundation

Health Care

Legislator's Guide to the Issues 2017-18



Scope of Practice



The Issue

In November 2013, New Mexico Governor Susana Martinez launched a campaign to recruit nurse practitioners (NPs) to her state as part of an effort to deal with a shortage of primary care physicians. In New Mexico, NPs are allowed independent practice and prescriptive authority; Gov. Martinez highlighted neighboring states with more restrictive scope of practice laws, including Texas.

Texas is among a dozen states with relatively restrictive scope of practice regulations for advanced-practice registered nurses (APRNs), under which NPs is one of the four specialties. Texas requires NPs and most other APRNs to practice with some form of supervision, delegation, or team management by a physician (this varies based on the site and type of practice). Currently, 21 states and Washington, D.C. allow APRNs to evaluate patients, diagnose, initiate and manage treatments, and prescribe medications.

For years, Texas has struggled with physician shortages, especially in rural areas. The 2013 Texas Legislature approved two new medical schools in Austin and the Rio Grande Valley. However, simply graduating more physicians will not necessarily increase access to primary care in Texas as only 2% of medical students plan to pursue careers in primary internal medicine. The 2013 Legislature passed SB 406 which was designed to expand prescriptive authority for APRNs, but it also kept in place numerous state regulations including a prohibition on NPs collecting reimbursement by Medicaid managed care organizations (MCOs) if the supervising physician does not accept Medicaid or have a contract with the patient's MCO. In the 2015 Legislature, efforts were made again, however not a single bill regarding the scope of practice of APRNs made it to the floor of either chamber.

Physician shortages will likely continue to worsen as long as the Patient Protection and Affordable Care Act is in place. These services expand access to care by subsidizing coverage for low-income Texans and subsequently increase demand for primary care. Without an expansion and greater utilization of providers throughout the state, many of the newly insured will face difficulties accessing care—just as those who currently have coverage face access problems in many areas of the state.

The Facts

- According to the U.S. Department of Health and Human Services (HHS), 126 of Texas' 254 counties do not have enough primary care physicians and are designated Health Professional Shortage Areas (HPSA), roughly defined as areas with a doctor-patient ratio of about one per 3,000 residents.
- Texas has 295 Medically Underserved Areas (MUA), more than any other state in the country.
- The utilization of nurses as primary care providers is an emerging trend nationwide. The number of Medicare patients who received primary care from NPs rose fifteenfold between 1998 and 2010.
- A survey of 37 articles published between 1990 and 2009 on the quality, safety, and effectiveness of primary care provided by NPs compared to physicians found that outcomes were comparable across all categories.
- Basic health care services provided by NPs in retail clinics have been shown to be associated with lower costs per visit, and eliminating barriers to practice could have a large effect on cost savings that NP-operated clinics are able to achieve.

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Recommendations

- To remain competitive with other states and fill persistent gaps in health care delivery, Texas lawmakers should expand scope of practice laws for all APRNs—nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists.
- Texas law should mirror the most generous scope of practice laws in the country, similar to those in New Mexico, such that APRNs are given prescriptive and diagnostic authority, the ability to operate independent on-site clinics, and serve as primary care providers.
- If full practice authority is not granted, SB 406 should be revisited and legislation passed to enable NPs to be reimbursed by MCOs regardless of whether the supervising physician is contracted with the MCO.

Resources

[*Reform for a Healthy Future: Expanding Scope of Practice for Nurse Practitioners in Texas*](#) by John Davidson, Texas Public Policy Foundation (May 2014).

[*State Practice Environment*](#), American Assoc. of Nurse Practitioners (April 2016).

[“Texas Nurse Practitioners: The Voice of Texas Nurse Practitioners dedicated to improving patient access to quality health care.”](#) Texas Nurse Practitioners (2015).

[*An Update on Graduate Medical Education in Texas*](#) by Stacey Silverman, Texas Higher Education Coordinating Board, Presentation to the House Appropriations Subcommittee on Education (Feb. 22, 2013) 8.

“Medically Underserved Areas/Populations (MUA/P) State Summary of Designated MUA/P,” Health Resources and Services Administration Data Warehouse, U.S. Department of Health and Human Services (accessed May 12, 2014).

[*The Eligible Uninsured in Texas: 6 in 10 Could Receive Health Insurance Marketplace Tax Credits, Medicaid or CHIP*](#) by Emily R. Gee, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (March 26, 2014).

[“States With The Least Restrictive Regulations Experienced The Largest Increase In Patients Seen By Nurse Practitioners”](#) by Yong-Fang Kuo et al., *Health Affairs*, 32, no. 7 (2013).

[“The Quality and Effectiveness of Care Provided by Nurse Practitioners”](#) by Julie Stanik-Hutt et al., *Journal for Nurse Practitioners*, Vol. 9, Iss. 8 (Sept. 2013).

[“Scope-Of-Practice Laws For Nurse Practitioners Limit Cost Savings That Can Be Achieved In Retail Clinics”](#) by Joanne Spetzl et al., *Health Affairs*, 32, no. 11 (2013).

