

## New Health Care in Texas

*What the Federal Health Care Overhaul Really Means to Us*



### The Problem

Sweeping federal legislation overhauling the health care system has been enacted by Congress and signed into law by President Obama. As a result, more than 6 million Texans who previously had no health insurance will now have it when the law is fully implemented.

All of this is occurring at the time when Texas, and the nation, is facing a shortage of physicians to provide health care services. According to the Association of American Medical Colleges, the nation could be 150,000 physicians short of the number needed to administer health care services in the country.

Texas faces an unprecedented primary health care provider crisis. Approximately 13 percent of Texans do not have access to a primary care provider. In rural Texas, the problem has reached critical proportions. Nearly 90 percent of rural Texas counties are designated at least partially as medically underserved, and in 25 of those counties, there is no physician at all.<sup>1</sup>

Millions of Texans will soon have access to health care insurance. Millions more are expected to be enrolled in Medicaid and the Children's Health Insurance Program. But the question remains: Who is going to provide the care and how do we, as a state, make sure having access to health *insurance* is the same as having access to health *care*.

### The Solution

The state should pursue a new, balanced 21st Century approach to confront the primary care provider crisis. Specifically, the state should embrace policies to recruit more primary care physicians and rely more heavily on Advanced Practice Registered Nurses (APRNs) to provide essential health care services.

The District of Columbia and 35 states do not have the old-fashioned restrictions on APRNs that keep them from providing primary care to people in greatest need. By updating the older laws, Texas can significantly reduce the number of residents who have little or no access to basic health care services.

Currently 28 states are exploring ways to increase the role of APRNs in providing health care services. Texas should join them when the legislature convenes in January 2011 and remove outdated restrictions that prevent APRNs from providing services according to their education and training.

### Why Rely on APRNs?

It is estimated that a greater reliance on APRNs to provide preventive and primary health care services can reduce overall costs by 20 percent.<sup>2</sup> Additionally, APRNs are more likely than traditional primary care providers to practice in rural areas and with vulnerable at-risk populations that are more underserved.

APRNs have the education and necessary training to provide a range of services that approach 90 percent of traditional primary care providers. APRNs are already providing essential primary and specialty care services in clinics, hospitals, and long-term care facilities. The state should simply remove certain restrictions and allow APRNs to provide primary health care to a wider range of Texas residents.

A greater reliance on APRNs does not mean drop in quality of care. On the contrary, numerous studies have concluded just the opposite. A Journal of American Medical Association study published in 2000 found that, when nurse practitioners have full latitude, their patients did just as well as those sent to physicians.

There are over 12,000 APRNs that have extensive education and training to meet the primary and specialty health care needs of Texas. These include:

- 350 Certified Nurse-Midwives;
- 3,000 Registered Nurse Anesthetists;
- 1,450 Clinical Nurse Specialists; and
- 7,900 Nurse Practitioners.

Each type of APRN plays an essential role in providing health care for Texas. Unfortunately, APRNs, and physicians, are forced to operate under an antiquated and burdensome regulatory structure. These outdated laws prevent APRNs from fulfilling their potential to care for more Texans and provide all services they are qualified to perform as a result of extensive education and training. Texas should pursue a common-sense approach by removing these barriers, and start treating Texans.

<sup>1</sup> Testimony by The Texas Public Policy Foundation to the House Public Health Committee, April 14, 2009.

<sup>2</sup> Mundinger, M. 1994. Advanced practice nursing, good medicine for physicians. *New England Journal of Medicine* 330.