



A Health Care Plan for Texas – and Debunking the Myths

The Problem

Texas faces an unprecedented healthcare provider crisis. Approximately 13 percent of Texans do not have access to a primary care provider, and over 90 percent of Texas counties are designated wholly or partially underserved. In rural Texas the problem is even graver. In 25 of those counties, there is no physician at all. Despite the ongoing economic recession, Texas is still growing. The population of the state increases by approximately 1 million residents every two years. The crisis is growing.

The Issue

APRNs educated in primary care can now provide about 90% of the health care services most people need. However, Texas law and Board of Nursing (BON) rules still classify diagnosis and prescribing as “medical acts” and require a delegating physician. Thus, current law prevents Advanced Practice Registered Nurses (APRNs) from prescribing for patients in areas of the state where there is no physician willing to delegate. Remember: APRNs are already caring for a large population of Texas residents – but often not in the most medically underserved areas because of requirements for physician delegation.

The Solution

Changing Texas law would allow a significant increase in health care for underserved Texans – and do so quickly. Clearly the state of Texas needs more physicians. But in a time when a delivery crisis exists, coupled with an \$18 billion budget shortfall, the best health care solution for Texas is changing the law to allow APRNs, in areas un-served or underserved by physicians, to do what APRNs already do in areas served by physicians. APRNs can help Texas address the crisis with no additional expense to the state, and they can do it now.

The Myths

Groups aligned with the physicians’ lobby continue to perpetuate myths regarding the legislative goals of APRNs. Some of these myths and the facts debunking them follow.

“It is not safe for Advanced Practice Registered Nurses (APRNs) to practice without physician supervision.”

Only physician-funded organizations claim this is true. There exists no empirical data to support this assertion. In fact, evidence shows the opposite. The Association of Academic Health Centers states that “no study has shown that a state with restrictive scope of practice laws has better health outcomes than a state with expansive practice acts.” Several states have had independent practice for two to three decades. To date, no state has re-imposed physician supervision after eliminating it.

The District of Columbia and 16 other states allow APRNs to practice to full extent of their education and training. If this care were inferior in any way, corrective action would have been taken. Finally, the AARP and the Robert Wood Johnson Foundation reviewed data from 1990 to 2008 and found “APRNs provide as high a quality as physicians.”

“Diagnosing and prescribing is the exclusive practice of medicine.”

This assertion is not true in the 35 states that allow APRNs to diagnose and prescribe in the Nursing Practice Act. Diagnosis and prescribing is included in every APRN’s education and national certification.¹ Remember, no state re-imposed physician supervision after eliminating it.

“APRN regulation should be changed from the Texas Board of Nursing to the Medical Board.”

No state regulates APRNs under a medical board. Boards of Nursing are the experts on the boundaries of safe practice for APRNs. A Fort Worth Star-Telegram article stated, “The board is perhaps the most aggressive healthcare regulator in Texas, taking patient safety to heart.” [Bernard. Y. (June 13, 2007). Nursing board sets high standards.]

“Send APRNs to Medical School”

This is another red-herring argument. APRNs educated in primary care can now provide about 90% of the health care services most people need on a regular basis. Sending APRNs to medical school to provide essentially the same services they can provide as an APRN is a waste of time and money.

“Change should occur in baby steps”

Texas has been taking baby steps, or no steps, for 20 years. The current health care crisis facing Texas is not taking place in “baby steps.” It is taking place in Giant Leaps and will do so for the foreseeable future.

Conclusion:

APRNs’ proposed changes to current law offer a solution to the health care crisis facing Texas. What is TMA’s solution to deploy health care providers to underserved areas of the state and do so quickly and without cost to the state?

¹ The Pew Health Professions Commission recommends, “States should base practice acts on demonstrated initial and continuing competence. This process must allow and expect different professions to share overlapping scopes of practice. States should explore pathways to allow all professionals to provide services to the full extent of their current knowledge, training, experience and skills.” Gragnola, C.M. & Stone, E. (December 1997). Considering the future of health care workforce regulation. San Francisco, UCSF Center for the Health Professions, p. 5. Retrieved on July 12, 2010 from http://www.futurehealth.ucsf.edu/Public/Publications-and-Resources/Content.aspx?topic=Considering_the_Future_of_Health_Care_Workforce_Regulation