Nursing Enjoys Successful Session

By James H. Willmann, JD,
Director of Governmental Affairs for Texas Nurses Association

To paraphrase Frank Sinatra's famous lyrics, it was a very good year—for nursing at the Texas Legislature. The 2013 legislative session saw, with only one exception, all of nursing-initiated legislation pass and, even in this case, a study of the issue was mandated. The 2013 session also saw passage of a number of other nursing-related bills, which were actively supported by nursing although not initiated by nursing. In addition, several bills believed to be harmful to nurses and their patients did not pass. In short, Ol' Blue Eyes got it right. It was a very good year.

The 2013 Nursing Legislative Agenda was developed by the Nursing Legislative Agenda Coalition (NLAC) prior to the start of the session. NLAC is a coalition of Texas nursing organizations hosted by the Texas Nurses Association. NLAC develops the legislative agenda, translates it into legislation, and then works to pass that legislation.

Practice Environment for Nurses
- Enhancing patient advocacy protections for public hospital-employed nurses
- Reducing assaults against emergency room (ER) nurses
- Protecting the confidentiality of nurses who report physicians to the medical board
- Notifying parents whether a school nurse is assigned to a child's school

Prescriptive Authority for Advanced Practice Registered Nurses (APRNs)
- Removing barriers to APRNs prescriptive authority

Nursing Education/Shortage Funding
- Ensuring adequate funding for increasing number of RN graduates
- Ensuring adequate nursing faculty

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Full-time, Part-time, PRN positions!

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Regulation of Nursing

- Adequate funding for Texas Board of Nursing (BON) and its programs
- Converting BON to a self-directed, semi-independent agency
- Competitive salary for the BON executive director

The blue headings below denote nursing-initiated bills.

**PRACTICE ENVIRONMENT FOR NURSES**

Passed: Patient Advocacy Protections for Public Hospital-Employed Nurses (HB 581 by Rep. Howard/Sen. Schwertner) House Bill 581 fixes a deficiency in patient advocacy protections available to public hospital-employed nurses. Public hospital-employed nurses have the same duty to advocate for their patients as their private hospital-employed nurse colleagues. However, until passage of HB 581, they did not have the same protections if they faced illegal retaliation for engaging in protected patient advocacy activities. Like their private hospital-employed colleagues, they could file a complaint with the Texas Department of State Health Services (DSHS) against the hospital. However, if they were terminated, public hospital-employed nurses were left with no right to go to court to seek redress for the harm suffered — no right to recover lost wages, no right to get their jobs back. Passage of HB 581 eliminates this discrepancy by giving public hospital-employed nurses the right to sue for such harm.

The types and amount of damages that can be recovered as well as the procedures that must be followed to assert a claim of illegal retaliation will be governed by the Texas Public Employees Recovery Act, which provides an enhanced penalty (third-degree felony) for assaults against EMTs and paramedics, also covers emergency room nurses and other ER personnel. As the provision is currently interpreted, it is a more serious offense to assault the EMS personnel transporting the patient to the emergency room than to assault the ER personnel treating the patient. The difference in severity of the offense literally stops at the ER door. It is a felony to assault the paramedic standing on one side pushing the gurney into the ER but only a misdemeanor to assault the ER nurse standing on the other side.

The ugly reality is that ER nurses and other ER personnel are frequently assaulted. During any seven-day period, 12% of ER nurses experience physical violence (grabbed, hit, kicked, spit on, purposely vomited upon, bit, scratched), according to the 2009 and 2010 surveys of emergency room nurses by the Emergency Nurses Association. Assault against an ER nurse, physician, or other ER personnel is a traumatic event for the individual and should not be treated as a minor offense. HB 705 sends a message that assaulting an ER nurse is as serious as assaulting an EMT. More importantly, it works to prevent the notion that being assaulted is “part of the job.” Passage of HB 705 is very satisfying because, like HB 381, its passage capped a three-session effort by nursing to reduce violence against ER nurses.

**Did Not Pass:** Protecting Confidentiality of Nurses Who Report Physicians to the Texas Medical Board (SB 1193 by Sen. Campbell) If passed, Senate Bill 1193 would have required the Texas Medical Board to disclose the identity of nurses and others who report a physician to the medical board out of concern for unsafe physician practices. Nursing opposed this bill because of the chilling effect it would have had on nurses and others reporting physicians to the Texas Medical Board. Medicine and hospitals joined with nursing to oppose the bill. It “died” (never was voted on) in committee. (See related article, page 13.)

**Did Not Pass:** Parental Notification if No School Nurse Assigned to Child’s School. (SB 418 by Sen. Ellis/Rep. Coleman) Although not initiated by nursing, nursing actively supported this bill, and its failure to pass was a disappointment. The bill simply would have required schools and school districts to notify parents if a school nurse were not assigned full time to their child’s school.

Passed: Reducing Assaults Against ER Nurses (HB 705 by Rep. Howard/Sen. Lucio) HB 705 clarifies that the provision in the Texas Penal Code, which provides an enhanced penalty (third-degree felony) for assaults against EMTs and paramedics, also covers emergency room nurses and other ER personnel. As the provision is currently interpreted, it is a more serious offense to assault the EMS personnel transporting the patient to the emergency room than to assault the ER personnel treating the patient. The difference in severity of the offense literally stops at the ER door. It is a felony to assault the paramedic standing on one side pushing the gurney into the ER but only a misdemeanor to assault the ER nurse standing on the other side.

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**PRESCRIPTIVE AUTHORITY FOR APRNs**

Passed: Expansion of Prescriptive Authority for APRNs (SB 406 by Sen. Nelson/Rep. King) The Texas Board of Nursing’s prescriptive approval authority was expanded in Texas in 2003. SB 406 removes the current site-based model and replaces it with a prescriptive agreement model. Under the prescriptive authority agreement model, the APRN and physician have more flexibility to determine what is the appropriate level of physician involvement based on their particular practice, relationship, and experience. While the agreement must meet certain requirements, they are not nearly as prescriptive as current law. The bill increases the number of APRNs to whom a physician may delegate prescriptive authority from four to seven. It replaces the frequent on-site visits by a physician with monthly (and then quarterly) meetings at a location determined by the APRN and physician. The bill eliminates a minimum number of chart reviews and permits practitioners to determine the appropriate number. The bill also eliminates the requirement for the APRN to be located within a certain number of miles of the physician and permits the APRNs to prescribe Schedule II controlled substances to hospital inpatients as well as qualified hospice patients. SB 406 ensures Medicaid and CHIP to treat APRNs the same as physicians when assigning clients to a primary care provider. (See related diagram, page 5, and article, page 16.)

**NURSING EDUCATION/ SHORTAGE REDUCTION FUND**

Passed: Special Funding for Nursing Education (SB 1 Appropriations Bill, Higher Education Coordinating Board) In addition to general funding of nursing education programs, through what is referred to as “formula funding,” the legislature may appropriate special funding for specific purposes. The largest special funding for nursing in recent sessions has come from the Professional Nursing Shortage Reduction Fund. In the 82nd legislative session, the amount of funding increased from $30 million to $33.75 million—a 12.5% increase in funding. This fund is administered by the Higher Education Coordinating Board and is used to fund the increase in professional nursing graduates. While it is primarily used to fund pre-licensure graduate increases, it also funds post-licensure graduate increases (RN to BSN, MSN, DNP, PhD). To ensure the funds are fully and most effectively utilized, the Appropriations Bill gives the coordinating board more flexibility in how it distributes the funds.

Passed: Ministry Loan Repayment Program (HB 2099 by Rep. Guillian/Sen. Hinojosa) Prior to each session, the Legislative Budget Board issues the Texas State Government Efficiency and Effectiveness Report, which makes recommendations for better efficiency and effectiveness in Texas government. Those recommendations for 2013 include funding of a Nursing Faculty Loan Repayment Program, which is funded in part with proceeds from the smokeless tobacco tax. HB 2099 implements this recommendation. The Higher Education Coordinating Board will administer the program.

Passed: Common Online Application for Nursing Programs (HB 2099 by Rep. Guillen/Sen. Hinojosa) Another recommendation of the Legislative Budget Board in its Government Efficiency and Effectiveness Report was to require nursing programs to use a common online admissions application similar to the Common Application for Undergraduate College Admission, widely known as the Common App. HB 2099 implements this recommendation with the qualifier that it be implemented only if the Higher Education Coordinating Board finds that doing so is economically feasible. Nursing requested this qualifier because of their concerns about costs and who would have to bear those costs.

Passed: Use of Trauma Funds for Graduate Nursing Education (HB 7 by Rep. Darby/Sen. Williams) HB 7 was an initiative to begin a process of eliminating the use of dedicated fund balances for general revenue purposes. When balances build up in these funds, they get swept into general revenue to fund other parts of the state’s budget. One of the approaches used to begin repurposing this practice is to expand what dedicated funds can be used for. The more uses, the less likely there will be fund balances to sweep. One of the funds included in HB 7 is the Trauma Facility and Emergency Medical Services Fund. HB 7 expands how the fund can be used, including appropriating funds to the Texas Higher Education Coordinating Board for both graduate-level nursing education programs and graduate-level medical education programs.

**REGULATION OF NURSING**

Passed: NPA Amendments. (SB 1058 by Sen. Nelson/Rep. S. King) Before each legislative session, the Texas Nurses Association and the Board of Nursing (BON) review the Nursing Practice Act to identify non-controversial changes that would improve the regulation of nursing. Changes identified are then shared with Texas specialty nursing organizations for their review and input. SB 1058 is the 2013 legislation resulting from that process. The most significant changes made by SB 1058 are to 1) require that students, who plan to attend a nursing education program, have a criminal background check conducted by the Board of Nursing; 2) make permanent the Board of Nursing’s current pilot authority to take deferred disciplinary action against nurses for less serious violations of the Nursing Practice Act or board rules; 3) make confidential BON orders, referring nurses to a board-approved peer assistance program; and 4) mandate continuous education in jurisprudence/ethics and geriatrics but gives the BON flexibility in determining which nurses must take continuing education (CE), the number of hours required to be taken, and how frequently the CE must be taken.

Passed: Study of Self-Directed, Semi-Independent Status for BON (SB 1375 by Sen. Hinojosa/Rapeut. Darby) Over the past decade, the Legislature has granted self-directed, semi-independent status to several state agencies. This status gives agencies more flexibility in managing their budget and operations. Because Texas operates on a two-year budget with agencies being appropriated funds two years out, agencies have difficulty reacting effectively to the changing needs of their constituents. Self-directed, semi-independent status removes the agency from the appropriations process but not from legislative oversight. The Texas Board of Nursing joined with the Texas Medical Board and Texas Pharmacy Board to request self-directed, semi-independent status. Despite active support by all of the professional associations representing nurses, physicians, and pharmacists, the Legislature showed little support for conferring that status on the three boards. The legislation was converted to mandating a study of the criteria that should be used in conferring self-directed, semi-independent status on an agency and how legislative oversight should occur for agencies with this status. Rather than passing as a standalone bill, the study passed as an amendment to another bill (HB 1675).

BON Appropriations In setting the appropriations for health professional licensing boards, such as the Board of Nursing, the legislature normally starts with the agency’s current budget. The agency then requests any additional funds it believes it needs, called “exceptional items.” The BON requested four exceptional items, and all were funded in the Appropriations Bill (SB 1), which passed. The four items were: 1) additional funding for the Texas Peer Assistance Program (TPAPN); 2) additional funding for the Texas Center for Nursing Workforce Studies; 3) two additional nursing consultants (one in education and one in practice); and 4) an increase in the BON executive director’s salary. All four exceptional items were actively supported by the fifteen member organizations of the Nursing Legislative Agenda Coalition, which included testifying before committees in support.

**OTHER**

Several other bills of interest to nursing include:

Passed: Restrain/Seclusion Evaluations by RNs (SB 1842 by Sen. Deuell/Rep. Naishat) Mandates Department of State Health Services, by rule, authorize an RN with special training to conduct a face-to-face evaluation not later than one hour after the use of restraint or seclusion is initiated to determine if it remains necessary.

Passed: Community Colleges Offering Bachelor of Science in Nursing (BSN) (SB 414 by Sen. Ellis/S. Davis) Requires the Higher Education Coordinating Board to conduct feasibility study of community colleges offering a baccalaureate in nursing or the applied sciences.

Passed: Maximum Hours Community College May Require (SB 497 Sen. Seliger/Rep. Branch) Mandates community colleges not require students to complete more than the minimum number of semester credit hours required for the degree by the Southern Association of Colleges and Schools or its successor unless the institution determines that there is a compelling academic reason for requiring completion of additional semester credit hours for the degree.

Vetoed: Abnormal Spinal Curvature Screening in Schools (SB 504 by Sen. Deuell/Rep. S. King) Eliminates current mandate that public and private schools conduct spinal screening of children in grades 6 and 9 and replaces with a requirement that public schools either participate in the spinal screening program or provide parents and guardians of children in grades 6 and 9 with information about abnormal spinal curvature. The Texas School Nurses Association testified in support of this bill.

For a visual guide of the 2013 Legislative Session in review, see “Final Status of Significant Nursing-Related Legislation in the 83rd (2013) Texas Legislature.”

July, August, September 2013

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TNA Activates Capitol Corps for 2013

Capitol Corps is a group of Austin area members of the Texas Nurses Association who agree to help with Nurse Day at the Capitol and make legislative visits at key points in a bill’s process, such as a committee vote or vote by the full Senate or House of Representatives. These visits usually involve delivering a letter or flyer in support of the bill and visiting with key staff about the bill. Frequently, these nurses are called on to be available with only one or two day notices.

For 2013, nine nurses signed up for Capitol Corps: Gail Acuna, Jennifer Collins, Martha Myers, Taya Murray, M’Lynda Owens, Kathy Shelton, Justin Smith, Maria Talamo, and Cindy Zolnierek. Capitol Corps called on three times to make legislative visits — two times to visit committee members before a committee hearing and once to visit all 31 Senate offices before a floor vote.

Special recognition goes to Martha Myers who participated in all three visits. Although not members of Capitol Corps, TxENA members Mary Leblond (San Antonio) and Charlotte Trudeau (Corpus Christi) joined Martha Myers and Cindy Zolnierek on the Senate office visits.

APRN LICENSED BY TEXAS BOARD OF NURSING AND CREDENTIALED AS QUALIFIED TO PRESCRIBE

This process verifies an APRN’s qualifications to prescribe but does not grant legal authority to APRN to prescribe.

LEGAL AUTHORITY TO PRESCRIBE DELEGATED BY PHYSICIAN

Physician registers APRN with the Texas Medical Board

FACILITY-BASED PRACTICE

(Hospitals and Long Term Care Facilities [LTC])

Delegation by medical director, department chair or designee in accordance with medical staff policies; delegation occurs through protocol or other order.

REQUIREMENTS FOR PRESCRIBING

• Supervision consistent with that of reasonable, prudent physician
• Set by policies approved by facility’s medical staff
• Consent of patient’s physician
• Facility Limit Per Physician - 1 Hospital and 2 Long Term Care Facilities

ALL OTHER PRACTICES

Delegation by individual physician through Prescriptive Authority Agreement that meets certain requirements

REQUIREMENTS FOR PRESCRIBING

• Adequate physician supervision
• Rx agreement should promote professional judgment by APRN commensurate with APRN’s education and experience and relationship with physician. It need not describe exact steps APRN must take.
• Rx Agreement must state/provide/identify:
  » Nature of practice, practice locations, practice settings
  » Types/categories of drugs and devices which may or may not be prescribed
  » General plan addressing consultations and referrals
  » Plan for addressing patient emergencies
  » General process for communication and sharing information related to care and treatments of patients
  » Use of alternate physician
  » Rx authority quality assurance and improvement plan
  – Monthly, then quarterly face-to-face meetings of location selected by practitioners
  – Chart review with number set by practitioners
  » Additional requirements may be agreed to by practitioners
  » No additional acrossthe-board requirements can be set by medical board

CONTROLLED SUBSTANCES SCHEDULE II

Only in Hospitals (Inpatient and ER) and Hospice

APRN/PA FULL-TIME EQUIVALENT (FTE) LIMIT PER PHYSICIAN

NO LIMIT

• Hospital facility-based practices (Does not include free standing clinics.)
• Practices serving medically underserved population.

Seven, at all other practices including LTC facilities

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APRN PRESCRIPTIVE AUTHORITY AGREEMENT MODEL AS ENACTED BY SB 406*

* NOTE: This diagram refers only to APRNs but is applicable to PAs with exception that PAs are licensed by the Physician Assistants Board.

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*APUS Alumni Employer Survey, January 2011-December 2011
An important step in passing legislation (or defeating opposed legislation) is providing effective testimony when a bill is heard by a Senate or House committee. For nursing bills, legislators prefer to hear directly from nurses about why they support or oppose a bill. During the 2013 session, a larger than usual number of nurses testified before legislative committees in support of nursing-initiated legislation or in opposition to legislation that would be harmful to nurses and their patients. Testifying before a legislative committee requires traveling to Austin and frequently waiting for much of the day or even well into the night to testify. Often multiple parties are involved in gathering data and preparing the testimony and then in editing down to the most important points for the person who provides the testimony. (See related sidebar, “Nurses Who Testified Before 2013 83rd Legislative Session Committees.”)

We asked some of the nurses who testified in 2013 to share their feelings about their experiences. Their perspectives are shared briefly here:

Being able to participate in making legislative visits during the 2013 legislative session was an incredible experience for me. From Nurse Day at the Capital to visiting legislative offices on different occasions, I felt that I was able to provide information about how each bill would affect nurses and our patients. Jim Willmann and the Governmental Affairs Committee were instrumental in preparing and guiding us throughout the session and their level of knowledge was impressive. TNA is such a strong voice for nurses, and we are remarkably lucky to have this support.

I believe this has been one of the most worthwhile nursing activities I’ve been involved with, and we will all benefit from the amazing success achieved in this legislative session. I would recommend that all nurses participate in governmental activities whether by attending Nurse Day, making legislative office visits, or contacting elected officials to voice opinions regarding bills which affect nurses and patients.

~ Martha Myers, BSN, RN

I was extremely proud to represent four major nursing organizations, The Texas Nursing Association, The Texas Hospital Association, the Texas Emergency Nurses Association, and the Texas Organization of Nurse Executives. My tenure as Chief Nursing Officer at St. David’s South Austin Medical Center, which is home to Austin Texas’s largest emergency department, was a significant driver of my passion for reducing violence in our EDs [emergency departments].

My testimony with the House jurisprudence committee lasted 25 minutes with lots of questions from legislators. They were totally engaged. Testimony with the Senate was so different – it was late in the session, and the committee chair announced that he expected bill to receive a favorable vote out, so my “testimony” was simply to stand up and declare support from the four organizations.

I was thrilled that the hard work of so many paid off. Everyone’s hard work made this law come to life and hopefully will be a strong violence deterrent, which should be a tremendous legislative start to keeping our EDs as safe places to care for the patients who often need us the most.

I encourage all nurses to be aware of legislative efforts and become involved. You can make a difference. We DID MAKE A DIFFERENCE! It has been a privilege representing this great group of people throughout the entire House and Senate processes.

~ Sally Gillam, MAHS, RN

Nurses Who Testified Before 2013 83rd Legislative Session Committees

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HOUSE & SENATE BILLS

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<th>Description</th>
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</thead>
<tbody>
<tr>
<td>HB 581</td>
<td>Enhanced advocacy protections for public hospital-employed nurses</td>
</tr>
<tr>
<td>HB 705</td>
<td>Enhanced penalty for assaulting ER nurses</td>
</tr>
<tr>
<td>SB 406</td>
<td>Expansion of APRN prescriptive authority</td>
</tr>
<tr>
<td>SB 504</td>
<td>Changes to spinal curvature screening in schools</td>
</tr>
<tr>
<td>SB 1058</td>
<td>NPA amendments</td>
</tr>
<tr>
<td>SB 1193</td>
<td>Requiring medical board to disclose identity of nurses who report physicians</td>
</tr>
<tr>
<td>SB 1258</td>
<td>Faculty Loan Repayment Program</td>
</tr>
</tbody>
</table>

Public Health Panel

Invited panel testifying before House Public Health Committee to orient committee members to issues

Nursing Education Funding

Invited panel testifying before House Appropriations Subcommittee
There is always a certain level of anxiety when testifying because you realize that – at that moment – YOU are the face of nursing to the legislators, and you want to make sure they see the issue from nursing’s perspective. You have only a few minutes to garner their interest and confidence that what you have to say is relevant and trustworthy. You also want to be sure you understand the issue adequately to be able to answer questions posed by legislative committee members.

Most nurses clearly understand their responsibility to their patients, including advocating for whatever is in the best interest of their patients. Unfortunately, fewer nurses appreciate their responsibility to their profession. As professionals, we must take care of our profession for the benefit of all – patients and nurses. I believe we [professional nurses] take care of our profession by belonging and being involved in our professional associations (TNA and ANA). I am a professional nurse and, as a professional, I welcome any opportunity to advocate for my profession in policy arenas because I understand that advocating for the profession means empowering nurses to advocate for their patients. Consistent with the 2010 IOM report, nurses’ voices need to be heard at all levels of decision-making, including state policy. Contributing my time to nursing’s “cause” is a privilege.

~ Cindy Zolnierek, PhD, MSN, RN

Workplace violence for all healthcare workers is on the rise, especially for those working in the emergency room. If my testimony could help pass a law that would discourage just one person from committing an act of violence against a healthcare worker, then it was time well spent. I’d like to see this law protect all healthcare workers. Freedom of speech and the democratic process are a privilege, and it was an honor to be a part of something so American.

~ Linda Waggoner, RN

I was recently given the honor to testify before the Texas House and Senate on behalf of three great nursing organizations, Coalition for Nurses in Advanced Practice (CNAP), Texas Nurses Association (TNA), and Texas Nurse Practitioners (TNP). Although I felt a great weight on my shoulders in representing thousands of nurses and my profession as an NP, testifying in support of SB 406 was easier than other testimony I have given over the years. Since this was our first-ever “agreed-to bill,” I knew testifying would not bring many oppositional questions from individuals in the room. I rehearsed my prepared speech many times over the previous day or two and felt confident I could deliver the message I had been asked to deliver. Since I have worked with our organizations, lobbyists, and legislators for many years, I knew the importance of getting this bill passed. Texas is in a healthcare access crisis, and SB 406 will allow APRNs more flexibility in providing healthcare to Texans. We look forward to implementation of SB 406. It is extremely important that nursing continues to remain at the table when discussing healthcare for Texans.

~ Jean Gisler, FNP, PLCC

Testifying can be extremely high energy. It takes a lot of energy to endure the time that it might take for you to be called upon to testify, or it may be that your testimony time gets compressed or even interrupted to accommodate someone else’s schedule. My testimony did. Kathy Hutto and I were asked to testify on the important points to be considered in this current legislative session for the Public Health Committee. It is very humbling to be the designated spokesperson for TNA. It is even more humbling and impressive that TNA is the recognized voice of and for nursing by our legislature, and I had the privilege of using my individual voice to represent the collective.

~ Margie Dorman-O’Donnell, MSN, RN, President, Texas Nurses Association

As past TNA President Lynn Wieck always says, “It’s a great time to be a nurse!” We are recognized and respected as a profession in the Texas legislative process. We have successfully advocated for our profession and for subgroups of nurses in 2013. Hopefully, many will find this exciting and inspiring and decide that they want to participate in the process going forward. In the mean time, we celebrate the achievements of 2013 and all the contributions of those nurses and others who worked both behind the scenes and more publicly to advance the nursing profession in Texas!

TNA staff collaborated on this article. ★
The Legislative Quest of Grassroots Volunteer Mary Leblond

Mary Leblond with Rep. Donna Howard after House passed HB 705

MAL: What legislative bill did you work to pass this year?

TNV: HB 705—it increases the protections for ER nurses and other emergency room personnel, which makes assaulting ER personnel as serious an offense (third degree felony) as assaulting a paramedic or emergency services technician.

MAL: When were you most involved?

TNV: At one state ENA meeting, Vicki Patrick encouraged me to chair the government affairs committee. Each year thereafter, the ENA government affairs workshops, lead by Kathi Ream and Terri Nally, provided the thirst to do more in advocacy. Their constant assistance and expertise made everything worthwhile.

MAL: Who or what compelled you to get involved at a grassroots level?

TNV: My family would say I lived and breathed it and never stopped the moment I spoke with Representative Roland Gutierrez before the legislation in 2011. I was on a quest to see that those who were being assaulted in health care received from me the same advocacy devotion I had long provided my patients. I had to be an advocate for healthcare providers to give them the same protection under the law afforded to police, firefighters, paramedics, and emergency technicians.

MAL: I think the moment when Norma Broadhurst and Linda Waggoner shared stories of their personnel assaults—and Charlotte Trudeau, from TXENA, and I sat there, watching the Criminal Jurisprudence Committee put faces on the nurses assaulted—acted as the catalyst that moved things forward.

MAL: What was a pivotal moment in your experience that made a difference?

TNV: I was surprised when the representatives in the Criminal Jurisprudence Committee eliminated the clauses in the bill and made an amendment to add three little words to the existing bill: Emergency Room Personnel. I never thought it would happen that way. Representative Howard’s astute knowledge of processes was impressive to observe.

MAL: What surprised you the most?

TNV: When were you most involved?

MAL: I was most involved in 2011, when I represented the TX ENA to the Texas legislature, educating them about violence in the workplace and about providing healthcare personnel protection under the law.

MAL: Who is the unsung hero of this legislative session in your opinion?

TNV: I think the moment when Norma Broadhurst and Linda Waggoner shared stories of their personnel assaults—and Charlotte Trudeau, from TXENA, and I sat there, watching the Criminal Jurisprudence Committee put faces on the nurses assaulted—acted as the catalyst that moved things forward.

MAL: Looking back, what part of your experience are you most proud?

TNV: Texas has an amazing coalition of nurses. The support we have for our organizations and each other is instrumentally awesome. When I go to meetings across the U.S., government affairs professionals are impressed by the working relationship Texas emergency nurses have in this coalition. The fact that we have the TNA and the THA as part of that coalition is quite impressive, and we are envied. It’s hard to explain the pride I feel in knowing and working with these remarkable nurses and coalition members.

MAL: Jim Willmann (JD, Director of Governmental Affairs for Texas Nurses Association) was a good teacher of the Texas legislative process. He guided us as we prepared our testimonies and waited for the bills to be called in committee or in the house or senate. Jim was there in person, by email, and by phone, and his presence was reassuring to everyone. He was constantly thinking of the next step. He had plan A, B and C ready. He worked hard to make sure all those who created alerts, letters, and contacts had a positive experience.
Nursing had a very successful legislative session, and that success would not have occurred without the personal contribution of many individual nurses. Check out our ongoing list of names—more than 2,000 of your nursing colleagues, who actively participated during the 2013 legislative session and made it a success. To view this magnificent list of names, go to texasnurses.org or follow the QR code!

TNA THANKS ALL GRASSROOTS NURSING PARTICIPANTS. YOU HELP MAKE GREAT THINGS HAPPEN WHEN YOU BELIEVE YOUR VOICE MATTERS!

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At Kindred we understand that when a patient is discharged from a traditional hospital they often need post-acute care to recover completely. Every day we help guide patients to the proper care setting in order to improve the quality and cost of patient care, and reduce re-hospitalization.

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July, August, September 2013

Jim is a marvel. Even though he worked on numerous bills at once, never did it seem that your bill, your concerns, or your questions were less important. He showed great patience, answering the same questions over and over again. He calmly added comments in his positive manner, and yet he found the humor in learning the whole legislative process and inspired us. He made the process fun, exciting, and fostered in me a desire to do more. He has a truly amazing ability to get results and never takes credit for his work. He worked endlessly on bills for us — nurses and patients. Without Jim’s presence, these bills would not have passed.

TNA: What skill sets does this work take? Which turned out to be most helpful to you?

MAL: Flexibility is key. At a moment’s notice, you may need to testify on your bill in a committee or visit with a legislative assistant. Once your bill is going for a vote, you need to be there. Being a part of the process is important. The wait is hard, but to sit and watch the green lights come on when legislators vote? And, you see your bill pass? What an awesome feeling.

TNA: What did you learn through this process?

MAL: Don’t give up. Make yourself available as a resource to legislators and others. Remember, you are the expert in nursing. You know what is best for your patients. What you do not know you can find out. Then share what you learn to help the next nurse, patient, or legislator.

TNA: What would you say to other nurses about getting involved in advocacy?

MAL: Bond with your professional organization. Research their government affairs committees online or attach yourself to a mentor, like I did to Rita Anderson, and learn volumes. Plan meetings with stakeholders. You won’t always agree with each other, however you will gain valuable insight into people and issues. Sometimes baby steps are all you get, but you learn how to be positive and when to let things go.

TNA: What’s the best part of volunteering? Why do you do it?

MAL: I know that I am helping my patients, my peers, my family, and others. I volunteer because there is no description for how I feel when I see patients get better or I help make their lives or a situation better or when my peers are there to help and support me or even when I take time away from my family, I see how they love and encourage me without complaint.

TNA: Will Mary Leblond be back next session?

MAL: Please let the governor make this bill a law, and then I will see. It’s infectious, this legislative process. Like any disease, it takes hold of you. It has to run its course, so who knows?★
### WORKPLACE ADVOCACY
Initiatives to improve practice environment for nurses

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<thead>
<tr>
<th>Texas Bill Number &amp; Author</th>
<th>Description</th>
<th>1st Chamber</th>
<th>2nd Chamber</th>
<th>Governor’s Action</th>
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<td></td>
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<td>Committee Action</td>
<td>Floor Action</td>
<td>Committee Action</td>
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<tr>
<td>HB 581 D. Howard Sponsor: Lucio</td>
<td>Gives public hospital-employed nurses right to recover damages from illegal retaliation for engaging in protected advocacy activities</td>
<td>4/22 Reportedly with changes</td>
<td>5/19 Passed without Amendments (100-28)</td>
<td>5/15 Reportedly Favorably without Changes</td>
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### Reducing Violence Against ER Nurses

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<tr>
<th>Texas Bill Number &amp; Author</th>
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<th>2nd Chamber</th>
<th>Governor’s Action</th>
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<td>Committee Action</td>
<td>Floor Action</td>
<td>Committee Action</td>
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<tr>
<td>HB 705 D. Howard Sponsor: Schwertner</td>
<td>Promotes reducing violence against ER nurses and other ER personnel through enhanced penalties for assaults</td>
<td>4/23 Reportedly Favorably with Changes</td>
<td>5/9 Passed</td>
<td>5/17 Reportedly Favorably without Changes</td>
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### Disclosure of Identity of Nurses Reporting Physicians to TMB

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<tr>
<th>Texas Bill Number &amp; Author</th>
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<td>Committee Action</td>
<td>Floor Action</td>
<td>Committee Action</td>
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<tr>
<td>SB 1193 D. Campbell (OPPOSED)</td>
<td>Requires Medical Board to disclose complaint to physician reported to board. Since anonymous complaints are not allowed, complaint includes complainant’s identity. Opposed because of chilling effect on reporting of physicians not practicing safely.</td>
<td>4/9 Hearing Held but Left Pending</td>
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### RNs Administering Meds Ordered by Therapeutic Optometrists

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<tr>
<th>Texas Bill Number &amp; Author</th>
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<tr>
<td>SB 1056 Van de Putte</td>
<td>Amends definition of professional nursing to add therapeutic optometrists to list of practitioners on whose orders RNs can administer medications</td>
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### APRN PRACTICE
Legislation reducing restrictions on APRNs prescriptive authority and addressing APRN reimbursement.

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<tr>
<th>Texas Bill Number &amp; Author</th>
<th>Description</th>
<th>Committee Action</th>
<th>Floor Action</th>
<th>Governor’s Action</th>
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<tr>
<td>SB 406 Nelson Sponsor: Kolkhorst</td>
<td>Replaces site-based model for physician delegation of Rx authority with prescriptive authority agreement model</td>
<td>2/12 Reportedly with Changes</td>
<td>3/13 Passed</td>
<td>5/1 Reportedly Favorably with Changes</td>
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### APRN Reimbursement

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<tr>
<th>Texas Bill Number &amp; Author</th>
<th>Description</th>
<th>Committee Action</th>
<th>Floor Action</th>
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<tr>
<td>SB 682 D. Campbell</td>
<td>Mandates that Medicaid reimburse services provided by APRNs &amp; PAs under protocols at APRN &amp; PA rate (92%) and not at physician rate</td>
<td>4/2 Hearing Held but Left Pending</td>
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### REGULATION OF NURSING
Initiatives relating to BON’s regulation of nursing, BON’s appropriations, and BON’s agency status

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<tr>
<th>Texas Bill Number &amp; Author</th>
<th>Description</th>
<th>Committee Action</th>
<th>Floor Action</th>
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<tr>
<td>SB 1058 Nelson Sponsor: S. King</td>
<td>Amends NPA – 1) deferred disciplinary actions, 2) confidentiality of TPAPN orders, 3) student criminal background checks, 4) mandatory CE, 5) miscellaneous technical changes</td>
<td>3/20 Reportedly Favorably without Changes</td>
<td>3/27 Passed</td>
<td>5/13 Reportedly Favorably with Changes</td>
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### BON Agency Status

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<tr>
<th>Texas Bill Number &amp; Author</th>
<th>Description</th>
<th>Committee Action</th>
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<tr>
<td>SB 1375 Hinojosa Sponsor: Darby Passed as Amendment to another Bill</td>
<td>Changes Board of Nursing's agency status to self-directed, semi-independent status to give it more flexibility over budget. Converted to a study only, which is what passed.</td>
<td>4/29 Reportedly Favorably with Changes</td>
<td>5/8 Passed</td>
<td>5/21 Passed as Floor Amendment to HB 1675</td>
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### BON Appropriations

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<tr>
<th>Texas Bill Number &amp; Author</th>
<th>Description</th>
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<tr>
<td>BON Funding in SB 1 Appropriations Bill, Article VII Ogden Sponsor: Pitts</td>
<td>BON exceptional item requests – 1) Increased funding for TPAPN. 2) Increased funding for Center for Nursing Workforce Studies, 3) Increase in executive director salary, 4) Additional staff</td>
<td>1/13 Reportedly Favorably with Changes</td>
<td>3/20 Passed</td>
<td>3/2 Reportedly Favorably with Changes</td>
</tr>
<tr>
<td>Texas Bill Number &amp; Author</td>
<td>Description</td>
<td>1st Chamber</td>
<td>2nd Chamber</td>
<td>Governor’s Action</td>
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<td><strong>Committee Action</strong></td>
<td><strong>Floor Action</strong></td>
<td><strong>Committee Action</strong></td>
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<tr>
<td><strong>NURSING EDUCATION &amp; SHORTAGE FUNDING</strong></td>
<td>Initiatives relating to nursing education and funding for nursing education</td>
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<tr>
<td><strong>Shortage Funding</strong></td>
<td>Maintaining special funding for professional nursing shortage reduction program. ($30 mi in 2012-13)</td>
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<tr>
<td><strong>Shortage Funds in SB 1 Appropriation Bill Coordinating Board Bill Pattern</strong></td>
<td>Nursing Shortage Reduction Program funding in Higher Education Coordinating Board bill pattern of $33.75 million</td>
<td>1/13 1/13</td>
<td>3/20 Reported Favorably with Changes</td>
<td>3/21 Reported Favorably with Changes</td>
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<td>Note: THECB also was given more flexibility in spending funds to maximize use.</td>
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<tr>
<td><strong>Use of Trauma Funds for Nursing Education</strong></td>
<td>Appropriations-related bill that includes provision permitting some of the trauma funds to be used for graduate nursing education</td>
<td>4/18 4/18</td>
<td>5/2 Passed with Amendments</td>
<td>5/21 Reported Favorably with Changes</td>
</tr>
<tr>
<td><strong>HB 2899 Guillon Sponsor: Hinojosa</strong></td>
<td>Creates 1) a common online application for nursing schools if determined feasible by Higher Education Coordinating Board and 2) faculty loan repayment program</td>
<td>4/23 4/23</td>
<td>5/2 Passed</td>
<td>5/20 Reported Favorably with Changes</td>
</tr>
<tr>
<td><strong>CC Offering BSN</strong></td>
<td>Directs Higher Education Coordinating Board to conduct feasibility study of CCs offering baccalaureate in nursing and applied sciences</td>
<td>5/6 5/6</td>
<td>5/9 Passed with Amendments</td>
<td>5/17 Reported Favorably without Changes</td>
</tr>
<tr>
<td><strong>HB 341 A. Ellis Sponsor: S. Davis</strong></td>
<td>Requires schools to notify parents if no school nurse on campus full-time</td>
<td>4/4; 4/8 Reported Favorably with Changes</td>
<td>4/23 Passed with Amendments</td>
<td>5/17 Reported Favorably without Changes</td>
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<td></td>
<td>Eliminates screening for abnormal spinal curvature in public schools</td>
<td>3/18 Reported Favorably without Changes</td>
<td>4/2 Passed</td>
<td>5/14 Reported Favorably without Changes</td>
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<tr>
<td><strong>MISCELLANEOUS NURSING RELATED</strong></td>
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<tr>
<td><strong>Center for Nursing Workforce Studies</strong></td>
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<tr>
<td><strong>HB 595 Kolkhorst Sponsor: Nelson</strong></td>
<td>Sunsets or eliminates various DSHS advisory committees. TCNWS nursing oversight committee was among those eliminated, but bill as passed retains TCNWS oversight committee.</td>
<td>4/15 Reported Favorably with Changes</td>
<td>5/17 Reported Favorably with Changes</td>
<td>5/22 Passed</td>
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<tr>
<td><strong>RBs Performing Restraint Evaluations</strong></td>
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<td><strong>SB 1842 Deuell Sponsor: Naishetl</strong></td>
<td>Mandates rule-making to permit RNs with special training to conduct face-to-face evaluations required within 1 hour of application of restraint or seclusion</td>
<td>4/25 Reported Favorably with Changes</td>
<td>4/30 Passed with Amendments</td>
<td>5/17 Reported Favorably without Changes</td>
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<tr>
<td><strong>Healthcare Employees Suing for On-the-Job Injuries</strong></td>
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<tr>
<td><strong>HB 2644 C. Turner</strong></td>
<td>Addresses Texas Supreme Court case, in which court ruled that certain healthcare employee injury lawsuits must be treated as healthcare liability claims.</td>
<td>4/22 Hearing Held but Left Pending</td>
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<tr>
<td><strong>Patient Handling</strong></td>
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<tr>
<td><strong>HB 1829 Gonzalez</strong></td>
<td>Addresses safe patient handling and moving requirements in hospitals and LTC facilities but made no significant changes to current law</td>
<td>5/6 Reported Favorably with Changes</td>
<td>5/10 Passed</td>
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<tr>
<td><strong>Statewide Mandated Staffing Ratios</strong></td>
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<tr>
<td><strong>HB 2880 S. Thompson (OPPOSED)</strong></td>
<td>Mandates staffing ratios in hospitals. Opposed because believe mandated nurse staffing committee approach passed in 2009 is best approach in Texas to assure adequate staffing in all settings and situations.</td>
<td>5/1 Hearing Held but Left Pending</td>
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<tr>
<td><strong>Licensing of Anesthesiologist Assistants</strong></td>
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<tr>
<td><strong>HB 2397 Zerwas (OPPOSED)</strong></td>
<td>Provides for licensure of anesthesiologist assistants. Companion: SB 1787 by Uresti</td>
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<td>No Hearing Held</td>
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What kind of knowledge do nurses need to lead? Every nurse is expected to be a collaborative partner—a full contributor—with other health care professionals in redesigning a future health care system that is accessible, affordable, and truly patient centered. In today’s transforming health care environment, every nurse has a leadership role.

At Texas Nurses Association, we understand that taking on leadership roles requires you to use time productively and energy efficiently. With your busy fall schedule in mind, TNA is changing the format of its Annual Nursing Leadership Conference this year—and bringing the conference to you. Register for any one of four September, October, or November dates. This year, you get to choose the day and location that best suits you!

Whether you’re a seasoned practitioner or new to practice, the CNO of a huge hospital system, a mid-sized city hospital, or a mid-manager of a rural facility, Forces and Factors, Issues and Influencers: Knowledge Nurses Need to Lead provides up-to-date knowledge about new legislation, Nursing Practice Act amendments, and new regulations that will affect practice. It’s knowledge every nurse needs to lead.

The focus of this one-day CNE activity is on the latest outcomes of the 83rd Texas Legislature that will impact nursing and daily nursing practice. Other topics include a review of nursing demographics and trends in Texas, insights into the issues and influencers of care delivery, and the importance of advocacy at all levels of nursing. This activity is critically important for every nurse practicing in today’s Texas healthcare environment. That’s why we’ve built so much flexibility and choice into the conference locations and dates for you.

Forces and Factors, Issues and Influencers: Knowledge Nurses Need to Lead awards 6.0 contact hours to attendees who successfully complete the activity.

Texas Nurses Association/Foundation Provider Unit is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

For more information about this one-day, continuing nursing education activity, and to register or see hotel reservation recommendations, go to the TNA website texasnurses.org>events.
Attempt to Eliminate Confidentiality When Reporting Physicians Fails a Second Time

In 2011, an attempt was made to pass legislation requiring the Texas Medical Board to disclose the identity of persons reporting physicians to the board. The legislation excluded only patients and their families. Fresh on the minds of Texas nurses in 2011 was the unprecedented retaliation experienced by two Winkler County nurses, who reported a physician because they believed he failed to practice at an acceptable standard of care. In response to a call-to-action alert by the Texas Nurses Association (TNA), hundreds of nurses contacted their legislators, expressing concern about the negative effect the legislation would have on reporting physicians to the medical board. The legislation did not pass—but not without nursing having to ask legislators to vote against several attempts to amend the requirement on to another bill.

After the 2011 session, the Austin American-Statesman ran an article on the legislative battle. The article reported that when asked if he expected the efforts against nurses would be repeated in future years, Jim Willmann, TNA Director of Governmental, stated “he didn’t expect that to happen but the association will remain vigilant.”

The article reported that when asked if he expected the efforts against nurses would be repeated in future years, Jim Willmann, TNA Director of Governmental, stated “he didn’t expect that to happen but the association will remain vigilant.”

The need to remain vigilant proved necessary. The effort to eliminate confidentiality of the identity of nurses and others reporting a physician to the Texas Medical Board returned this session with the filing of SB 1193 by Sen. Donna Campbell (R-New Braunfels). Instead of mandating the medical board to disclose the identity of the person reporting the physician, it mandated the medical board send the physician a complete, unedited copy of the complaint filed against him or her. Since anonymous complaints to the medical board are not permitted, disclosing the complaint means disclosing the identity of the individual reporting the physician. In one way, the legislation was worse than the legislation in 2011 because SB 1193 included no exceptions to the required disclosure, so it also applied to complaints by patients and their families.

The Senate Jurisprudence Committee held public a hearing on SB 1193 on April 9. Prior to the hearing, Martha Myers, RN with TNA’s Capitol Corps, joined TNA’s lobbyist to visit all committee member offices to explain why nursing opposed the bill and to deliver a letter from 15 nursing organizations opposing SB 1193. (See page 5 for more news on Capitol Corps.)

At that hearing, the Texas Nurses Association, Nursing Legislative Agenda Coalition, and Texas Nurse Practitioners testified against the bill. The Texas Medical Association and Texas Hospital also testified against the bill. The bill was left pending, and SB 1193 “died” in committee without ever being voted on.

When asked again if he thought the efforts against nurse would be resurrected in future years, Jim Willmann responded “I certainly hope not but be assured the Texas Nurses Association will be even more vigilant. Nurses see patient advocacy as one of their most important roles and react very strongly to any threats to their ability to perform that role effectively. An example is that within 48 hours of when TNA sent out a call-to-action this session, over 800 nurses contacted their senators, asking them to oppose SB 1193.”

The Texas Legislature also places a high value on the patient advocacy role of nurses. Not only did it not pass SB 1193, it passed HB 581, which extends greater protections to public hospital-employed nurses against retaliation for engaging in legally protected patient advocacy activities.

**VOICES HEARD AT SB 1193 HEARING**

Any healthcare professional who has reasonable belief that patient safety is in jeopardy has an ethical and often legal duty to report either to the facility leadership or licensing agency so the concerns can be properly investigated and addressed. Such persons reporting do not and should not investigate the matter. That is the charge to the Board: to determine if the law, regulation, or standard of care has been violated and if so, to take action to protect the public…!

Since the Institute of Medicine report “To Err is Human” in 1999, the healthcare industry has strived to establish a culture of safety, where all health care professionals and staff feel safe to report errors and concerns about patient care without experiencing shame and blame and retaliation. SB 1193 will wipe out much of the progress made to date!

– Lolly Lockhart, PhD, RN

This is a bad bill. I did not set out to be a whistle-blower. I was doing my duty as a nurse. Retaliation was swift and brutal, I lived through an unprecedented case of retaliation against a nurse.

Failure to provide confidentiality is a certain way to choke off reporting safety issues by nurses who cannot afford to risk their jobs. They saw what happened to me. They know it can and will happen to these nurses if safeguards are in place to protect their identities. This bill will guarantee no one else can afford to speak up when patient safety is endangered.

– Anne Mitchell, RN (written testimony)

The Texas Nurses Association agrees with Anne. SB 1193 is simply a bad bill—bad for nurses, bad for patients, and bad public policy.

– Cindy Zolnierek, PhD, MSN, RN

Providing the physician this personal identifying information will discourage nurses, patients, and others from reporting physicians who are unsafe practitioners to the Medical Board. That is simply bad public policy.

The fact is, physicians are in a position of power within the healthcare environment and frequently have the ability to retaliate against a nurse who reports concerns about their practices. The recent case of the two Winkler County nurses, who were not only terminated but indicted and arrested because they reported a physician to the Medical Board, is simply too fresh in the minds of nurses throughout Texas. Retaliation is a real concern. Requiring the Medical Board to send the physician the nurse’s identifying information will have a chilling effect on reporting. TNA and the other members of the Nursing Legislative Agenda Coalition are equally concerned that SB 1193 would require the Medical Board to disclose the identity of any patient or family member who reports a physician. Nurses and patients must feel protected when reporting unsafe physicians.

– TNA and Nursing Legislative Agenda Coalition Letter to Senate Committee

* * * * *
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COLONOSCOPY SCREENING SHORTAGE

A report from the American College of Gastroenterology states that the number of colonoscopies performed per year in the U.S. is not meeting the demand. This is due to a shortage of gastroenterologists and a lack of training programs for non-gastroenterology doctors.

The report also highlights the importance of colorectal cancer screening, as it is one of the most preventable cancers. However, the shortage is leading to delays in diagnosis and treatment.

If you’re over 50, it is recommended to get tested for colorectal cancer, even if you don’t have any symptoms. This can help detect the cancer early, when it is more treatable.

Colorectal cancer screening options include colonoscopy, fecal occult blood test (FOBT), and flexible sigmoidoscopy. It is important to discuss your options with your healthcare provider and choose the one that is best for you.

For more information, visit the American Cancer Society website: www.cancer.org.
Hospitals Support Key Nursing Initiatives

by James H. Willmann, JD, Director TNA
Governmental Affairs Committee

An important part of successfully passing legislation is having support from key stakeholders. This support can range from registering in support (the official indication of support but not testifying) to actively lobbying to get the legislation passed. Because over 60% of RNs and 30% of LVNs practice in a hospital inpatient or outpatient setting, hospitals are a key stakeholder in nursing-related legislation. Fortunately, Texas hospitals have long supported nursing initiatives, and the same held true in 2013.

This year, the Texas Hospital Association (THA), in particular, not only supported nursing initiatives but also actively worked to secure their passage. HB 705 (reducing assaults against ER nurses), HB 581 (enhanced patient advocacy protections for public hospital-employed nurses), and SB 406 (APRN Rx authority) all passed with THA support, which included testifying in support, signing joint letters of support to legislators, and lobbying the bills. THA also worked with Texas Nurses Association and the Texas Medical Association in opposing and defeating SB 1193, which would have mandated that the Texas Medical Board disclose the identity of a nurse reporting a physician to the board.

Special acknowledgment goes to Texas Hospital Association staff Elizabeth Sjoberg and Jennifer Banda. Elizabeth is Assistant General Counsel as well as a registered nurse and TNA member. She testified several times on behalf of THA in support of nursing bills. Jennifer is Vice President of Advocacy and Public Policy. She helped strategize and lobby for HB 705 and HB 581.

Who Supported Nursing Initiatives?

An important part of successfully passing legislation is having support from key stakeholders. This support is frequently shown at committee hearings either by testifying in support or, more frequently, by registering in support, which is an official indication of support but not testifying. These organizations either testified for or registered in support of nursing positions on bills – and we thank them!

- HB 581 Enhanced advocacy protections for public hospital-employed nurses
- HB 705 Enhanced penalty for assaulting ER nurses
- SB 406 Expansion of APRN prescriptive authority
- SB 418 Parental notification if no school nurse assigned to child’s school
- SB 1058 NPA amendments

TNA thanks you, one and all!
APRNs Achieve First Expansion of Prescriptive Authority in a Decade

by Sandy Tovar, MSN, RN/PNP-BC, C-AE, Chair of Texas Nurses Association (TNA) APRN Task Force, and James H. Willmann, JD, Director TNA Governmental/Affairs Committee

Texas is famous for solving tough challenges in its own way, and this is a great example. Members of the House and Senate sat down with stakeholders at all levels to find a workable solution. Hopefully, we’ll see a policy shift that expands care to more Texans in a way that is both safe and sensible.

— Rep. Lois Kolkhorst, Chair of the House Committee on Public Health

One of the most significant outcomes of nursing’s legislative agenda for this session was passage of SB 406. It is the first legislation passed in Texas since 2003 that markedly changes the scope of APRN prescriptive authority.* A two-session moratorium agreed to as part of the negotiations, which lead to the 2003 legislation, applied in 2003 and 2005. Then, in 2009 and 2011, an expanded legislation but was unable either to reach agreement with medicine or to overcome its opposition.

What was different in 2013? Several things. In October 2010, the Institute of Medicine issued its report, The Future of Nursing: Leading Change, Advancing Health. One of its primary recommendations was the removal of barriers that prevent APRNs from practicing to the full extent of their education and experience. To achieve this and other recommendations in the report, the Robert Wood Johnson Foundation joined with AARP to launch The Future of Nursing: Campaign for Action. Under the umbrella of that campaign, a Texas-based state action coalition, called Texas Team, was formed to implement the recommendations in Texas.

(See related article, page 18.)

In November 2011, Texas Team convened an APRN Roundtable of the Texas Nurses Association, the Coalition for Nurses in Advanced Practice, and all of the APRN specialty organizations. The Roundtable provided a forum for participants to reach consensus on the best approach to prescriptive authority legislation in 2013.

In May 2012, APRN groups testified at a legislative hearing. These groups stated that nursing would seek legislation in 2013 to move regulation of APRN prescriptive authority in Texas from a site-based model to a collaborative prescriptive authority agreement model. At the same hearing, medicine testified that current Texas law was unnecessarily complex and indicated its willingness to consider needed changes in 2013.

Also in May, Dr. Ray Perryman, a noted Texas economist, issued a report commissioned by the Texas Team that projected significant economic benefit to Texas from the better utilization of APRNs. Recognizing Texas’ severe shortage of primary care providers, Senator Jane Nelson (Chair of Senate Health and Human Services Committee) and Representative Lois Kolkhorst (Chair of the House Public Health Committee) encouraged nursing and medicine to attempt to find common ground, which would improve access to care.

Both nursing and medicine committed to work to find that common ground. They initiated active negotiations in late summer 2012. The primary organizations participating for nursing were the Texas Nurses Association, Coalition for Nurses in Advanced Practice and Texas Nurse Practitioners. For medicine, they were the Texas Medical Association and Texas Academy of Family Physicians. The Texas Academy of Physician Assistants also joined the negotiations. Senator Nelson and Representative Kolkhorst and their staffs were actively involved.

The result was the filing of SB 406 on February 6, 2013 as an agreed bill. A press release by Senator Nelson announced the bill’s filing: “Texas State Senator Jane Nelson, R-Flower Mound, and Representative Lois Kolkhorst, R-Brenham, today filed legislation to improve access to health care by making it easier for physicians, advanced practice nurses, and physician assistants to work together to deliver services. The legislation was filed after weeks of discussions led to an agreement between Texas nurses, physicians and physician assistants.”

Negotiations continued on several unresolved issues, and several editorial changes were made before SB 406 was finally passed. (See “Final Status of Significant Nursing-Related Legislation in the 83rd (2013) Texas Legislature” chart for SB 406 timeline.)

“With passage of SB 406, APRNs will be able to practice closer to the full extent of their education and experience,” said Jean Gisler, FNP, PLLC, who was a member of nursing’s negotiation team and testified on behalf of Texas Nurses Association, Coalition for Nurses in Advanced Practice, and Texas Nurse Practitioners before both Senate and House committees. “This means APRNs can be better utilized to meet Texas’ shortage of primary care providers, which will improve access to primary care for all Texans.”

The legislation, which becomes effective on September 1, 2013, makes a number of significant changes to prescriptive authority of APRNs and physician assistants (PAs) while continuing to recognize prescribing by APRNs and PAs as a delegated act. A major conceptual change was to replace the current overly restrictive site-based model governing required physician involvement with a much simpler and flexible prescriptive authority agreement model.

The current site-based model, in statute and medical board rules, imposes detailed requirements specific to four different types of practice sites – physician primary practice site, physician alternate practice site, sites serving underserved populations, and facility-based practices. These requirements are very directive as to how the physicians must supervise the APRN, including the amount of time the physician must be on site, the number of charts that must be reviewed, and the physical proximity of the physician.

Under the new prescriptive authority agreement model established by SB 406, the physician and APRN must meet certain requirements. However, those requirements are much less prescriptive than current law and give the practitioners much more latitude in determining how they will interact. Under SB 406, the physician and APRN can better design a prescriptive authority agreement based on their professional relationship; now they can meet the needs of their patients based on their specific practice and their own experience.

Under current law, prescribing requirements vary significantly among the four types of practice sites so not all practices will be affected in the same way by SB 406. In fact, current law is not very directive in the requirements imposed on facility-based practices at hospitals and LTC facilities and has worked much better in these practices. Consequently, SB 406 does not substantially change the law that governs prescribing for these practices.

APRNs in facility-based practices will continue to prescribe under protocols (rather than prescriptive authority agreements) developed in accordance with policies approved by the medical staff. SB 406 does clarify some ambiguities that exist in current law regarding who may delegate in a facility-based practice. It also clarifies that being the delegating physician for a facility-based practice does not preclude a physician from delegating in his or her private practice.

Effective November 1, 2013, APRNs in all practices other than facility-based practices will prescribe under the authority of a prescriptive authority agreement signed by the physician and APRN. The requirements, which the agreement must meet, will be the same for all settings. SB 406 explicitly provides that the agreement:

• should promote the exercise of professional judgment by the APRN commensurate with the APRN’s education and experience and the relationship between the APRN and physician; and

• need not describe the exact steps an APRN must take with respect to each specific condition, disease, or symptom.

SB 406 imposes some minimum requirements on what must be addressed in the prescriptive authority agreement. The APRN and physician may agree to address other conditions on how they will interface professionally, but regulatory agencies may not adopt rules adding to these requirements. The requirements imposed by SB 406 (taken verbatim from the bill) are to:

(1) be in writing and signed and dated by the parties to the agreement;

(2) state the name, address, and all professional license numbers of the parties to the agreement;

(3) state the nature of the practice, practice locations, or practice settings;

(4) identify the types or categories of drugs or devices that may be prescribed or the types or categories of drugs or devices that may not be prescribed;

(5) provide a general plan for addressing consultation and referral;

(6) provide a plan for addressing patient emergencies;

(7) state the general process for communication and the sharing of information between the physician and the advanced practice registered nurse or physician assistant.

APRNs Achieve First Expansion continued on page 17
APRNs Achieve First Expansion continued from page 16

...to whom the physician has delegated prescriptive authority related to the care and treatment of patients;

(b) if alternate physician supervision is to be utilized, designate one or more alternate physicians who may:

(A) provide appropriate supervision on a temporary basis in accordance with the requirements established by the prescriptive authority agreement; and

(B) participate in the prescriptive authority quality assurance and improvement plan meetings; and

(9) describe a prescriptive authority quality assurance and improvement plan and specify methods for documenting the implementation of the plan that includes the following:

(A) chart review, with the number of charts to be reviewed determined by the physician and advanced practice registered nurse or physician assistant; and

(B) periodic face-to-face meetings between the advanced practice registered nurse or physician assistant and the physician at a location determined by the prescriptive authority agreement model, SB 406 makes other enhancements to APRN prescriptive authority. SB 406 also:

(1) increases the number of APRNs to whom a physician may delegate prescriptive authority from four to seven but will remain unlimited for practices serving underserved populations and hospital facility-based practices;

(2) eliminates any requirement that the physician and APRN be within a certain physical distance of each other;

(3) recognizes the unique aspects of group practice by permitting a physician, when the physician and APRN practice together in a group practice, to designate an alternate supervising physician to conduct the quality assurance meetings;

(4) expands the types of controlled substances an APRN may prescribe to include Schedule II's but only in a) a hospital facility-based practice for inpatients and emergency department services or b) as part of hospice care from a qualified hospice provider; and

(5) requires Medicaid and CHIP programs to treat APRNs the same as physicians in assigning clients to a primary care provider.

“The changes to Medicaid and CHIP programs to require that APRNs be treated the same as physicians when primary care providers are assigned is one of the most important changes made in SB 406 as far as community health centers are concerned. This change means that our nurse practitioners and physician assistants may now be assigned patients directly,” said Jose E. Camacho, Executive Director, Texas Association of Community Health Centers.

See the related diagram on page 5, entitled “APRN Prescriptive Authority Agreement Model as Enacted by SB 406” for a schematic representation of how prescriptive authority will work when SB 406 becomes effective on November 1, 2013. After that date, APRNs should be practicing under a prescriptive authority agreement executed with the delegating physician. The only exception is APRNs prescribing in a facility-based practice in a hospital or licensed long-term care facility. These APRNs will continue to prescribe under protocols developed in accordance with policies approved by the medical staff and medical director.

“The Texas Team was pleased to be a part of the SB 406 effort by bringing together the key nursing organizations under the umbrella of the APRN Roundtable to agree on a legislative initiative to expand prescriptive authority for APRNs based on a prescriptive authority agreement model,” stated James Dickens, FNP member of Texas Team and chaired the APRN Roundtable. “The results certainly confirm that it was the correct decision. SB 406 is a significant step toward APRNs practicing to the full scope of their education and experience here in Texas. One of the major goals of the Texas Team is to help ensure all health professionals practice to the full extent of their education and training.”

Sue Iha, DrPH, FNP, member of TNA APRN Task Force, has been involved in APRN legislative initiatives since 1989. “SB 406 improves APRN practice, primarily by removing the cumbersome prescriptive authority restrictions that APRNs have functioned under since prescriptive authority was first passed in 1989, such as requiring frequent on-site visits by physician, minimum number of chart reviews, and physician being within certain number of miles,” she said, commenting on the implications of SB 406 for practicing APRNs.

“SB 406 enables APRNs to have more flexibility in their practice and spend more time with their patients,” she continued, “especially those APRNs who work in APRN-staffed clinics, and practices serving underserved populations in both rural areas and urban areas. Given our tremendous need for primary care providers in our state, the timing for the passage of this bill is significant.”

* Ed Note: This article addresses only APRNs. However, SB 406 applies equally to APRNs and physician assistants (PAs).

About the authors Sandy Tovar and Jim Willmann have been involved in APRN legislative initiatives since 1989.
The Gulf Coast Regional Leadership Team is one of eight regional teams working to achieve the Institute of Medicine Future of Nursing Recommendations in Texas.

As I sat at the last of the public forums held in Houston in spring 2010 by the Committee of the Robert Wood Johnson Foundation Initiative on the Future of Nursing, I knew that nursing was truly going to be a driving force in reshaping the American healthcare system. One month later, President Obama signed the Patient Protection and Accountable Care Act (PPACA), forever reforming the way we would go about the business of healthcare. The following spring, I attended the Texas Summit in San Antonio. As the Texas Team began its kickoff as a state action coalition, again I knew that Texas nurses had to become actively and decisively engaged in shaping our professional future.

The Texas Team Gulf Coast Regional Leadership Team (GCRLT), as part of the state action coalition (the Texas Team Advancing Health through Nursing), is excited about the potential of achieving the recommendations of the Institute of Medicine (IOM) report in the region. The team envisions high-quality, patient-centered care in a healthcare system where nurses contribute as essential partners in achieving success for every individual in the state and nation. The complexity of the ever-changing healthcare environment requires even more nurses in practice with advanced levels of education and expertise.

The Gulf Coast region encompasses 13 counties that span the range of the high technology, resource-rich Texas Medical Center to very rural areas with limited healthcare access. Future expanded access via the PPACA will require expansion of all services across the state as well as present an opportunity for nursing to collaboratively participate on inter-professional healthcare teams. The GCRLT has been meeting on a regular basis to continually and strategically examine the needs in the area in alignment with the statewide plan. Team members represent diverse backgrounds, including academia, tertiary care, primary care, mental health, urban and rural institutions, businesses, and the East Texas Area Health Education Center (AHEC). The business partner for the GCRLT is Sirius Computer Solutions.

The Future of Nursing initiatives provide a clear blueprint for Texas nurses to be prepared for transformational change. The Gulf Coast Regional Leadership Team serves as a core group to examine unique to the area and to assist groups and organizations to strategically plan and implement the IOM recommendations within their settings. In support of this effort, the team has spent dedicated time educating nurses, academic institutions, professional and healthcare organizations, businesses, and lay groups about the currently challenged Texas healthcare system, the IOM recommendations, and implications for consumers and providers. The team is now working on developing a speakers’ bureau in order to further educate nurses at a grassroots level across the region.

The team is working on numerous areas. One in particular is expanding the number of BSN prepared nurses through dialogues between community college and baccalaureate nursing programs. In some urban areas, associate degree nursing programs have had more difficulty in securing clinical placements for students. The team is working to increase an understanding among nursing administrators of the inherent value of preparing these nurses and instilling in graduates the motivation to continue their education in a timely manner. Another area of focus is in supporting nurses at all levels to practice to the full extent of their education. In rural counties, this issue is particularly urgent for advanced practice nurses since access to care is severely limited by the lack of primary care providers. Current pending legislation for prescriptive authority reform will greatly aid in reducing limitations under the current model.

A third area of focus for the GCRLT is the leadership development of nurses as influencers of change and their active participation within organizations. The team is creating a plan to support the development of nurses— to help them serve on boards, interact with the media, dialogue with policy makers, mentor others, and serve within work institutions and their communities. The team has identified this development as a critical element in leading change.

The Texas Team Advancing through Nursing (the state Action Coalition) depends on eight Regional Leadership Teams (see map) spread across the state to assure achievement of the IOM Future of Nursing recommendations in Texas. These regional teams seek to further the ongoing efforts of many nurse leaders and nursing organizations. They also seek to actively engage the efforts of a wide range of healthcare providers and the lay public, including consumer leaders and groups representing government, business, academia, and philanthropy to improve the health of all Texans.

To learn more about the Campaign for Action: Future of Nursing initiative and to become involved in the Texas Team Action Coalition, visit campaignforaction.org. Go to “community” tab and click “Texas.” You can also follow the work of the Texas Team Action Coalition by “liking” us on Facebook at facebook.com/TxTeamNursing. If you would like more information or are interested in joining the efforts of the Texas Team in transforming healthcare in the Gulf Coast region or any of the other seven Texas regions, please contact Dr. Susan Ruppert at Susan.D.Ruppert@uth.tmc.edu. The regional teams can also work with professional and lay groups or organizations that are interested in having a speaker talk about the Texas Team and the implications for healthcare in Texas. We welcome you to join us in advancing the Future of Nursing!

About the Author: Susan D. Ruppert, PhD, RN, NP-C, FAANP, FAAN, is a professor and director of the Adult/Gerontology Primary Care Nurse Practitioner program at The University of Texas Health Science Center at Houston School of Nursing. Dr. Ruppert serves on the board of commissioners for the Commission on Collegiate Nursing Education (CCNE). She is a Fellow of the American Academy of Nursing and a member of the American Association of Nurse Practitioners, the American College of Critical Care Medicine, and the National Academies of Practice. Dr. Ruppert is the nurse-leader of the Gulf Coast Regional Leadership Team.

The Gulf Coast Regional Leadership Team Works Toward Stellar Achievement

by Susan D. Ruppert, PhD, RN, NP-C, FAANP, FAAN
Learn How The Law Protects You

In 2009, Senate Bill 476 amended the Health and Safety Code by adding Chapters 257 and 258 to provide structure and guidelines for safe nurse staffing and mandatory overtime. The law represents the culmination of a collaborative effort to bring nurses and hospitals together to better serve Texas patients.

“One of the most important things a nurse does is to advocate for a patient for proper patient care,” said TNA’s director of human resources, Cari Underwood. “And properly understanding for patients and families, and safe environments,” said TNA’s Director of Practice Stacey Crockley, DNP, RN, CPN, who leads the workshops and webinars. “As patient advocates, they are supporting proper care, resulting in a better patient outcome. That’s important. We also want nurses to understand how they can be informed advocates for themselves.”

One-Day Workshop

The premiere Safe Nurse Staffing Series workshop will be held in the TNA’s Austin office Green Room on Friday, September 6, 2013, and again on Wednesday, January 22, 2014 ($100 TNA member/$125 nonmember; 4.5 contact hours) from 10 a.m. to 3 p.m. This is a critical workshop for nurses. As seating is limited, early registration is encouraged. Lunch and workshop materials are included.

The objectives of the workshop are to familiarize nurses with an introduction to the Nurse Staffing Laws as well as implementation of the structures and processes to maintain compliance. Case studies will be covered, illustrating staffing examples that require understanding of the law and critical thinking in order to resolve.

The workshop will also include discussion of mandatory overtime provisions within the law as well as patient advocacy protections. This activity is designed to increase nursing awareness of nurse staffing law thus improving nurse advocacy, patient advocacy, and workplace safety.

Participants who successfully complete the activity will be awarded 4.5 contact hours. Successful completion includes signing-in, attending the entire activity, submitting a “Contact Hour Request Form,” and an activity evaluation at the conclusion of the activity. Partial credit will not be awarded.

July Webinars Offer You Choice and Flexibility

If your schedule tends to get packed but you wish to attend TNA’s webinars, the Safe Nurse Staffing Series is also designed as a three-part webinar series. The same workshop content is thoroughly covered, however it is carefully crafted into small, bite-size chunks on Monday mornings in July and October — and Monday evenings in February 2014.

Webinars offer multiple benefits. They are easy to attend. They give you the freedom to choose the best dates for you. Webinars also keep nursing professionals within reach of contact hours — all from the convenience of a home or office computer.

Participants who successfully complete the activity will be awarded 1.5 contact hours for each part of the webinar. To receive contact hours, each individual nurse must register for the webinar separately, attend the webinar in its entirety, and complete the online post-webinar evaluation.

Part I – About the Law

Safe Nurse Staffing Series Webinar, Part I ($25 TNA member/$30 nonmember; 1.5 contact hours) launches its Monday webinars on July 8 (9-10:30 am), Oct. 7, 2013 (1-2:30 p.m.), and again, beginning Feb. 10, 2014 (5-6:30 p.m.). Five topics in Part I provide nurse executives, managers, and staff with information necessary to comply with Texas nurse staffing rules:

1) Define and Discuss Safe Staffing and the Rationale for the Law
2) Review Staffing Approaches
3) Review of Staffing Law
4) Review of the Role of the Staffing Advisory Committee
5) Review Other Nursing Protections

Part II – Implementing the Nurse Staffing Law

Safe Nurse Staffing Series Webinar, Part II ($25 TNA member/$30 non-member; 1.5 contact hours) continues its Monday series on July 15 (9-10:30 a.m.) and Aug. 19, 2013 (4-5:30 p.m.) and, again, on Feb, 17, 2014 (5-6:30 p.m.). Three topics in Part II explain implementation, providing nurse executives, managers, and staff with information necessary to comply with Texas nurse staffing rules:

1) Discussion of a conceptual model to guide implementation
2) Discussion of nurse-sensitive outcomes, measurements to guide appropriate outcomes
3) Provision of sample forms and policies for implementation

Part III – Case Studies

Safe Nurse Staffing Series Webinar, Part III ($25 TNA member/$30 non-member; 1.5 contact hours) concludes the series on July 22 (9-10:30 a.m.) and Oct. 21, 2013 (1-2:30 p.m.) and, finally on Feb. 24, 2014 (5-6:30 p.m.) Cultminating the objectives of the series, Part III focuses on case studies, providing nurse executives, managers, and staff with information necessary to comply with Texas nurse staffing rules:

1) To illustrate the importance of safe nurse staffing through case studies
2) To use the knowledge acquired from the Nurse Staffing Series to discuss specific case studies
3) To discuss potential ethical and organizational conflict related to staffing

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For over 100 years, TNA has been improving nurses’ practice environments and patient care through advocacy and education. Today, your association is working smart to bring you the information you need in the most flexible and convenient ways possible. To understand the necessary information to comply with Texas nurse staffing rules, you have some unique options to maximize time and minimize expenses.

“I strongly believe that knowledge is empowerment. When we have knowledge, it gives us the tools we need to do the best job we possibly can do for our patients,” Dr. Cropley said. “If nurses have knowledge, they are better equipped to advocate for organizational compliance—and themselves.”

To register online for the Safe Nurse Staffing Series workshop or webinars, go to texasnurses.org.

For questions, contact Cathy White at 1-866-862-2023 (ext. 136) or email cwhite@texasnurses.org.

TNA Nurses Association/Foundation Provider Unit is accredited as a provider of continuing education by the American Nurses Credentialing Center’s Commission on Accreditation. ★

Safe Nurse Staffing Series Covers Law on Hospital Staffing

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Fees for workshop: $150 TNA member/$175 nonmember; or $100 TNA member/$125 nonmember (for 1.5 contact hours); or $125 TNA member/$150 nonmember (for 4.5 contact hours).

Contact Hour Request Form, and TNA is listening. With your busy schedule in mind, CNE times and dates are appearing with greater convenience and flexibility for you. This fall’s location Forces and Factors, Issues and Influencers: Knowledge Nurses Need to Lead is one example. Another is the complete view-when-you-choose flexibility of the CNE activities are being offered in multiple locations, in various formats, and at different times of day and year. What’s going on? Why is TNA making CNE opportunities so available? What’s the benefit for you? And how is TNA listening. With your busy schedule in mind, CNE times and dates are appearing with greater convenience and flexibility for you. This fall’s location Forces and Factors, Issues and Influencers: Knowledge Nurses Need to Lead is one example. Another is the complete view-when-you-choose flexibility of the CNE activities are being offered in multiple locations, in various formats, and at different times of day and year. What’s going on? Why is TNA making CNE opportunities so available? What’s the benefit for you? And how is TNA making CNE opportunities so available? What’s the benefit for you? And how is TNA making CNE opportunities so available? What’s the benefit for you?...
A Leader of Alternative Programs:
TPAPN to Implement Minimum Three-Year Program

by Michael Van Doren, MSN, RN, CARN,
Program Director, Texas Peer Assistance Program for Nurses

With the passage of Senate Bill 1 (appropriations) by the Texas State Legislature, the Texas Peer Assistance Program for Nurses, or TPAPN is on track to continue its 25-year-plus run as a national leader of alternative programs. With the Board of Nursing’s support, TPAPN will be funded as part of its legislative appropriations exception line items requests. TPAPN has the support of many statewide nursing organizations, including the Texas Nurses Association. TPAPN is on course to implement most of the recommended guidelines for alternative programs set forth by the National Council of State Boards of Nursing in its 2011 publication, Substance use Disorder In Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs.

The appropriations, amounting to an annual increase of $179,000, will permit TPAPN to implement a three-year minimum program (currently a two-year minimum program) for nurses referred for substance use disorder and certain psychiatric disorders that may impair their practice. Because of their more independent practice and greater access to controlled substances, certified registered nurse anesthetists and APRNs with prescriptive authority may be required to participate for up to five years (currently three years).

Longer periods of monitoring have been documented as enhancing recovery and decreasing relapse, i.e., the exacerbation of a condition, be it substance abuse or mental illness. As of September 1, 2013 TPAPN’s participation agreements will reflect the longer monitoring periods. As reflective of the number of nurses who successfully completed TPAPN during the BON’s 2012 fiscal year, this means that approximately 175 nurses will continue with TPAPN for at least an extra year.

Additional guidelines that will be implemented in the near future include: having facilitated support groups, establishing a pain management track, recognizing treatment providers that have qualified programs for health professionals, and the potential for voluntary interim monitoring for certain nurses who have been dismissed from TPAPN and are awaiting board disposition.

All of the guidelines are evidenced-based or based upon the latest research and knowledge synthesized from the literature or both. Meeting these guidelines demonstrates TPAPN’s commitment to its mission. The guidelines offer nurses life-renewing opportunities from substance use disorder and certain psychiatric disorders with the aim of returning nurses back to safe nursing practice thereby protecting the public and promoting professional accountability. For more information, including how to refer a nurse and how to volunteer as a nurse advocate forms can be found at tpapn.org.
Patient Advocacy Is No Easy Task

Patient advocacy is no easy task. Patient advocacy requires nurses to support and protect their patients, exhibiting moral courage in situations that challenge one’s sense of virtue in addition to professional knowledge base. Nurses in all clinical settings encounter ethical issues that frequently lead to moral distress as a result of a patient advocacy activity. Challenges and barriers to patient advocacy include the organizational structure, the culture, and the education of those functioning within the environment, to name a few. Nurses across the country encounter barriers and challenges in advocating for patient safety and safe working conditions frequently. Texas is no different. The Texas Nurses Association over the course of the last year has begun to trend and graph the available data surrounding these patient advocacy and practice issues. This data is derived from practice hotline calls from nurses seeking assistance, solutions, or simply a listening ear.

Approximately 250 calls have been received thus far this year, with 2 months left to go in the fiscal year. Of these calls, a total of almost 300 practice issues have been recorded. The graph below demonstrates the most frequent issues reported.

As the graph reflects, a few categories are more frequent than others, including retaliation for engaging in patient advocacy, issues surrounding safe staffing, scope of practice concerns, licensure issues, and disciplinary action. The most concerning for patient advocacy activities and nursing’s duty to adequately fulfill this role are retaliation, safe staffing issues, and scope of practice concerns.

Nurses have a duty to advocate for safe, effective patient care, including any nursing action necessary to comply with standards of nursing practice and to avoid unprofessional conduct. This includes administrative decisions directly affecting nurse’s ability to comply with this duty [NPA 303.005; Rule 217.20(a)(5)]. Based on the data collected, breaches of patient safety and safe working conditions frequently. Texas is no different. The Texas Nurses Association over the course of the last year has begun to trend and graph the available data surrounding these patient advocacy and practice issues. This data is derived from practice hotline calls from nurses seeking assistance, solutions, or simply a listening ear.

What can nurses do in the face of such adversity?

Know your rights! As a nurse, you are tasked with knowledge and awareness of the rules and regulations governing your practice. Brush up on your knowledge of those that are impacting your practice. A great place to start is with these core documents:

- The Texas Nursing Practice Act
- Texas Board of Nursing Rules and Regulations
- Health and Safety Code Chapters 257 and 258 (Nurse Staffing and Mandatory Overtime)

Of course, there are other ways to expand your knowledge, including attending CNE activities, calling the TNA Practice Hotline, and actively participating in nursing advocacy through the legislative process. In order to combat barriers to nursing advocacy, nurses must be active and engaged participants in their profession and their professional learning. TNA is offering continuing nursing education activities related to nurse staffing and advocacy during the 2013-2014 fiscal year.

Within the workplace, nurses can promote advocacy activities by ensuring the organization policies, procedures, and structures are in place to support such advocacy. Policies may include staffing policies, compliance policies, whistle-blowing policies, and grievance policies. Procedures may include the process by which a nurse reports a patient care concern within the organization, or the procedure by which a nurse advocates for a change in a particular product used in patient care. Structures can include peer review committees, staffing committees, and shared governance committees, all of which include bedside nurses providing feedback and knowledge to impact and improve the care process.

The most important piece in the puzzle of patient advocacy is ensuring an interdisciplinary, collaborative, and collegial discussion. This promotes a transformational and just culture that values quality patient care and professional nursing engagement. It begins at the bedside, with an empowered and knowledgeable nursing staff who have an eye on patient safety and quality and who collaborate with nursing leadership and administrative staff to achieve the best possible outcomes for their patients.

About the Author: Stacey Copley, DNP, RN, CPN, is Director of Practice, Texas Nurses Association.

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M.F., UN, Austin, Texas January, 2012

“I had been under a Nursing Board Order complying without problems when they changed drug testing companies. Suddenly I tested positive and my license was SUSPENDED WITHOUT NOTICE! I hired Mr. San Miguel who fought hard for me and actually got my license REINSTATED in a matter of weeks. Oscar kept me level headed and guided me through the entire process and was extremely professional.”

M.R., RN, San Antonio, Texas May, 2013

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selecting
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MEMBERSHIP

When joining Texas Nurses Association, you can choose from two membership options:

• TNA Tri-Level Membership that includes a state membership in Texas Nurses Association (TNA), national membership in American Nurses Association (ANA), and a more local District membership.

• TNA Direct Membership that is state wide Texas only.

TNA TRI-LEVEL MEMBERSHIP

Tri-Level Membership in ANA/ATNA/District gives you the opportunity to influence nursing at every level — national state and local. TNA Tri-Level members receive full voting privileges, opportunities to grow and connect beyond the workplace through service on committees, task forces and conference unique pathways to professional development, a network of the-minded colleagues, and member discounts on a variety of conferences, workshops, publications, and resources, goods and services, as well as ANE certification.

Dues in TNA Tri-Level Membership are determined by your TNA District, the type of membership that best describes you (i.e., self-employed, full-time student, retired), and your method of payment. See flow to Tri-Level Membership below.

STEPS TO TRI-LEVEL MEMBERSHIP

1. Find your TNA DISTRICT. Within the Texas map, locate your county of residence OR county of employment. The large circle number within the indicated boundary is your TNA District.

2. Select your TYPE of Tri-Level Membership.

• M-Full membership — for RNs employed more than an average of 20 hours a week.

• R-Reduced Dues membership (50% of annual dues) — for RNs who are unemployed or working less than 20 hours a week, licensed RNs who are full-time students, new graduates from basic nursing education programs joining within 6 months of graduation, and RNs 62 years of age and older who are working and receiving Social Security.

• S-Special Dues membership (25% of annual dues) — for RNs over 62 years of age and not employed, or 100% disabled.

TNA DIRECT MEMBERSHIP

For many registered nurses, influencing nursing in Texas where they practice is their main interest. That’s why TNA offers the TNA Direct Membership. Pervious to every nurse in Texas, TNA Direct is a great membership choice for RNs who are interested in influencing practice, but have limited time or resources for full involvement.

A SPP annual dues rate (per monthly payments of $2.25) through the Electronic Direct Payment Plan (EDPP) where duties are automatically paid from your checking account. See “Select a Payment Method” in Application for Membership.

APPLICATION FOR MEMBERSHIP

- TNA Tri-Level and TNA Direct

Fill out the requested information and mail with payment to Texas Nurses Association, 8501 N. MacPheran, Suite 400, Austin, TX 78759-8496 or fax with credit card information. FAX 512.452.0648 • Phone: 800.862.2022 or 512.452.0645

MEMBERSHIP ELIGIBILITY

To be eligible for TNA Tri-Level or TNA Direct membership, you must have been granted a license to practice as a registered nurse in a state, territory, possession, or District of Columbia of the United States, and not have your license under suspension or revocation at any time.
NEW RESOURCES FOR NURSES AVAILABLE FROM TEXAS NURSES ASSOCIATION

These pocket guides are resources no direct care nurse should be without!

Two of TNA’s most popular, pocket-sized resources are UPDATED FOR 2013 and available for order online at texasnurses.org.

The Texas Hospital Safe Staffing Law contains useful information on how to best question a patient assignment and advocate for patient – and nurse – safety. Included is simple, direct guidance on when and how to request Safe Harbor – Texas’ formal mechanism for resolving patient safety concerns when a nurse fears duty to patient is at risk.

Fatigue is a Workplace Hazard will inform nurses about the risk of fatigue, a factor that can impair a nurse’s ability to practice competently and safely. Methods for preventing and mitigating fatigue are included.

Single copies are $2.50 each (plus tax and postage) for TNA members; $5.00 each (plus tax and postage) for non-TNA members.

Find complete details in TNA's Store at texasnurses.org/storeindex.cfm

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Gabriel, 21, Acute Myeloid Leukemia