Problem Statement
Texas is locked in a health care delivery crisis with limited resources and a rapidly growing population with complex health needs. Providing quality, affordable access to health care requires a robust health care provider workforce. Texas’ growing need for health care is unmanageable even without taking federal health care reform into account. The cost of the Medicaid program—and the lack of adequate primary care access for this population—is increasing at a rapid rate and cannot be sustained or increased to meet federal requirements without imposing crushing financial burdens on Texas residents.

In Texas, state law prohibits Advanced Practice Registered Nurses (APRNs)\(^1\) including nurse practitioners (NPs) from practicing to the full extent of their education and clinical ability. Currently, Texas law requires that an APRN receive authorization from an individual physician prior to engaging in the practice of advanced nursing. This type of complicated regulatory scheme is outdated and restricts patients’ access to care, creates geographic disparities in services, and needlessly increases health care costs. For example, current law requires APRNs to meet periodically face-to-face with a supervising physician; with few physicians opting to practice in rural areas, many APRNs who are willing to work in rural areas are essentially prohibited from delivering care to these underserved areas.

Texas’ rapid growth, aging population and health care workforce requires changes in the current statutory requirements relating to APRN authority. If changes are not made, Texans will continue to be denied access to vital health care.

How to Address the Problem?
The Texas Nurse Practitioners firmly support allowing APRNs to practice to the full extent of their clinical ability without ANY arbitrary barriers. A state regulatory system that allows patients to have full and direct access to all of the services that APRNs are educated and certified to provide will best position our state’s current and future health care needs.

- Texas ranks 42nd in the ratio of physicians per 100,000 population and 47th in the ratio of primary care physicians per 100,000 population. While only 9% of medical school graduates went into primary care in 2009, 80% of the NP workforce is in a primary care setting. According to HHSC, there were 1.1 million “potentially preventable visits” to emergency rooms by Texas Medicaid recipients in calendar year 2012 at a cost to taxpayers of $293 million. This number does not include the cost above and beyond what Medicaid pays that is absorbed by county hospitals and taxpayers across Texas. This number could be greatly reduced if APRN regulations wouldn’t tie two similar providers together, thus, preventing the creation of access in rural and underserved communities.

- Studies show that increasing access to health care providers will decrease costly hospitalizations. A 1% increase in the primary care physician to total physician ratio leads to a reduction of 0.65 inpatient and 3.83 ER admissions per 1,000 population. (Kravet, S. J., Shore, A. D., Miller, R., Green, G. B., Kolodner, K., & Wright, S. M. (2008). Health Care Utilization and the Proportion of Primary Care Physicians. The American Journal of Medicine, 121(2), 142-148). NPs have the training and clinical ability to provide the broad range of primary care services. Studies indicate that improved access to NPs also decreases hospitalization rates and improved care outcomes. (Olive article)

- The Federal Trade Commission, when asked to review the competitive impact of removing statutory restrictions on APRNs, noted, “requiring supervision of APRNs imposes costs on Texas health care consumers.” In addition, FTC “urged” the removal of restrictive statutes expecting the change would play an important role in improving access to health care services by Texas consumers.

- Hundreds of studies on the quality of NP care have been conducted over the past 40 plus years. Repeatedly NP providers have been found to provide equivalent, and in some cases, superior, care to that provided by physicians. (Josiah Macy Foundation, Who Will Provide Primary Care and How Will They Be Trained?, April 2010)

- At a minimum, a nurse practitioner (NP) must earn a master’s degree, however, a growing number of NPs are prepared at the doctoral level.

Who benefits if these Regulations Change?
- Texas will save money as a direct result of the increase in primary care providers; an increase in providers reduces the amount of expensive hospitalizations and ER visits that result when patients do not have access to primary care. Additionally, a larger number of APRNs will bill under their own billing numbers at a reduced reimbursement rate—leading to further cost savings for the state.

- Texans, in both rural and urban areas, will enjoy increased access to vital care.

APRNs who left their home state of Texas due to severe restrictions on APRN practice will return and provide the care they are educated to perform. APRNs, who could not find a supervising physician or could not afford to pay for supervision, will be able to serve the patients they have been willing, but unable to treat. In addition, Texas would get a full return on the financial investment the state has made in APRN education. The state is held to the national accreditation, program and certification standards for NP programs, but licensure law has restricted the patients and the Texas health system to a lower level of benefits.

Consequences if Nothing Happens?
A valuable opportunity to address Texas’ health care delivery crisis will be lost. The state’s aging and growing population, shortage of providers, and ever-increasing Medicaid enrollment requires the state implement every safe and cost-effective measure that will increase access to care. If the arbitrary restrictions are not removed this session, the next two years will see: (1) the growing gap between the supply of care and demand continue to expand (2) wait times to for health care continue to increase, (3) increasing Medicaid patients with more challenges obtaining access to timely, cost-efficient care, and (4) the continued workforce migration from Texas as NPs move to states with modernized licensure laws.

Who Grants APRNs Full Practice Authority?
19 states and the District of Columbia have already removed arbitrary and outdated restrictions and grant APRNs full practice authority, which allows them to practice to the full extent of their education. In these states, APRNs continue to be accountable for their patients for treating and referring to other providers as warranted by patient needs.

\(^{1}\) Nurse Practitioners are one type of advanced practice registered nurse (APRN). The APRNs designation also applies to: Certified Nurse Anesthetists (CRNAs), Certified Nurse Midwives (CNMs), and Clinical Nurse Specialists (CNSs). A majority of APRNs - 63% - are NPs.