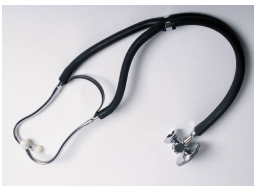

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Reform for a Healthy Future:
Expanding Scope of Practice for Nurse Practitioners in Texas

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Key Points

- Texas' scope of practice laws are highly restrictive compared to many other states, some of which are luring away nurse practitioners, exacerbating a growing provider shortage in the state.
- Based on current research, concerns about the quality of care administered by nurse practitioners are unfounded.
- Expanding scope of practice laws to allow nurses to practice to the extent of their education and training would be an economic boon for Texas.
- The future of health care lies in diversified models of care that utilize non-physician providers like nurse practitioners to a much higher degree.

Introduction

In November 2013, New Mexico Governor Susana Martinez launched a campaign to actively recruit nurse practitioners (NPs) to her state as part of a broad effort to deal with a shortage of primary care physicians.[1] Because NPs in New Mexico are allowed independent practice and prescriptive authority, Gov. Martinez highlighted neighboring states with more restrictive scope of practice laws, including Texas,[2] where NPs are not allowed to run their own clinics or practice without physician oversight.

Indeed, Texas is among a dozen states with relatively restrictive scope of practice regulations for NPs and other advanced-practice registered nurses (APRNs). Unlike in neighboring New Mexico, Texas requires NPs and most other APRNs to practice with some form of supervision, delegation, or team-management by a physician (this varies based on the site and type of practice). New Mexico and 15 other states, as well as Washington, D.C., allow APRNs and NPs to evaluate patients, diagnose, initiate and manage treatments, and prescribe medications—all under the authority of the of the state board of nursing.

To remain competitive with other states and fill persistent gaps in health care delivery, Texas lawmakers should expand scope of practice laws for APRNs including NPs, certified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists. Ideally, Texas law would mirror the most liberal scope of practice laws in the country, such that APRNs are allowed to practice to the extent of their education and training, including prescriptive and diagnostic authority, the ability to operate independent on-site clinics, and serve as primary care providers.

Scope of Practice Reforms in SB 406

Although the 83rd Texas Legislature expanded scope of practice for APRNs and physician assistants (PAs) in SB 406, it left significant restrictions in place. The law, which took effect November 1, 2013, allowed physicians to delegate authority for APRNs/PAs to prescribe Schedule II controlled substances in hospice and hospital settings, and also eliminated the requirement that prescriptive authority be delegated by an on-site physician.* The law also increased the number of APRNs/PAs a physician can supervise from four to seven in certain settings.[3]

These are welcome changes, but they fall far short of effectively utilizing APRNs and liberalizing scope of practice to a degree that is competitive with other states. In particular, the current interpretation of SB 406 keeps in place state regulations that do not allow NPs to be reimbursed by Medicaid managed care organizations (MCOs) if the supervising physician does not accept

* Instead, the type of supervision is now determined by the type of authorizing document, either a Prescriptive Authority Agreement (PAA) or by protocol in facilities-based practices. Periodic face-to-face meetings between physicians and nurses are also required as part of any PAA.

Medicaid or have a contract with the patient's MCO.[4] The result is that NPs throughout the state are seeing fewer patients than they otherwise would.

To meet the needs of a growing and aging population in Texas, a more robust approach to reform is required. This need arises in part due to coverage gaps throughout systems of health care provision in the state.

Health Care Access Problems in Texas

For years, Texas has struggled with physician shortages, especially in rural areas. According to the U.S. Department of Health and Human Services (HHS), 126 of Texas' 254 counties do not have enough primary care physicians and are designated Health Professional Shortage Areas (HPSA),[5] roughly defined as areas with a doctor-patient ratio of about one per 3,000 residents. In addition, Texas has 295 Medically Underserved Areas (MUA),* more than any other state in the country.[6]

State lawmakers took steps to address the physician shortage in the 2013 legislative session by approving two new medical schools in Austin and the Rio Grande Valley. However, simply graduating more primary care physicians will not necessarily mean increased access to primary care in Texas. Graduating medical students can always move elsewhere. Indeed, beginning in 2014, Texas medical schools will graduate an estimated 28 more medical students than available first-year residency positions. In 2015, the number is expected to grow to 137.[7]

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Physician shortages will likely worsen with the implementation of the Patient Protection and Affordable Care Act (ACA), which will expand access to care by subsidizing coverage for low-income Texans and subsequently increase demand for primary care. The U.S. Department of Health and Human Services (HHS) estimates that without expanding Medicaid as many as 2.8 million Texans could gain coverage through the ACA exchange and Medicaid (with Medicaid expansion, the total grows to 4.2 million).[8] Without utilization of providers throughout the state, many of the newly-insured will face difficulties accessing care.

The Solution: Expand Scope of Practice

Emerging models of care such as nurse-led clinics could help mitigate physician shortages if more people come to rely on them for primary care. A 2013 study published in *Health Affairs* forecast the supply and demand of different provider types and found that increasing the number of nurse-led clinics would reduce demand for primary care physicians.[9] According to the study, a "status quo" scenario projected a shortage of 45,000 physicians nationwide in 2025, or 20 percent below projected demand.[10] Expanding the number of nurse-led clinics would substantially alter this projection.

Indeed, the utilization of nurses as primary care providers is a growing trend. Another recent study found that the number of Medicare patients who received primary care from NPs rose fifteen-fold between 1998 and 2010.[11] The

*An area is designated MUA if it meets a given score on the Index of Medical Underservice (IMU), a scale from 0 to 100 where 0 is completely underserved and 100 is least underserved. If a service area has an IMU score of 62.0 or less, it is designated MUA. The IMU score itself involves four variables—ratio of primary medical care physicians per 1,000 residents, infant mortality rate, percentage of the population with income below the federal poverty level (FPL), and percentage of the population age 65 or older.

study also listed Texas among states with the most restrictive regulations for NPs, a group that is projected to have the largest need for more primary care providers.

Fears that primary care from NPs is inferior, or produces worse health outcomes, than primary care from physicians are unsupported by data. A survey of 37 articles published between 1990 and 2009 on the quality, safety, and effectiveness of primary care provided by NPs compared to physicians found that outcomes were comparable across all categories, including health status, satisfaction with care, ER visits, hospitalizations, blood pressure, and others.[12]

Economic Advantages of Greater Utilization

In addition, basic health care services provided by NPs in retail clinics have been shown to be associated with lower costs per visit, and eliminating scope of practice restrictions could have a large effect on the cost savings that NP-operated clinics are able to achieve.[13]

The expansion and modernization of scope of practice laws for APRNs, includingNPs in Texas would not only alleviate endemic provider shortages throughout the state, it would also be an economic boon. A 2012 study estimated that the effect of increasing the efficient use of APRNs in Texas would be $16.1 billion in total expenditures and $8 billion in gross product annually, as well as the creation of more than 97,000 jobs.[14]

Conclusion

As health insurance coverage increases under the ACA, and as Texas' population grows, state lawmakers must seek innovative solutions to meet rising health care needs. Expanding scope of practice laws is a common-sense, proven policy reform that should be part of Texas' solution to the health care challenges it now faces. ★

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About the Author

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Davidson began his career in journalism, and has worked as a print and online reporter, managing and executive editor, and freelance writer for a wide variety of publications. He was Executive Editor for Issue Media Group, where he oversaw 19 weekly publications in the U.S. and Canada covering the creative economy, business innovation, and urban growth and design.

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