GROUNDWORK FOR TEXAS FULL PRACTICE AUTHORITY

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Introduction

At the past 84th legislative session March 2015, HB 1885 by Bell and SB 751 by Rodriguez and Burton relating to the scope of practice of and the prescribing and ordering authority of Advanced Practice Registered Nurse-Full Practice Authority was submitted. Companion documents are designated at the time of introduction. This bill is still at the first stage of the legislative process. Currently, nurse practitioners are regulated by both Texas Board of Nursing and the Texas Medical Board. In February 2017, State Representative Stephanie Klick with State Representative Donna Howard, introduced HB1415 and SB 681 to remove the outdated and costly regulatory barriers for APRN nurses (Texas Tribune, 2017). This bill will eliminate the so-called prescriptive authority agreements that require nurse practitioners to pay up to six-figure fees to "delegating physician." New Mexico government has appropriated funds to recruit Texas nurses, which put Texas at a competitive disadvantage. HB 1415 and SB 681 would allow NP's to practice to the full extent of their training and education, remove costly and burdensome regulatory requirements such as signed delegation agreements with doctors and place nurse practitioners under the exclusive regulatory authority of the Texas Board of Nursing (TNP, 2017).

In this paper, an overview of the different models from states with full practice authority will be presented. The impact of this model will be explored for Texas full practice authority groundwork.

Removing barriers to APRN Practice

The State of Hawaii

Hawaii is a geographically isolated island state with a highly diverse ethnic population of 1.28 million residents. The population is concentrated in Oahu. Rural communities on the neighboring islands encounter barriers related to isolation (Matthews et al. 2010). The state of Hawaii identified problems related to barriers to APRN practice. The first strategy to remove APRN barriers is addressing the needs of the community. It was described that geographical location and Hawaii's rapidly increasing populations of people over age 65 is projected to increase by 86 percent between 2007 to 2030 (1 for every five residents will be 65 or older

(Binnette & Dinger, 2008). Since people are getting older, the demands for primary care will increase (AARP, 2009). Second, is building a coalition through summit including joint initiatives with AARP, US Department of Health and Human Services and the US Department of Labor. The summit was focused on solutions to address nursing shortage and partnership with Vision Malama. The collaboration was identified as having the most significant impact on the capacity to change (Himmelman, 2002). Third, is the endorsement of the consensus model for APRN regulation created by the National Council of State Boards of Nursing (NCSBN, n.d.). The consensus model consists of licensure, accreditation, certification, and education (LACE). Other strategies to build coalition are reaching out to the business community, consumers, educators and others, meeting with stakeholders to identify areas of support and issues of concern and disseminate evidence and data as testimony in educating the people. Finally is to engage with the key stakeholders such as those organizations and legislators, Hawaii State Board of Nursing and Hawaii State Board of Medicine through

collaboration (Matthews et al. 2010). Overall the bill increased access to quality, and cost-effective healthcare is the critical factor to their success.

The State of Nevada

On June 3, 2013, the Governor of Nevada signed into law Assembly Bill 170, which amended the practice requirements of NPs in the state. Although the nurse practitioner's scope of practice was unchanged, this bill provides NP's the ability to practice independent of physician oversight and to their full extent of education and training (Duncan & Sheppard, 2015). A qualitative, multiple participant case study design was done to identify the legislative barriers to full practice authority. The sample consisted of a community-based NP, nurse leader, a nurse activist and a state legislator. No physician volunteered to participate. A total of eight barriers to full practice authority were identified: lack of clear vision, lack of physician support, inability to address all stakeholders, lack of reliable coalition with leadership and legislative experience, lack of vital resources, NP role recognition, community and regulatory organization and social media (Duncan & Sheppard, 2015). The game plan to deal with the roadblocks were in place before the legislative process. This information act as a channel in the fulfillment of full practice authority.

Infrastructure Development for Texas Full Practice Authority

In the state of Texas, 25.1 percent of the population is without health insurance. This is the highest in the nation, and the number continues to creep. The Code Red 2015 reports that Texas is in the state of crisis regarding the health of its people and the increasing discrepancy

between growing health needs and access to affordable health insurance coverage creates the conditions for a "perfect storm."

As leaders in this discipline, this is a crossroad that needs an immediate solution. With the health care reform, we can position ourselves modeling the consensus of APRN regulation and what we have learned from the states of Hawaii and Nevada in eliminating the barriers to full practice authority. I would like to propose an infrastructure to remove the obstacles to Texas APRN full practice authority utilizing their experience for our state. Deletion of this wall, we can increase access to care and save the community government dollars.

Some steps will assist us in making our voices heard. Dellinger (n.d.) suggests that we state our objective- what is the problem we identified? How do you propose addressing the issue and what outcomes do you want? We have identified a new problem of Texas health crisis. Research indicates that APRN's provide high quality and cost-effective healthcare in hospitals and community-based settings in both urban and rural areas (AARP Public Policy Institute, 2009). A meta-analysis of 16 studies comparing outcomes of primary care nurses and physicians showed that quality of care and health outcomes provided by nurses was as high as of the physicians (Laurant et al. 2006). With the changes in healthcare, we should position ourselves to provide care at the forefront. Second, is the people – identifying and understanding the audience. Who are the people that can make your vision a reality? What are their values and needs? Building a coalition through a joint initiative with AARP and engaging key stakeholders. The key stakeholders are the legislators who have authored and collaborated in support of the nurse practitioner's full practice authority. Resistance to FPA legislation from a physician is evident

throughout the literature and in the media nationwide (Duncan & Sheppard, 2015). Duncan & Sheppard further report unanimously, the force behind physician opposition was control, power, and money. The state of Nevada overcome this barrier using a multifaceted approach to gain doctor's support. Their coalition sought to seek the assistance of multiple community organization, especially those involved in the medical arena. Often these bodies are composed of physicians. Members of these groups can have a strong influence on the decisions of the body. We should identify a prominent physician to join our team to build a strong coalition. The organization TNP and CNAP are focused on advocating for FPA. The third step is persuasion – who is the best messenger that can deliver the information to get a YES response. Knowing why the audience should support your proposal and briefing the people the action that you want to be accomplished. Stating in our message "we will increase access to care" Stating a clear vision is an essential component of introducing change and not being able to articulate your goal has been identified as a factor of poor performance and failure (Hasse, n.d.). Community and legislator education about the role of NPs . This education must be clear, concise, straightforward and consistent. The use of social media, flyers and verbal communication may be utilized. Social media is a great way to get the people involved. Up to date information must be present and monitored by a team member. Finally is a performance to measure your success. What did you do? (output), What happened as a result? (outcome). The greatest outcome we have accomplished is the consensus model "LACE."

HB 1885 by Bell and SB 751 by Rodriguez and Burton working in concert will bring us to the path of full practice authority in our state. Direct access to these primary legislators throughout the process means passing through the insulation of these barriers.

Conclusion

The APRN legislation proved to be too complicated for many legislators. Many legislators do not

understand the various roles of registered nurses, much less the advanced practice role.

Throughout the 87th session, nurses and lobbyist worked on updates on the language of the bill.

While there is a lot of debate on the healthcare reform in this country, the bill to increase

access to quality and cost-effective health care will serve as the primary solution on the Texas

Healthcare to purge out of “code red” crisis. This will also position the APRN’s for the Health

Care Reform.

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