

**From:** [Sunset Advisory Commission](#)  
**To:** [Cecelia Hartley](#)  
**Subject:** FW: Public Input Form for Agencies Under Review (Public/After Publication)  
**Date:** Friday, October 21, 2016 4:43:47 PM

---

-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Friday, October 21, 2016 4:16 PM  
To: Sunset Advisory Commission  
Subject: Public Input Form for Agencies Under Review (Public/After Publication)

Agency: TEXAS BOARD NURSING TBN

First Name: Erin

Last Name: Cusack

Title: Associate Director of Public Affairs

Organization you are affiliated with: Texas Nurse Practitioners

Email: erin@texasnp.org

City: Austin

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed: We fully support all recommendations in the Staff Report.

Any Alternative or New Recommendations on This Agency:

These are recommendations developed and endorsed by the APRN Alliance, a partnership of Advanced Practice Registered Nurse organizations who seek to advance common interests through a unified voice.

1. Streamline Regulation and Place APRNs Under the Exclusive Licensure Authority of the Texas Board of Nursing.

In Texas, Advanced Practice Registered Nurses (APRNs) are regulated both by the Texas Medical Board (TMB) and The Texas Board of Nursing (BON). This dual regulation causes confusion for healthcare consumers and APRNs, and wastes taxpayer dollars and resources by having two separate entities drafting rules and regulations for the same profession. An example of this regulation is the Prescriptive Authority Agreement that an APRN must file and is overseen by the TMB. Medical Doctors (MDs), Physicians Assistants (PAs), Registered Nurses (RNs), Podiatrists (DPMs), Doctors of Osteopathy (DOs), Doctors of Chiropractic (DCs), and other healthcare practitioners are only regulated by a single entity. APRNs are one of the few, if not only, healthcare practitioners in Texas who are subjected to this duplicative regulation regime. Twenty-one states and the District of Columbia use a single licensing agency and do not require a delegation agreement for APRNs, and more states are moving in that direction.

2. Fully Adopt all Elements of the APRN Consensus Model, Including Granting Full Practice Authority for APRNs.

In 2008, the National Council of State Boards of Nursing (NCSBN) released the APRN Consensus Model to create

uniform regulatory standards for the expanding advanced practice nursing profession. Uniform regulations and state-to-state regulatory consistency are essential for consumers as well as for employers. Such uniformity not only facilitates licensure portability, but also allows states like Texas to respond to the increasing demands on the health care system.

The major elements of APRN regulation outlined in the Consensus Model are listed below. While Texas has fully adopted elements 1 through 5, it is one of the most restrictive regulatory environments in the country for APRNs and has yet to enact legislation granting full practice and prescriptive authority to APRNs. Not allowing APRNs to practice to the full extent of their training and education has two consequences: 1) it prevents APRNs from expanding access to quality, cost-effective primary and specialty care in areas of the state that are in dire need of health care providers; and 2) it is an immediate barrier to passage of the APRN Compact, serving as a deterrent to employers and APRNs who are considering practicing in the state.

- 1) Title: Advanced practice registered nurse (APRN)
- 2) Roles of APRNs and recognition of each: CNP, CNS, CRNA, CNM
- 3) Licensure: APRNs hold both an RN and APRN license;
- 4) Education: Graduate education is required for APRNs regardless of role
- 5) Certification: Every APRN is required to meet advanced certification requirements
- 6) Independent practice - yet to be adopted in Texas: The APRN shall be granted full authority to practice without physician oversight or a written collaborative agreement, which is currently the licensure standard in 21 states and the District of Columbia.
- 7) Full prescriptive authority - yet to be adopted in Texas: The APRN shall be granted full prescriptive authority without physician oversight or a written collaborative agreement.

### 3. Support the Enhanced Nurse Licensure & APRN Compact.

The Delegate Assembly of the NCSBN voted overwhelmingly to approve the enhanced Nurse Licensure Compact (NLC) and the APRN Compact. In recent years, there has been a tremendous growth in telehealth modalities and distance education. Without these compacts, nurses and APRNs must be individually licensed in every state where they practice. This not only creates unnecessary red tape and regulatory burden, but also impedes licensure portability and greater access to care within Texas. If passed, the NLC will create uniform licensure requirements, improve reporting of disciplinary action and dispute resolutions, and establish an overarching governing body for the NLC. It will also facilitate telenursing, make practicing across state borders affordable and convenient, and remove burdensome bureaucracy and expenses for organizations that employ nurses across state borders.

### 4. Ensure Fair and Impartial Disciplinary Proceedings for Texas APRNs.

APRNs have unique scope of practice issues that require a certain level of expertise and firsthand experience in the role to understand. Despite this fact, currently there is no formal process or rule requiring that disciplinary investigations and proceedings against an APRN include an APRN or even APRN consultation at any phase in the investigatory process. For example, under the current disciplinary process, it is possible for an APRN to be assigned to an investigator who is neither an APRN nor a nurse.

Worsening matters, the Eligibility and Disciplinary Committee, which has the authority to ultimately discipline APRN licensees, does not have a single APRN member represented. In order to ensure fair and impartial disciplinary proceedings, it is important to require the involvement of APRNs with similar credentials and prescriptive authority for cases that call into question nuanced and role-specific APRN practice issues.

### 5. Investigate the Impact of BON Regulations on APRNs Working in the VHA under Federal Jurisdiction.

The Department of Veterans Affairs submitted a draft rulemaking that would grant full practice authority to the 6,000 APRNs working within the Veteran's Health Administration (VHA). If this rulemaking moves forward, it will have an effect on overlapping jurisdictions of nursing regulation within Texas. The Texas Board of Nursing

should evaluate the impact of this change on the way it currently regulates Texas-licensed APRNs, as well as the impact of its regulations on Texas APRNs working in VHA settings. Inconsistent regulations and scope of practice requirements between the VHA and the Texas BON are yet another source of confusion among the public and taxpayers, and should be addressed as part of the Sunset process.

My Comment Will Be Made Public: I agree