

## **BILL ANALYSIS**

C.S.H.B. 1266  
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Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

In many states, advanced practice registered nurses have diagnostic and prescriptive authority and are allowed to practice independently. While this is not generally the case in Texas, interested parties assert that expanding the scope of practice for advanced practice nurses to allow such nurses to practice independently would help to address the state's primary care provider shortage, provide a more cost-effective way of delivering care, and improve access to primary care. C.S.H.B. 1266 intends to provide for a joint interim charge to study the effects of allowing advanced practice nurses to perform basic emergency and nonemergency care.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 1266 requires the speaker of the house of representatives and the lieutenant governor, not later than November 1, 2011, to issue a joint interim charge to the standing committees of the house of representatives and senate with jurisdiction over health care professionals to conduct a joint study that examines the independent practice of advanced practice registered nurses to perform basic emergency and nonemergency health care services and preventive health care services within the scope of the health care providers' practice and license. The bill requires the study to examine the potential cost savings of health care providers who are not physicians performing these health care services, the impact on access to health care services for underserved communities and health professional shortage areas, any projected impact on patient safety and the quality of care for persons treated by health care providers who are not physicians, the effect on the state's overall health care system, and the potential cost savings and other foreseeable consequences of expanding the authority of advanced practice registered nurses to prescribe medication to patients. The bill requires the committees, not later than January 1, 2013, to report the committees' findings and recommendations to the lieutenant governor, the speaker of the house of representatives, and the governor and to include in those recommendations specific changes to statutes and agency rules that may be necessary according to the results of the committees' study. The bill establishes that its provisions expire January 1, 2013.

### **EFFECTIVE DATE**

September 1, 2011.

### **COMPARISON OF ORIGINAL AND SUBSTITUTE**

C.S.H.B. 1266 contains provisions not included in the original requiring the speaker of the house of representatives and the lieutenant governor to issue a joint interim charge to the standing committees of the house of representatives and senate with jurisdiction over health care professionals to conduct a joint study that examines the independent practice of advanced

practice registered nurses to perform basic emergency and nonemergency health care services and preventive health care services within the scope of the health care providers' practice and license and establishing a reporting requirement relating to that study.

C.S.H.B. 1266 omits provisions included in the original creating an advanced practice registered nurse license, establishing the scope of practice for advanced practice registered nursing, and establishing the applicability of provisions regarding advanced practice registered nursing to a registered nurse. The substitute omits provisions included in the original authorizing a licensed advanced practice registered nurse to engage in certain acts relating to diagnosis, prescribing, and referral duties and the planning and initiation of a therapeutic regimen, requiring such a nurse to practice as a licensed independent practitioner, and establishing the accountability of such a nurse. The substitute omits a provision included in the original granting an advanced practice registered nurse certain prescribing and ordering authority. The substitute omits a provision included in the original defining "advanced practice registered nurse" as a registered nurse licensed under the Nursing Practice Act who meets certain educational, licensing, and competency requirements and making the term "advanced practice registered nurse" synonymous with "advanced nurse practitioner" and "advanced practice nurse."

C.S.H.B. 1266 omits provisions included in the original making conforming changes to reflect the prescribing authority of a licensed advanced registered nurse. The substitute omits provisions included in the original removing a registered nurse from the practitioners to which a licensed physician is authorized to delegate an act of administering, providing, or carrying out or signing a prescription drug order at a site serving a medically underserved population. The substitute omits a provision included in the original clarifying that a reference in any other law to an "advanced nurse practitioner" or "advanced practice nurse" means an "advanced practice registered nurse."

C.S.H.B. 1266 omits a provision included in the original repealing statutory provisions relating to the definitions of "advanced practice nurse" and "registered nurse," the delegation of ordering certain drugs and devices to a certified registered nurse anesthetist, and the delegation of certain obstetrical services to certain physician assistants or an advanced practice nurse recognized by the Texas Board of Nursing as a nurse midwife.

C.S.H.B. 1266 omits provisions included in the original setting a deadline by which the Texas Board of Nursing is required to adopt rules necessary to implement the original's provisions and a deadline by which an advanced practice registered nurse who has been approved by the board to provide advanced practice nursing care is required to hold a license.