

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 82ND LEGISLATIVE REGULAR SESSION**

**April 19, 2011**

**TO:** Honorable Lois W. Kolthorst, Chair, House Committee on Public Health

**FROM:** John S O'Brien, Director, Legislative Budget Board

**IN RE: HB915** by Christian (Relating to the authority of advanced practice registered nurses to make medical diagnoses and to prescribe and order prescription drugs and devices.), **As Introduced**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB915, As Introduced: a positive impact of \$918,374 through the biennium ending August 31, 2013.

**General Revenue-Related Funds, Five-Year Impact:**

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2012	\$459,187
2013	\$459,187
2014	\$459,187
2015	\$459,187
2016	\$459,187

**All Funds, Five-Year Impact:**

Fiscal Year	Probable Revenue Gain from <i>General Revenue Fund</i> 1	Probable Savings/ (Cost) from <i>General Revenue Fund</i> 1	Probable Savings/ (Cost) from <i>State Highway Fund</i> 6	Probable Savings/ (Cost) from <i>Oper &amp; Chauffeurs Lic Ac 99</i>
2012	\$550,689	(\$91,502)	(\$115,941)	(\$133,485)
2013	\$548,689	(\$89,502)	(\$115,941)	(\$117,481)
2014	\$555,082	(\$95,895)	(\$18,441)	(\$117,481)
2015	\$555,082	(\$95,895)	(\$18,441)	(\$120,187)
2016	\$562,475	(\$103,288)	(\$18,441)	(\$117,481)

Fiscal Year	Change in Number of State Employees from FY 2011
2012	3.3
2013	3.3
2014	3.3
2015	3.3
2016	3.3

**Fiscal Analysis**

This bill would implement recommendations in the report "Increase Access to Primary Care Services by Allowing Advanced Practice Registered Nurses to Prescribe" in the Legislative Budget Board's

*Government Effectiveness and Efficiency Report*, submitted to the Eighty-second Texas Legislature, 2011.

The bill would establish a tiered prescriptive authority for advanced practice nurses. Under the bill, an Advanced Practice Registered Nurse (APRN) would complete 3,600 hours of practice with delegated prescriptive authority and then be able to apply to the Board of Nursing for an prescriptive authority that did not require physician delegation. Thereafter, the APRN would function as an autonomous practitioner licensed by the Board of Nursing to provide care in a defined roles and for specific populations.

Currently, APRNs are authorized to prescribe Schedule III, IV, and V drugs. The changes proposed in the bill would authorize an APRN to prescribe a Schedule II drug (in accordance with their defined scope of practice).

The bill would take effect September 1, 2011.

### **Methodology**

The Texas Board of Nursing assumes that overseeing the prescriptive authority process would require one new FTE at a cost of \$180,000 of General Revenue Funds in the 2012-13 biennium. The bill allows the Board to increase APRN license fees to cover the cost of the FTE, and this revenue would cover the cost of administering the program.

Under current law, APRNs have authority to prescribe drugs in Schedules III, IV, and V. This bill would give some APRNs authority to prescribe Schedule II drugs. The department of Public Safety (DPS) assumes that it would process approximately 2,177 new Controlled Substances Registrations each year of the biennium. Gains to the General Revenue Fund would come from Controlled Substances Registration fees and from the sale of Schedule II prescription forms from DPS.

DPS estimates that processing additional Schedule II registrations and handling prescription pad requests would require an increase of 2.3 FTEs. Costs related to regulatory functions are paid out of Fund 99.

None of the health and human services agencies estimate a cost or savings as a result of the bill. However, the department of State Health Services estimates that the bill would free up some psychiatrist time at state hospitals as they would no longer have to supervise APRNs.

### **Technology**

The Information technology (IT) division of DPS anticipates needing contractors to modify its Regulatory Services Application to recognize APRNs for Schedule II prescription authority. These IT costs would be paid out of Fund 6.

### **Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 405 Department of Public Safety, 507 Texas Board of Nursing, 529 Health and Human Services Commission, 537 State Health Services, Department of, 539 Aging and Disability Services, Department of

**LBB Staff:** JOB, CL, JI, BH