

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 82ND LEGISLATIVE REGULAR SESSION

April 21, 2011

TO: Honorable Steve Ogden, Chair, Senate Committee on Finance

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

IN RE: SB1260 by Ellis (Relating to licensing of advanced practice registered nurses and the authority of those nurses to prescribe and order prescription drugs.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for SB1260, 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>State Highway Fund</i> 6	Probable Savings/ (Cost) from <i>Oper & Chauffeurs Lic Ac 99</i>	Change in Number of State Employees from FY 2011
2012	\$459,187	(\$115,941)	(\$133,485)	2.3
2013	\$459,187	(\$115,941)	(\$117,481)	2.3
2014	\$459,187	(\$18,441)	(\$117,481)	2.3
2015	\$459,187	(\$18,441)	(\$120,187)	2.3
2016	\$459,187	(\$18,441)	(\$117,481)	2.3

Fiscal Analysis

This bill would implement a recommendation in the report "Increase Access to primary Care Services by Allowing Advanced Practice 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 remove certain restrictions on Advanced Practice Registered Nurses (APRNs). If enacted, APRNs would no longer have their ability to diagnose and prescribe delegated by a physician, but would function as autonomous practitioners licensed to provide care in defined roles and for specified populations.

Currently, APRNs are authorized to prescribe Schedule III, IV and V drugs. The changes proposed in this 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

Under current law, advanced practice nurses 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 the agency 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 in FTEs. Costs related to regulatory functions are paid out of Fund 99.

The Board of Nursing assumes that the provisions of the bill could be implemented using existing resources. 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

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