

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

**FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION**

**April 24, 2017**

**TO:** Honorable Four Price, Chair, House Committee on Public Health

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB3395** by Price (Relating to the authority of advanced practice registered nurses practicing in certain areas.), **As Introduced**

**No significant fiscal implication to the State is anticipated.**

The bill would amend the Occupations Code, Education, Human Resources, and Insurance Code relating to the authority of advanced practice registered nurses (APRNs) practicing in certain areas. The bill would authorize an APRN to practice as a licensed independent practitioner if the APRN is practicing in a county: (1) in which there is no practicing primary care physician; and (2) that has been designated as a medically underserved area under state or federal law or that contains a medically underserved population. The bill would permit the APRN practicing in one of these counties to prescribe and order drugs and devices, other than controlled substances, if the APRN has been issued a prescription authorization number.

According to the Health and Human Services Commission (HHSC), there would be one-time and ongoing technology costs for systems modifications to implement the provisions of the bill. It is assumed those costs can be absorbed within HHSC's existing resources. There could be additional costs associated with services provided by APRNs but it is assumed any increased costs would be offset by the lower reimbursement for APRNs and avoidance of higher cost services. Certain provisions of the bill may conflict with federal Medicaid law and it is assumed those provisions would not be implemented in order to avoid a loss of federal funding that could result from violating federal Medicaid law.

The Texas Board of Nursing, the Texas Department of Criminal Justice, the Texas Medical Board, the Employee Retirement System, the Texas A&M University System Administrative and General Offices, the Department of Insurance, the Teacher Retirement System, the University of Texas System Administration, and Board of Pharmacy anticipate any additional work resulting from the passage of the bill could be reasonably absorbed within current resources.

**Local Government Impact**

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:** 323 Teacher Retirement System, 327 Employees Retirement System, 454 Department of Insurance, 503 Texas Medical Board, 507 Texas Board of Nursing, 515 Board of Pharmacy, 529 Health and Human Services

Commission, 696 Department of Criminal Justice, 710 Texas A&M  
University System Administrative and General Offices, 720 The University  
of Texas System Administration

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