SUBJECT: Rural health care services

COMMITTEE: Public Health — committee substitute recommended

VOTE: 7 ayes — Berlanga, Hirschi, Glaze, Janek, Maxey, McDonald, Rodriguez

0 nays

2 absent — Coleman, Delisi

SENATE VOTE: On final passage, May 3 — voice vote

WITNESSES: For — Harold Freeman, Texas Medical Association; Chet Brooks; Timothy J. King, Sam V. Stone, Texas Academy of Physician Assistants; Ed Jackson, Texas Organization of Rural and Community Hospitals, Columbia/HCA; Allen Horne, Texas Hospital Association; Jim Willmann, Texas Nurses Association; Troy Alexander, Texas Academy of Family Physicians

Against — None

DIGEST: CSSB 673 would establish a health professions clearinghouse, authorize rural public hospitals to operate elderly care facilities, authorize new practices for physician assistants and registered nurses, authorize a interagency study of rural health clinics and require criminal justice managed care plans to accept Medicare certification for hospitals.

The bill would take immediate effect if approved by two thirds of the membership of each house.

Clearinghouse. The Texas Department of Health would be required to establish within the health professions resource center a clearinghouse for health professionals seeking collaborative practice. The department could charge a reasonable fee and receive and spend public and private grants and donations in the performance of its clearinghouse responsibilities.

Rural health center studies. The Center for Rural Health Initiatives would be required, in addition to current duties, to ensure rural areas receive the maximum benefits of telemedicine by promoting a transmission rate structure that accommodates rural needs and by improving rural telecommunications infrastructures.

It would also be required to initiate a study of rural health clinics, to develop a quality assessment program of rural clinics and to encourage participation in the early and periodic screening, diagnosis and treatment (ESPDT) program.

Elderly care. CSSB 673 would allow certain rural hospital authorities and hospital districts to own, operate and issue revenue bonds for elderly housing, assisted living, home health, special care and personal care facilities in addition to nursing homes now allowed in law. A hospital authority or hospital district could also operate a durable medical equipment facility. Hospital authorities and hospital districts would be required to be in counties of 35,000 or less or rural portions of urban counties.

PA and RN duties. Physician assistants (PAs) would be authorized to determine and pronounce death to the same extent as registered nurses and would have limited liability when acting in good faith to the same extent as doctors and registered nurses.

SB 673 would specifically allow PAs and advanced nurse practitioners (ANPs) to sign or complete prescriptions as provided under the Medical Practice Act for medically underserved areas and would newly allow RNs and PAs to sign or complete prescriptions at a physician's primary practice site. ANPs and PAs could only sign for dangerous drugs as delegated by the supervising physician, who would also have to notify the Board of Medical Examiners of the persons to whom signing authority had been delegated.

An "advanced nurse practitioner" would be defined as a registered nurse approved by the Board of Nurse Examiners who has completed an advanced educational program. The board would also be required to adopt rules relating to signing prescriptions, including requiring the completion of and continuing education in pharmacology and related pathology programs.

A "primary practice site" would include a licensed hospital or nursing home as well as a physician's office.
A physician would be required to supervise the PA or ANP at the practice site but would not be required to be constantly present.

A physician's authority to delegate would be limited to three PAs or ANPs who are located at the primary practice site and who are treating patients with whom the physician has established a relationship. A physician's authority to delegate prescription signing would be limited to dangerous drugs. The Board of Medical Examiners could adopt rules regarding physician delegation of prescription signing.

Certain physicians in hospitals and long-term care facilities could delegate carrying out or signing of prescription orders to more than one PA or ANP. In a hospital or ambulatory surgical center a physician could delegate to a certified registered nurse anesthetist the ordering of drugs and devices necessary to administer an anesthetic or an anesthesia-related service.

A physician could also delegate under standing orders or protocols to a PA or ANP nurse midwife offering obstetrical services the act or acts of administering controlled substances to patients during intra-partum and immediate post-partum care. The order would be required to provide reporting or monitoring of patient progress and would be limited to three nurse midwives or PAs.

Hospital certification for inmate managed care. The managed care advisory committee to the Texas Department of Criminal Justice would be required to develop a managed care plan for inmates that requires managed care plans to accept certification by Medicare as an alternative to accreditation by the Joint Commission on Accreditation of Health Care Organizations.

SUPPORTERS SAY:

SB 673 would make several necessary adjustments to the provision of rural health care to ensure existing health resources are meeting the needs of the rural populations. The bill would build upon landmark rural health care measures enacted in 1989 in HB 18 by McKinney and would initiate an interagency study of the effectiveness of the 200 rural health clinics that formed as a result of that bill.

Establishing a clearinghouse within the health professions resource center (a center established by HB 18 to monitor and improve the supply and distribution of Texas health care professionals) would provide a method through which practitioners could find other like-minded practitioners to establish a rural health practice, and therefore encourage physicians and other health professionals to locate to rural areas. One of the disincentives of a rural practice is the solitude and stress of being a single practitioner for a given area.

SB 673 would provide clear statutory authority for public hospitals to provide elderly services that many hospitals are doing already. Hospitals, especially rural hospitals, can not survive in today's health care market by limiting their services to inpatient and outpatient health care. Rural areas have a disproportionately high percentage of elderly residents. Allowing public hospitals to provide health care and other long-term care services to their communities would better serve rural residents, help keep the hospitals financially viable and also, by the range of low-cost services they can provide, make them attractive to managed care plans.

Requiring TDCJ managed care plans to accept Medicare certification in addition to JCAHO accreditation would allow small rural hospitals to provide health services to incarceration facilities in their communities. Rural hospitals cannot usually afford the expense of obtaining JCAHO accreditation, but they are usually Medicare certified. Medicare certification is an acceptable indication that the facility provides quality care.

Allowing physician assistants and registered nurses to sign prescriptions would help them meet the health care needs of their patients. Rural health clinics often operate under a collaborative approach with a PA or ANP staffing a facility and the supervising physician making frequent, regular visits to one or more clinics. Often supervising doctors will provide PAs and RNs with signed prescriptions, creating a constant potential hazard for the signed prescriptions to fall into the wrong hands. Alternatively, physicians do not leave signed prescriptions and a PA or RN are unable to help sick patients for common or routine conditions requiring prescriptive medications.

SB 673 would not be breaking new ground — it would simply be building upon provisions in current law allowing PAs and RNs to administer certain prescription drugs by providing PAs and RNs with the authority to sign prescriptions under very limited conditions and under physician supervision.

OPPONENTS SAY:

Allowing physician assistants and registered nurses to sign prescriptions under broader circumstances would take them one step closer to their overall professional goal of practicing independently of physician supervision.

NOTES:

The committee substitute added to the Senate-passed version provisions allowing the delegation of prescription signing to PAs and RNs in obstetrics and made other conforming amendments to the Health and Safety Code and the Texas Pharmacy Act.