SUBJECT: Services by advanced practice nurses and physician assistants

COMMITTEE: Public Health — committee substitute recommended

VOTE: 6 ayes — Berlanga, Hirschi, Coleman, Glaze, Janek, Maxey

0 nays

2 absent — Davila, Delisi

WITNESSES: For — Troy Alexander, Texas Academy of Family Physicians; Mike Parish, M.D., Texas Medical Association; Phyllis Pilger, Texas Association of Nurse Anesthetists; James Willmann, Texas Nurses Association; Sandra Gale, Consortium of Texas Certified Nurse Midwives; Lisa Burr, Texas Nurse Practitioners; Jeff Kloster, PCA; Lynda Woolbert; J. De La Cruz

Against — None

BACKGROUND: Advanced practice nurses (APNs) are registered nurses who have completed advanced training recognized by the Board of Nurse Examiners and include nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists. Physician assistants (Pas) must successfully complete a certified physician assistant educational program and meet other licensing requirements by the State Board of Physician Assistant Examiners, an advisory board to the Board of Medical Examiners.

In 1989 the Legislature authorized advanced practice nurses and physician's assistants to write prescriptions for patients, under the delegation and supervision of physicians, at physicians' primary practice sites or sites serving medically underserved populations (Medical Practice Act. art. 4495b, sec. 3.06(d)(5) and (6), VACS).

Art. 21.52, sec. 3 of the Insurance Code prohibits insurers from denying reimbursement for health care services performed by certain specified practitioners for services performed within their authorized scope of practice. The types of practitioners specified includes podiatrists, social workers, licensed counselors, dieticians and about 10 other practitioners but does not include APNs or PAs.

DIGEST:

CSHB 2846 would amend the Medical Practice Act and the Insurance Code relating to APN and PA practices.

The bill would take effect September 1, 1997, and apply only to health benefit policies issued, delivered or renewed on or after January 1, 1998.

Medical practice amendments

CSHB 2846 would extend the required time period in which physicians would have to provide direct supervision in sites serving medically underserved areas from at least once a week to at least once every 10 business days during which the APN or PA was on site.

Primary practice site would include a clinic operated by or for the benefit of a public school district for the purpose of providing care to the students of that district and their siblings.

Insurance amendments

If an APN or PA was authorized to provide care under sec. 3.06(d)(5) or (6) of the Medical Practice Act, health maintenance organizations (HMOs) and preferred provider plans (PPOs) could not refuse a request made by a physician and a PA or APN to have the PA or APN identified as a provider in the HMO's provider network, unless the PA or APN failed to meet the quality of care participation standards previously established by the HMO.

An HMO or PPO also could not refuse to contract with or reimburse, or otherwise discriminate against APNs and PAs because APNs or PAs are not identified under sec. 3, art. 21.52 of the Insurance Code.

Health insurers would have reimburse for the services rendered by APNs or PAs unless such benefits were specifically excluded in the exceptions provisions of the policy.

SUPPORTERS SAY:

CSHB 2846 would improve patient access to health care by facilitating collaborative practices between APNs, PAs and physicians and by prohibiting unfair discrimination by health benefit plans for APN and PA services.

Direct physician supervision over the prescriptive authority of PAs and APNs is needed because of the potential dangers in prescribing inappropriate drugs or inappropriate dosages. CSHB 2846 would extend the period between direct physician visits to a site in a medically underserved area so that the use of PAs and APNs, and patient access to care, is not unnecessarily restricted in these areas due to physician inabilities to visit the site once a week. However, a complete waiver of direct physician supervision should not be allowed because it could be abused by aggressive health plan networks who could try to supplant physicians with lower-cost PA and APN practitioners.

Currently, hospital governing boards decide on an individual basis whether or not to grant privileges to PAs or APNs to practice and admit patients in their hospital. Such decisions are usually based on the working relationships of the PAs and APNs with the physicians. Requiring hospitals to grant PAs and APNs due process would unnecessarily heighten the professional independence of a PA or APN. It could establish situations in which a physician wants to terminate a relationship with a certain APN or PA, but would be forced to continue to work with, or deliver health care services with, that person who found another doctor in the same hospital under which to be supervised.

OPPONENTS SAY:

CSHB 2846 does not go far enough. Many APNs and PAS have excellent collaborative practices with physicians, which should be recognized in the form of reasonable treatment by hospital credentialing boards and by waiving direct physician supervision in exceptional situations.

The Board of Medical Examiners should be authorized to grant waivers of physician supervision requirements for collaborative working relationships that demonstrate adequate physician supervision and patient care and when compliance with supervision requirements creates an unnecessary burden. Prescriptive authority is now connected to the site at which a PA or APN works, which is unreasonably restrictive because the adequacy of patient care is related to the judgment of the APN and PA and their working relationship with the doctor, not by whether they practice at a specific location.

APNs and PAs should be granted the same kind of due process granted to all other practitioners when applying for hospital privileges, especially when those privileges may be subject to modification or revocation. APNs and PAs, as primary care givers, often establish strong relationships with their patients and may be the most knowledgeable health practitioner about that patient's medical and social history. When hospital privileges are not granted to PAs and APNs, hospitalized patients often lose a trusted PA or APN's knowledge and advice because their care is handed over to an admitting physician.

OTHER OPPONENTS SAY:

The bill should specify that HMOs could not discriminate against APNs or PAs *solely* because APNs and PAs are not identified under sec. 3, art. 21.52 of the Insurance Code, to make clear that HMOs retain the right to select or refuse to contract with APNs or PAs for other, plan-related reasons.

NOTES:

The committee substitute removed provisions in the original version that would have authorized the Board of Medical Examiners to waive direct supervision under certain circumstances, and would have required hospital boards that grant hospital privileges to PAs and APNs to provide due process in the application for, modification and revocation of such privileges.