



**NLAC**  
Nursing Legislative Agenda Coalition

# LEGISLATIVE PRIORITIES

89TH REGULAR SESSION

Issues that Matter to Texas Nurses



INVEST IN NURSING EDUCATION

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IMPROVE THE WORK ENVIRONMENT

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UTILIZE ADVANCE PRACTITIONERS

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SUPPORT STUDENT HEALTH

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# NLAC

Nursing Legislative Agenda Coalition

## ABOUT

The Nursing Legislative Agenda Coalition (NLAC) is a coalition of nursing organizations around Texas that join together to share ideas, strategies, and priorities for nurses. Each legislative session, NLAC presents a list of urgent issues which need to be addressed by elected officials for the health and benefit of all Texans.

- Association of PeriOperative RNs. Greater Houston
- Association of Operating Room Nurses North Harris Montgomery County
- Consortium of Texas Certified Nurse Midwives
- Houston Chapter of Oncology Nursing Society
- Houston Organization for Nursing Leadership
- Psychiatric Advanced Practice Nurses of Austin
- Psychiatric Advanced Practice Nurses of Texas
- Texas Association of Deans & Directors of Professional Nursing Programs
- Texas Association for Home Care and Hospice
- Texas Association of Nurse Anesthetists
- Texas Association of Vocational Nurse Educators
- Texas Clinical Nurse Specialists
- Texas Collaboration of periOperative Nurses
- Texas DNP
- Texas Emergency Nurses Association
- Texas League for Nursing
- Texas Nurses Association
- Texas Nurse Practitioners
- Texas Nursing Students Association
- Texas Organization for Associate Degree Nursing
- Texas Organization of Baccalaureate and Graduate Nursing Education
- Texas Organization for Nursing Leadership
- Texas School Nurses Organization



## INVEST IN NURSING EDUCATION

### Continuing Support for the Nursing Workforce

Last session, the Legislature passed Senate Bill 25 and associated appropriations, which constituted the largest investment in nursing education in state history.

The law was meant to address the growing nursing shortage in Texas, exacerbated by the COVID-19 pandemic, population growth in Texas, and the demographic trend of retiring baby boomers. This law remains the single best tool available in Texas policy to reverse the growing shortage.

**The Legislature should continue investments in SB 25 programs and include funding for clinical education programs created by SB 25 that did not receive funding last session.**



## IMPROVE THE WORK ENVIRONMENT

### Reinforce the Nurse Staffing Statute

Texas originally passed the nurse staffing statute and prohibition on mandatory overtime in 2009. The prohibition on mandatory overtime includes an exception for public health emergencies. Due to the COVID-19 pandemic, nurses lost the protection against mandatory overtime for three years. During that time, and since the emergency ended, nurses have been reporting a breakdown in the nurse staffing system in Texas.

**The Legislature should revisit this statutory system and ensure HHSC properly enforces the law in the wake of the COVID-19 pandemic to promote patient safety and improve the working environment for nurses.**





## Preventing the Criminalization of Medical Errors

For decades, the healthcare industry has operated under an informal legal framework: licensing agencies address practice errors while prosecutors address intentional harm to patients. Occasionally, we see cases where practice errors are treated the same as intentional, criminal acts toward patients. It is a dangerous precedent. The Legislature should empower nurses to speak up when errors occur, or healthcare systems break down. When we empower nurses to speak up, we improve patient outcomes and ensure that errors do not occur in care provided to future patients.

**The Legislature should codify the separation of civil practice remedies and criminal acts in health care to promote open disclosure of practice errors and systems issues.**

## Just Culture

Currently, Texas provides no pathway to expungement for low level violations of the Nursing Practice Act. As an example, if a new nurse fails to timely renew her nursing license, she may be subject to a remedial education order from the Texas Board of Nursing. That disciplinary order will remain on the nurse's license for the rest of the nurse's career.

**Texas should adopt an expungement system to encourage nurses to complete their remedial education and stay engaged in the profession and should ensure fair application of Board rules to all nurses, including those working in the state on emergency waivers.**

## Surgical Smoke Evacuation

Perioperative nurses, surgeons, anesthesia providers, surgical technicians and multiple ancillary staff are at risk of exposure to hazardous surgical smoke.

**Texas should adopt requirements for facilities to protect providers from surgical smoke.**





## UTILIZE ADVANCE PRACTITIONERS

### Remove Regulatory Barriers on APRN Practice

Under current law, APRNs in Texas must sign—at the cost sometimes of tens of thousands of dollars—a contract with a physician, called a delegation agreement, before they can treat patients. This is a perpetual requirement. APRNs must renew those contracts every year for their entire careers. The delegating physician may never see or provide direct care for the APRN’s patients or be in the same site or even city as the APRN. If the physician retires or moves, APRNs must stop seeing their patients and close their practices until they can find a new delegating physician.

**The Legislature should amend state law to allow APRNs to practice to the full extent of their training, education, and licensure—without mandated physician delegation agreements. This is a critical policy solution to help alleviate shortages in primary care and will increase access to health care overall, particularly in rural and historically underserved areas and communities.**

### Board Procedures for Complaints Against Health Care Providers

**The Legislature should require regulatory agencies to refer any complaints for a licensed individual to the appropriate licensing board.**

Complaints filed against APRNs at the Texas Medical Board, or any other licensing agency should be immediately referred to the Texas Board of Nursing, the board with jurisdiction over APRNs.

## Expand Schedule II Prescriptive Authority for APRNs

Current law prevents APRNs from prescribing Schedule II medications outside of the hospital and hospice settings. These restrictions prevent APRNs from prescribing needed medications for mental health patients and patients with severe pain in a variety of practice settings, such as palliative and long-term care. It also prevents hospital-based NPs from being able to write timely discharge prescriptions for their patients, contributing to delays in care and increased costs for hospitals. Texas is one of only six states without Schedule II authority for APRNs.

**Extending Schedule II authority to APRNs will improve continuity of care for patients, increase access, and reduce administrative burdens for providers and health care facilities.**

## Remove Dental Restrictions

Dentists in Texas can delegate the provision of anesthesia to CRNAs, so long as the dentist has a permit for the type of anesthesia that the CRNA is performing. However, the Texas State Board of Dental Examiners has recently adopted strict anesthesia permitting requirements, which has had the unintended consequence of also limiting the CRNA's ability to provide dental anesthesia care.

**The Texas Legislature should remedy this by removing the requirement that dentists have a permit when the CRNA provides care. This change would dramatically increase access to care by ensuring those dentists without permits are still able to treat patients who need anesthesia.**

## Eliminate Insurance Requirement for Delegating Physicians

**NLAC recommends removing the requirement that NPs be in the same health insurance network as their delegating physician.**

SB 654 (85R) eliminated this requirement for Medicaid/CHIP in 2017, but the bill excluded commercial plans. Getting rid of this insurance barrier is necessary to keep pace with the growing numbers of NPs providing primary care in Texas and would increase network adequacy in areas with healthcare provider shortages.

CLINIC rehabilitation dignity OPTIONS  
mental alternative diagnosis PREVENTATIVE  
RESEARCH insurance trust community  
education CHOICE SAFE QUALITY  
HOLISTIC responsibility **healthcare**  
treatment orthopedic support therapy



## SUPPORT STUDENT HEALTH

### Over the Counter Medications

The Texas Board of Nursing recently issued guidance requiring a physician's order for all over the counter (OTC) medication administration by school nurses. The guidance raised concern that families would face a new barrier to healthcare access and would lose parental authority to make decisions for their children's medical care.

**The Legislature should remedy this situation by allowing school nurses to provide OTCs based on parent permission to ensure students receive safe and appropriate care they would otherwise receive at home from their parents or guardians.**

### Free-Care Rule

Prior to a rule change by CMS in 2014, schools could only bill Medicaid for services provided to special education students. Now, schools can bill for any service provided to a student enrolled in Medicaid. However, for schools to access those funds, the state must submit a State Medicaid Plan Amendment to CMS. So far, seventeen states have taken advantage of this opportunity. This change would be budget-neutral for the state, and the matching funds would be available for behavioral health services as well.

**The Legislature should instruct the Health and Human Services Commission to make this change in the upcoming legislative session.**





