

# 2005 NURSING LEGISLATIVE AGENDA

Prior to each legislative session, the Texas Nurses Association hosts a series of meetings of nursing organizations in Texas to identify significant nursing and health care related issues that should be on nursing's legislative agenda for that session. The following is Nursing's Legislative Agenda for 2005.

## 1. Nursing Shortage

Texas continues to face a critical shortage of registered nurses. The demand for nursing services is expected to continue to increase as the Texas population ages and more of Texas's aging nurse population is lost to retirement. Lack of adequate nurses means less quality care for patients. Despite the shortage, Texas nursing schools turned away over 4200 qualified applicants in the 2003 academic year and preliminary data indicates even more in 2004. The primary reason was lack of the faculty positions to enroll more students.

Nursing will again partner with the Texas Hospital Association and the Greater Houston Partnership in addressing the shortage.

### A. Funding For Additional Faculty Positions Needed To Increase Nursing Schools Enrollments

Nursing will ask the Legislature to appropriate the funds for the faculty positions needed to increase enrollment capacity of Texas's registered nurse programs. Nursing supports the Texas Higher Education Coordinating Board's (THECB) appropriations request that includes approximately \$50 million for nursing education. These funds should be used to:

- fund the additional faculty positions needed to increase enrollments;
- increase faculty salaries to make teaching competitive with clinical nursing position readily available to master's- and doctoral-prepared nurses
- provide financial aid and other incentives to recruit and retain qualified faculty; and
- provide incentives for nursing schools to graduate more of their students on time.

### B. Additional Incentives For Nursing School Faculty

Lack of competitive compensation is the primary obstacle to hiring the additional nursing school faculty needed to increase enrollments and retain current faculty – particularly the disparity between teaching salaries and salaries for clinical positions readily available to master's- and doctoral-prepared nurses. One way to increase faculty compensation is to provide financial incentives other than direct salary increases. Nursing will initiate legislation to provide the following special incentives to nursing school faculty:

- tuition exemption for faculty children attending a public college or university;

- a \$500 tuition exemption for preceptors or their children;
- permitting nursing school faculty participating in the Teachers Retirement System (TRS) to retire and return to work full time without loss of benefits; and
- including nursing school faculty to existing affordable home loan program for teachers, firefighters and law enforcement officers.

### C. Creating Attractive Practice Environment

An attractive practice environment is an essential component in retaining nurses in the profession. Safe patient handling initiatives can create a safer environment for both nurses and patients. A safer practice environment can help prevent career ending back injuries and also extend the careers of older nurses. Nursing will initiate legislation to promote safe patient handling in hospitals and nursing homes.

## 2. Peer Assistance For Nurses

Nursing will ask the Legislature to appropriate the funds collected from the \$5 nurse license renewal surcharge for peer assistance for that purpose. The amount appropriated for peer assistance services has not increased since 1997 even though the number of licensees that pay the \$5 surcharge has increased. Currently, only about \$4 of the \$5 collected is appropriated. The BNE's legislative appropriations request includes an exceptional item request that the full amount collected from the \$5 surcharge be appropriated. Nursing supports this request and any related increase in the total fees collected by the BNE needed to offset the additional appropriation.

## 3. BNE Executive Director's Salary

With the combining of the RN and LVN boards, the BNE is responsible for regulating the largest group of health professionals (253,000) in Texas. The executive director's salary is not competitive with comparable state agencies and lower not only than comparable states such as Ohio and North Carolina but also than the bordering states of Arkansas, Louisiana and Oklahoma. The BNE's legislative appropriations request includes an exceptional item request for an increase in the executive director's salary. Nursing supports this requests and any related increase in the total fees collected by the BNE needed to offset the additional appropriation.

## 4. Nursing Practice Act (NPA) Amendments

In 2003, legislation (HB 1483) passed combining the boards and the licensing acts for RNs and LVNs. Other 2003 legislation amending the Nursing Practice Act (SB 718 and HB 3126) in some cases did not include LVNs and in others amended the same provision differently.

Nursing will initiate legislation making corrective amendments to the NPA to address these issues as well as amendments addressing several other issues including:

- Clarifying that nurse's conduct is reportable to BNE only when the conduct creates an unnecessary risk of harm to patient.
- Clarifying relationship between employer reporting and conducting of nursing peer review when a terminated nurse elects not to participate in peer review.
- Making Nurse Licensure Compact permanent.

## **5. Nurses Assisting at Surgery and Circulating in Operating Room**

In 2001 and 2003, the Nursing Practice Act was amended to address issues relating to Registered Nurse First Assistants (RNFA) and other nurses assisting at surgery. That legislation has created unanticipated issues about nursing practice in the operating room. Nursing will initiate legislation that clarifies when Advanced Practice Nurses can function as first assistants and the circumstances under which other nurses can assist a physician, dentist or podiatrist in surgery.

Nursing will support a legislative initiative to require that circulating duties in the operating room be performed by an RN.

## **6. Advanced Practice Nursing**

### **A. Medicaid Reimbursement Rate**

Prior to the 2003 legislative session nursing and medicine reached agreement that the Medicaid reimbursement rate for APNs should be increased from 85% to 92% of what a physician is paid for the same service. Because of budgetary constraints, the increase did not occur in 2003. Nursing supports making the increase this session.

### **B. CRNA Supervision**

The Texas Society of Anesthesiologists testified before the Sunset Commission that it would like the Legislature to "clarify" that CRNAs must practice under the supervision of a physician. Since CRNA's are not currently required to practice under physician supervision, such "clarification" would in fact be a change in Texas law. Nursing opposes this change in Texas law as irrelevant to patient safety and because it creates an artificial barrier to qualified anesthesia services.

## **7. Duty-Free Lunch For School Nurses**

Although school districts are required to provide public school teachers and librarians a 30-minute duty free lunch period, they currently are not required to do the same for school nurses. Nursing will support legislation requiring school nurses be provided the same duty free lunch period as provided teachers and librarians.

## **8. Mandatory Continuing Education and Nursing School Curriculum**

There are 175,000 RNs and 75,000 LVNs licensed in Texas. Almost no subject-specific continuing education or course is likely to be appropriate to all 250,000 nurses. HB 1483 passed in 2003 charges the Sunset Commission with evaluating subject-specific continuing education for nurses as part of the sunset review of the BNE in 2007. Nursing will oppose required subject-specific unless it is clearly demonstrated that it is appropriate for all nurses. Nursing has similar concerns about mandating that nursing school curriculum include subject-specific courses.

## **9. Licensing and Certification of Allied Health Providers**

Nursing will oppose legislative initiatives to license, certify or expand the role of allied health providers such as surgical technologists unless the legislation provides 1) for the individuals to practice under the delegation and supervision of a nurse if a significant portion of their scope of practice includes tasks traditionally falling within the scope of nursing practice and 2) an explicit exemption for RNs and LVNs. If these conditions are met, nursing will evaluate the public policy need met by licensing or certifying or expanding the role of the particular group of allied health providers in determining its position on particular legislation.

## **10. Children's Health Insurance Program (CHIP) and Medicaid**

Nursing supports full funding of the CHIP program to maximize the amount of federal dollars that Texas can receive. It also supports increased funding for Medicaid.

### **ENDORSING ORGANIZATIONS**

**Texas Nurses Association**  
**Texas Emergency Nurses Association**  
**Texas Organization of Nurse Executives**  
**Texas Organization for Associate Degree Nursing**  
**Assn of Women's Health, Obstetrics & Neonatal Nurses**  
**Soc. of Otorhinolaryngology & Head & Neck Nurses - Dal**  
**Soc. of Otorhinolaryngology & Head & Neck Nurses - Hou**  
**Texas Association of Vocational Nurse Educators**  
**Texas Nurse Practitioners**  
**Tex. Org. of Baccalaureate & Graduate Nurse Educators**  
**Texas RN First Assistants Network**  
**Association of periOperative Registered Nurses**  
**Houston Organization of Nurse Executives**  
**Licensed Vocational Nurses Association of Texas**  
**Nursing Education Policy Coalition**  
**Texas School Nurses Organization**  
**Texas Association of Nurse Anesthetists**  
**Texas Council of periOperative Registered Nurses**