AFTER 140 DAYS of what appeared from the outside to be a whirlwind of testimony and debate, the 85th session of the Texas Legislature has concluded. The Texas Nurses Association was active throughout, working to ensure that you and your patients are protected. TNA is proud to represent you, and your government affairs staff looks forward to working throughout the next 18 months preparing for the 2019 session!

TNA worked hard this session to make sure appropriate protections for nurses were put into Texas law. We supported sunset legislation which made significant changes to the Board of Nursing’s disciplinary process. The requirement for nursing peer review (NPR) committees was expanded so more nurses can access protections afforded by safe harbor and incident-based NPR. Finally, we championed bills that protect your safety in the workplace by removing handguns from state hospitals and supported legislation establishing an innovative grant program for strategies to reduce workplace violence.

Special thanks to the hundreds of Texas nurses who attended TNA’s Nurse Day at the Capitol or any of the APRN Alliance Legislative Days, visited legislative offices, and wrote or called your legislator. Your efforts made a huge difference!

If you would like to help us make the next legislative session even more successful, please consider getting involved in your local TNA district so we can have a presence in the hometowns of our legislators!
We’ve compiled information about this year’s session as well as specifics on the bills followed by TNA.

OVERALL LANDSCAPE

The 2017 Texas legislative session began under the auspices of a new presidential inauguration for the first time in four sessions. It also began with a number of new faces and the loss of several well-established members.

Fourteen members of the Legislature retired prior to the elections and, all told, we ended up with 26 new legislators for this session.

HOUSE

Republicans – 95 seats out of 150
Democrats – 55 seats out of 150

SENATE

Republicans – 20 seats out of 31
Democrats – 11 seats out of 31

What did the changing lawmaker demographics mean for TNA and the nursing agenda? We did significantly more education on nursing issues for legislators who were not aware of the problems currently facing nursing!

Here are the final numbers for the 85th regular session:

- 6,631 bills filed (second-most bills filed in history)
- 1,211 bills passed – 8% decrease from the 2015 session
  - 50 bills vetoed
  - 1,161 bills total became law this year
  - 17.5% passage rate

TNA worked overtime to ensure elected officials could filter through the noise and understand the most pertinent nursing issues the legislature needed to address. We tracked over 860 of these bills. That means that TNA actively tracked more than 1/8th of all bills filed during the 2017 session, and we registered public support or opposition to almost 50 bills this session.

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Many of the bills that kept legislators busy had nothing to do with nursing: bathrooms, property taxes, Uber, etc. But many were related to health care, including nursing homes, CPS and child welfare, mental health, and balanced billing. TNA was at the forefront working on many of these issues and others that pertained directly to the practice of nursing.

TNA led the way through the legislative session, convening and leading multiple coalitions. The Nursing Legislative Agenda Coalition (NLAC), formed in 1989, includes over 20 nursing groups from around the state and takes collective action on health care bills. The Coalition for Health Care Access and APRN Alliance are newer coalitions. The APRN Alliance consists of TNA and the four statewide associations dedicated to each respective role of APRN practice, and its goal was passage of APRN-specific legislation. The Coalition for Health Care Access is a broader coalition made up of APRN Alliance groups plus business and consumer organizations dedicated to seeing APRN full practice become a reality. It’s because of these groups — and our involvement in them — that so much progress was made in APRN legislation this session.

ADVANCED PRACTICE REGISTERED NURSES

HB 1415 by Klick – The first full practice bill in Texas history to receive a hearing in committee!
- Would have eliminated the requirement for a Prescriptive Authority Agreement for APRNs.
- Would not have granted Schedule II authority or changed any other practice authority.
- Heard in the Public Health Committee. There was pushback from physicians, specifically anesthesiologists, who argued that this would allow APRNs to practice as physicians.
- Watch the hearing online here (starting at the 53-minute mark): bit.ly/HB1415Hearing.
- While it did not make it into law this time, this bill had a committee hearing for the first time in history because of our work in building the Coalition for Health Care Access and the strong support from the community. We will continue to push the issue during the interim leading into the next legislative session!

SB 919 by Rodriguez/HB 3857 by Coleman – DNR and Death Certificates
- The bill would have allowed APRNs to sign out-of-hospital Do Not Resuscitate forms and sign death certificates. It was amended to only apply to death certificates for patients receiving hospice and palliative care.
- The death certificate language was also tacked on to the BON sunset bill as a failsafe.

SB 654 by Seliger – APRN Provider Networks
- The bill as filed went through the insurance code and allowed APRNs to be included in various types of provider networks, regardless of whether their supervising physician is in network.
- It was amended to only apply to Medicaid, MCOs, and CHIP, and it passed in that form.

HB 1846 by Coleman – Discharge prescriptions
- Would have cleaned up an issue relating to discharge prescriptions and in-house pharmacies.
- This bill was never given a hearing because of disagreements on the issue by certain legislators. We tried a number of different ways to amend it onto other legislation, but to no avail. We intend to actively pursue the issue in the interim through regulatory and legal means.

HB 2141 by Oliverson – Meeting requirements under a Prescriptive Authority Agreements (PAA)
- Would have required monthly meetings between
delegating physicians and APRNs/PAs, but the meetings would not have to be face-to-face. Essentially, it would have allowed delegating physicians to hold videoconference meetings with APRNs/PAs.

- The bill died because of deadlines, but it was attached to SB 1625, a PA safe harbor bill that was amended last-minute to allow for periodic meetings for PA delegees only. The amendment left off APRNs because it wouldn’t have been germane on a PA-specific bill. We are pursuing solutions to get APRNs included in this language.

HB 3406 by Oliverson – Prohibiting payment for a PAA

- This bill would have prohibited physicians from charging an APRN/PA for having a prescriptive authority agreement. The bill died in committee.

HB 2525 by Zerwas – Establishing Anesthesiologist Assistant licensure

- Would have created Anesthesiologist Assistant licensure. Their licensure would have been optional, and it would have been available to persons who completed physician assistant training.

- The bill died in the calendars committee.

HB 2548 by Zerwas – Schedule II authority for PAs

- Would have allowed PAs to prescribe Schedule IIs at the practice site of the delegating physician.

- Original bill died, but it was tacked on to SB 1625 as an amendment.

- SB 1625 amended to add CSII authority for PAs, but it was stripped off in conference committee because of APRN Alliance lobbying.

HB 2950 by Burkett – Board of Nursing Sunset bill

- Every 12 years, the Board of Nursing (along with other regulatory agencies) goes through the Sunset process. The Sunset Commission reviews the duties of the agency and determines which are still necessary. The bill and its Commission recommendations then pass through the typical legislative process. TNA has been instrumental in adding new provisions to the Nursing Practice Act to protect the rights of nurses.

- Discipline: The Sunset Commission directed the BON to only discipline for criminal offenses that directly relate to the practice of nursing.

- Expunction of Minor Offenses: A provision was added to the sunset bill that requires the BON to remove punishment for incidents unrelated to nursing practice from its website and from the public side of the NURSYS website hosted by the NCSBN.

HB 2561 by Thompson – Board of Pharmacy Sunset bill

- PMP language added – all providers except veterinarians must check the Prescription Monitoring Program (PMP) Database, phase-in begins September 2019.

- Gives Board of Pharmacy the ability to coordinate with other agencies to identify prescribing practices that may be potentially harmful and that may suggest drug diversion. The bill requires the BOP to develop indicators for levels of prescriber or patient activity that suggest a harmful prescribing pattern. Allows the BOP to send a notice to the provider if they see anything based on the indicators, but there is no enforcement authority.

- Requires all prescribers to access the PMP prior to prescribing or dispensing opioids, benzos, barbiturates, or carisprodol. Failure to do so is grounds for disciplinary action.

- Exceptions: Cancer patients or hospice care.

SB 315 by Hinojosa – TMB non-sunset bill

- Allows TMB to issue subpoenas for:
  » production, inspecting, and copying of medical and billing records.
  » initiating investigations of physicians and their delegates regarding opioid prescribing.

- Allows TMB to inspect pain management clinics to see if they require certification.

- Limits liability for physicians who prescribe or fail to prescribe opioid antagonists.

- Sunset provisions were stripped out, and the TMB will likely have to go through the sunset process again next session.

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BON/REGULATORY

HB 280 by Howard – Passed

- This bill supports the development of innovative approaches to reducing workplace violence against nurses by creating a grant program to fund such initiatives.

HB 3296 by Klick – Peer Review – TNA-Initiated Legislation Passed

- This bill extends the requirements for NPR to health care organizations who employ or contract with eight or more nurses, thus expanding access to NPR protections to more nurses.

WORKPLACE
EDUCATION

SB 2118 by Seliger — Authorizes BSNs in community colleges with very specific requirements – Passed

- Community colleges are now authorized to offer BSN programs if they can show:
  - they are located in a junior college district with a taxable property valuation of not less than $6 billion.
  - a demonstrated workforce need in the area.
  - the college’s ability to support the new program with student enrollment.
  - that current articulation agreements are not sufficient to meet need.
  - that they have secured long-term clinical space with a letter from each clinical site in the area indicating availability for clinical placement.
  - they have a corresponding ADN program that has been successful as indicated by job placement rates and licensing exam scores.

- Restrictions:
  - Cannot charge more than the ADN program tuition
  - No additional state funding, must create with current funding

Special to nursing programs:
- Must be a BSN, and be an accredited nursing program
- Must maintain current level of ADN enrollees for nursing program — can’t redirect resources to BSN (expires Jan. 1, 2023)

Texas Higher Education Coordinating Board will require the following report of the community college before approving a bachelor’s program:
- A long-term financial plan for accreditation from the Commission on Colleges of the Southern Association of Colleges and Schools
- A long-term plan for faculty recruitment that indicates the ability to pay the increased salaries of doctoral faculty, identifies recruitment strategies for new faculty, and ensures the program would not draw faculty from a neighboring institution offering a similar program
- Details on the manner of program and course delivery
- Details on existing articulation and dual enrollment agreements with BSN programs

Harris College of Nursing & Health Sciences

Fully Online Graduate Nursing Programs

- MSN for Clinical Nurse Leader, Nursing Administration and Leadership, and Nurse Educator
- Post-master’s DNP for APRNs and Nurse Administrators
- BSN to DNP for Family Nurse Practitioner and Clinical Nurse Specialist
- Post-master’s certificates for all programs
- Oncology specialization available

Why TCU?
- Outstanding faculty credentialed specifically for online education
- Largest Nurse Faculty Loan Program participant in Texas
- A Collaborating Center of the Joanna Briggs Institute
- The Master’s and DNP programs at Texas Christian University are accredited by the Commission on Collegiate Nursing Education (One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791)

https://nursing.tcu.edu/graduate

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- Must have at least three articulation agreements in place, and must be at capacity

BUDGET ITEMS
SB 1 by Sen. Nelson
In the budget that passed, appropriations related to nursing, include:
- $20 million for the Professional Nursing Shortage Reduction Program to increase RN graduates.
  » This is a 40 percent reduction from 2015. While this is a difficult budget year, Graduate Medical Education expansion was budgeted with almost $100 million this session.
  » TNA will work to restore this funding through collaboration with colleges and universities.
- $822,000 was reauthorized for the Texas Center for Nursing Workforce Studies.
- $4.5 million for trauma fellowships for emergency physicians and nurses.
- $3 million set aside for the Nurse Faculty Loan Repayment Program (NFLRP) which was not previous dedicated.

» This was a priority for TNA, and the NFLRP received a dedicated budget account for the first time.

SB 1505 by Hinojosa – Did not pass
- This bill would have closed a tobacco tax loophole and given the new revenue to graduate medical education and the nursing faculty loan repayment program.
- Because of political differences over the idea of creating new taxes, the bill did not make it out of the senate.
- TNA will pursue again.

Immunizations – None passed
17 bills filed by 10 legislators.

NURSING LEGISLATIVE AGENDA COALITION BILLS
HB 62 by Rep. Craddick – Texting While Driving Ban
- This bill prohibits the use of a “portable wireless communication device” to read, write, or send a text-based communication while operating a motor vehicle, with certain exceptions. The texting and driving ban was sent to and signed by the governor.

HB 1076 by Rep. Oliverson – Scoliosis Screenings
- This bill implements recommendations by multiple nationwide orthopaedic associations to screen students based on prevailing scientific data. This passed and was signed by the governor.

SB 196 by Sen. Garcia – School Nurse Notification
- This bill would have required a school district to notify parents if a school does not have a school nurse, counselor, or librarian on duty. This bill passed only to be vetoed by the governor.

SB 1107 by Schwertner – Telemedicine
- Clarifies that “telemedicine” is a service delivered by a physician or delegate; “telehealth” is a service performed by anyone else.

HB 435 by King – Guns out of psych hospitals
- Allows state hospitals to prohibit carrying of handguns by licensed carriers by posting notice.

Protect Your License!!
If you have received:
· Letter of Investigation from the Texas Board of Nursing
· Notice of Peer Review

Call today, delay is not an option!

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If you cannot hire an attorney, please visit www.nursingcomplaint.com for information about the Investigation Process.