



SIGNATURE AUTHORITY FOR APRNS

Policy Position | 2020-2021 Policy Council

The Texas Nurses Association recommends that the Texas legislature remove non evidence-based barriers to practice of advanced practice registered nurses (APRNs) by amending outdated administrative task authorizations of certain forms of state code:

- Education Code Sections 38.001(c), 51.9192(d) & 51.933(d): Allowing APRN signature authority for elementary, secondary, and higher education immunization waivers and bacterial meningitis vaccination waivers
- Government Code Sections 62.109(b) & (f): Allowing APRNs to sign for jury duty exemptions
- Health & Safety Code Section 157.0511(b-1): Allowing APRNs to sign for CII/triplicate medications
- Health & Safety Code Section 166: Allowing APRNs to sign in and out of hospital DNR forms
- Health & Safety Code Sections 192(a) & (c): Allowing APRNs to sign the birth certificates
- Health & Safety Code Sections 193.005, 671.001(d), and 671.002(a): Allowing non-hospice and palliative care APRNs to sign death certificates
- Transportation Code Sections 504.201(d), 681.003(c), 681.004(d): Allowing APRNs to sign handicap placards and specialty license plates

APRNs are registered nurses—nurse practitioners, clinical nurse specialists, certified nurse midwives, certified registered nurse anesthetists—who have completed graduate coursework, passed a national certification exam, and achieved advanced professional licensure. Currently, Texas APRNs must pay physicians to fulfill the state-required duty of processing administrative forms. Signature authority will help APRNs better serve Texans and eliminate inefficiencies and non-value added costs in care delivery.

SIGNATURE AUTHORITY

Despite decades of experience, and a near impeccable track record related to patient outcomes, APRNs do not have full practice authority or signature authority in Texas.¹ For instance, when an APRN determines that a patient qualifies for a handicap placard, the APRN cannot authorize the placard and instead must refer the patient to a physician to duplicate the process of assessing the patient, resulting in a delay in care and additional unnecessary cost.

Texas is one of the few states that still require such administrative tasks to be processed by a physician and APRN. Studies have shown that APRNs achieve impressive patient outcomes, as good or better than physicians.^{2,3} Furthermore, APRNs help bridge gaps across health care for outpatient care needs. Especially in rural areas, APRNs may be the only provider nearby. Without APRN signature authority, patients may have to travel outside of their county to get simple paperwork.

Twenty percent of Texans lack access to a primary care provider, and Texas is listed as 49th in the nation on access to and affordability of health care.⁴ As of 2020, Texas remains without Medicaid expansion, lacks adequate coverage of physicians in all 254 counties, and has a mounting surge of COVID-19 complications which require extensive in- and outpatient communication and coordination of supportive care across the health care continuum. Texans need high-quality, affordable and seamless health care. The future of Texas only holds more volumes of patients, higher acuity patients with prolonged health care needs and lack of human resource coverage, all complicated by the vast Texas geography. APRN signature authority can streamline care for patients with less burden on providers.

APRNs need all-inclusive signature authority for administrative tasks such as birth and death certificates, handicap placards, controlled substances, in- and out-of-hospital do-not-resuscitate forms, jury exemptions, and immunization waivers. Allowing APRNs to sign state regulated forms and documents at the point of care provides improved fiscal stewardship and reinforces consumer choice in providers.

LEGISLATIVE HISTORY

HB 2950 (2017)

- Allows APRNs to certify death if the patient is in hospice or palliative care.

HB 1473 (2015 - Left pending in Public Health Committee)

- HB 1473 was an omnibus bill covering the signing of multiple types of forms by both APRNs and PAs.

HB 1185 (2015 - Left pending in Public Health Committee)

- HB 1185 was an omnibus bill covering the signing of multiple types of forms by APRNs only.

SB 466 and HB 3913 (2015 - Left pending in Judiciary Affairs Committee)

- SB 466 and HB 3913 would have allowed APRNs to sign jury-duty exemptions.

¹ Lofgren, M. A., Berends, S. K., Reyes, J., Wycoff, C., Kinnetz, M., Frohling, A., Baker, L., Whitty, S., Dirks, M., & O'Brien, M. (2017). Scope of Practice Barriers for Advanced Practice Registered Nurses: A State Task Force to Minimize Barriers. *The Journal of Nursing Administration*, 47(9), 465–469. <https://doi.org/10.1097/NNA.0000000000000515>

² Munding, M. O., Kane, R. L., Lenz, E. R., Totten, A. M., Tsai, W. Y., Cleary, P. D., Friedewald, W. T., Siu, A. L., & Shelanski, M. L. (2000). Primary care outcomes in patients treated by nurse practitioners or physicians: a randomized trial. *JAMA*, 283(1), 59–68. <https://doi.org/10.1001/jama.283.1.59>

³ Newhouse, R. P., Stanik-Hutt, J., White, K. M., Johantgen, M., Bass, E. B., Zangaro, G., Wilson, R. F., Fountain, L., Steinwachs, D. M., Heindel, L., & Weiner, J. P. (2011). Advanced practice nurse outcomes 1990-2008: a systematic review. *Nursing Economics*, 29(5), 230–251.

⁴ The Commonwealth Fund. (2019). "2019 Scorecard on State Health System Performance." <https://scorecard.commonwealthfund.org/state/texas/>