Eliminating PMH-APRN Practice Barriers

POLICY BRIEF

IMPROVE PATIENT CHOICES & ACCESS TO CARE

Texas has the most Mental Health Professional Shortage Areas (MHPSAs) of any state.[1] Deaths from suicide in Texas increased from 2,802 in 2012 to 3,368 in 2015.[2] Most Texas residents know someone who has experienced mental illness, but only a third know where to find help.[3] Texas operates 10 state hospitals, one center for youth, and 39 community mental health authorities that serve hundreds of thousands of people in 254 counties. However, only 1,000 Psychiatric Mental Health Advanced Practice Registered Nurses (PMH-APRNs) and 2,200 psychiatrists are licensed in Texas to provide prescriptive mental healthcare.

To add to this burden, Texas does not offer APRNs full-practice authority (FPA). States that operate under FPA give APRNs the ability to "evaluate patients; diagnose, order and interpret diagnostic tests; initiate and manage treatments, including prescribing medications and controlled substances, under the exclusive licensure authority of the state board of nursing."[4] Psychiatric Mental Health Nurse Practitioners (PMHNPs) and Psychiatric Mental Health Clinical Nurse Specialists (PMH-CNSs) are specialized PMH-APRNs trained and licensed in psychiatry, but they face practice and signatory barriers that inhibit patient choices and reduce accessible mental healthcare in Texas.

Uniting PMH-APRNs and psychiatrists in the workforce is a realistic innovation to address this crisis. Supporting bipartisan legislation for APRN FPA ensures every patient the right to choose providers and increases access to healthcare.

WHAT ARE OTHER STATES DOING?

To better understand potential solutions for Texas, we must look at other states that do not have MHPSAs and also offer FPA: Connecticut, Hawaii, New

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[1] Kaiser Family Foundation. (2018). *Mental health care professional shortage areas (HPSAs)*. Retrieved from https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?activeTab=map&currentTimeframe=0&selectedDistributions=total-mental-health-care-hpsa-designations&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

[2] Texas Health and Human Services (THHS): Texas Department of State Health Services (TDSHS). (2018). *Table 18 resident mortality from selected causes, Texas, 2011-2015*. Retrieved from http://www.dshs.texas.gov/chs/vstat/vs15/t18.aspx

[3] Texas State of Mind. Meadows Mental Health Policy Institute. (2015). *Updates on findings from Texas mental health survey*. Retrieved from https://www.texasstateofmind.org/press-room/

[4] American Association of Nurse Practitioners. (2018). *State practice environment*. Retrieved from https://www.aanp.org/advocacy/state/state-practice-environment

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Hampshire, Rhode Island, Vermont, Wyoming, and the District of Columbia. This analysis of states' current policy and practice laws shows what policy changes are needed in Texas to reduce and eliminate MHPSAs.

BARRIERS

Six practice barriers specific to Texas PMH-APRNs include: (1) the requirement of a collaborative agreement, (2) the inability to prescribe schedule II drugs in outpatient settings, (3) the lack of signature recognition, (4) the inability to provide emergency intervention procedures, (5) the lack of legal evaluation recognition, and (6) the enduring reimbursement complications.

SOLUTIONS

1. Eliminate unnecessary, burdensome collaborative agreements and prescriptive authority agreements (PAAs).
2. Allow psychiatric providers to prescribe Schedule II medications (e.g. amphetamine, methylphenidate, lisdexamfetamine) in outpatient settings. Texas is only one of six states along with Puerto Rico and the U.S. Virgin Islands that restrict APRNs from prescribing schedule II drugs.
3. Adopt the District of Columbia Advanced Practice Registered Nurse Signature Authority Amendment Act of 2017, Title 3 statute that states APRNs may "sign, certify, stamp, or endorse all documents that require a signature by a physician, in place of a physician, provided it is within the scope of their authorized practice."
4. Recognize Texas PMH-APRNs as licensed independent practitioners (LIPs) thereby eliminating the current barrier of ordering emergency psychiatric interventions (restraint or seclusion) per hospital policy.
5. Adopt legal recognition, like New Hampshire, authorizing PMH-APRNs to provide medical examination (write, submit, petition) and testify in hearings for involuntary commitment, guardianship, or for psychoactive medication court orders.
6. Reimburse PMH-APRNs at 100% of physician payment for Medicaid and all insurance for behavioral health, psychiatric, substance abuse, and telepsychiatry services with no toleration for discrimination using the PMH-APRNs name and provider number.

Relying solely on psychiatrist services when PMH-APRNs are also educated and licensed to provide care is burdensome and slows immediate care. Texas must adopt language that includes the authority of APRNs. Practice limitations, restrictions, and barriers result in decreased access and limit choices for Texans who have few, if any, mental health resources.