

**SUBJECT:** Advanced practice nurses and physician assistants prescribing drugs

**COMMITTEE:** Public Health — favorable, without amendment

**VOTE:** 9 ayes — Gray, Coleman, Capelo, Delisi, Glaze, Longoria, Maxey, Uresti, Wohlgemuth  
0 nays

**SENATE VOTE:** On final passage, March 29 — 30-0

**WITNESSES:** For — John Drubnica, Texas Academy of Physician Assistants; Sandra Gale, Coalition for Nurses in Advanced Practice; *Registered but did not testify:* Larry Stutte and Robert Smith, Texas Association of Physician Assistants; James Willmann, Texas Nurses Association; Tom Forbes, Texas Society of Anesthesiologists; Susan Jones, Texas Hospital Association; Candie Phipps, Texas Pediatric Society; Terry Boucher, Texas Osteopathic Medical Association; Leticia Moreno Caballero, Texas Academy of Internal Medicine; Greg Herzog, Texas Association of Family Physicians; Alfred Gilchrist, Texas Medical Association  
  
Against — None  
  
On — F.M. Langley, Texas State Board of Medical Examiners

**BACKGROUND:** Occupations Code, sec. 157.053, permits physicians to delegate the signing of prescriptions. Three physician assistants or advanced practice nurses may sign prescriptions for the physician's patients in the physician's office.  
  
Health and Safety Code, sec. 483.001, defines "dangerous drugs" as medications that are unsafe for self-administration, including those that are required to be marked with "federal law prohibits dispensing without prescription." This definition excludes drugs that are controlled substances included in Schedules I through V.

**DIGEST:** SB 1166 would amend Occupations Code, sec. 157.053, by adding alternate sites to the location where physician assistants or advanced practice nurses

may sign prescriptions for the physician's patients.

An alternate practice site would be defined as a site within 60 miles of the physician's office where similar services were provided. The physician's authority to delegate prescription signing would be limited to dangerous drugs and could not exceed three physician assistants or advanced practice nurses. Physician supervision at an alternate site would be sufficient if the physician were present 20 percent of the time, reviewed at least 10 percent of the charts, and were available for consultation, referrals, or emergencies. An alternate physician also could provide supervision if needed.

The bill also would create a waiver option for the on-site or supervision requirements. The Texas State Board of Medical Examiners (BME) would have the authority to waive on-site requirements if compliance would cause undue burden without a corresponding benefit to patient care and if safeguards were in place to protect patient care. Supervision requirements for a site if the amount of time the physician spent with the delegated professionals were sufficient for collaboration to occur. This could include time spent in other locations or communicating by telephone.

The BME would be directed to develop rules and procedures for granting and denying waivers. The rules for denial and revocation of waivers would include notification and appeal processes. The BME also would be required to establish an advisory committee to review and recommend waiver applications. This advisory committee would be composed of 15 members and include five advanced practice nurses, five physician assistants, and five physicians. Members would be recommended by their respective peers.

A positive waiver recommendation from the advisory committee would require assenting votes from at least three members of each professional category on the committee. The committee could recommend a waiver with modifications. The BME could grant a waiver without a positive recommendation from the committee if it found good cause.

The waiver provisions in this bill would expire September 1, 2005. The BME would be required to submit a report on the number of waiver applications and the number granted to the Legislature by December 1, 2004.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2001.

**SUPPORTERS  
SAY:**

SB 1166 would increase access to health care for residents in underserved medical areas. By allowing physicians to delegate prescription writing to physician assistants and advanced practice nurse at alternate sites, physicians would be able to expand their presence with a second site. This would increase the availability of health care in underserved areas by creating two sites where patients could be seen.

Increasing the number of clinics would decrease the reliance on emergency rooms and improve the quality of health care. Often individuals who cannot travel to see a physician regularly will rely on an emergency room for health care. Because this results in no continuity of care or preventative care and burdens emergency rooms, regular monitoring by a local health clinic would be preferable.

The waiver program would provide greater coverage without sacrificing oversight. The waiver program would allow a physician to delegate prescriptive authority to physician assistants and advanced practice nurses in areas that may not have a physician at all. The advisory committee would ensure that the site location and the participating health professionals were appropriate for this type of arrangement.

This bill would require that this topic be revisited within the next four years. Because the waiver program would expire in 2005, the Legislature would be required to evaluate the success of this program and decide if a more permanent arrangement was appropriate.

The bill would not move too quickly to expand the delegated prescriptive authority of advanced practice nurse and physicians assistants. Both groups have had delegated prescriptive authority in underserved areas for over a decade. Under these arrangements, physician oversight is required once every ten business days. National studies have shown that these arrangements are safe and effective.

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OPPONENTS  
SAY:

SB 1166 would move too quickly to expand delegated health care. It would be better to establish the alternate site program first. The provisions included in that program would ensure that a physician was within one hour's drive if there was an emergency and frequent on-site oversight by a physician. If this program worked as envisioned, the Legislature could revisit the waiver provision at a later date.

NOTES:

The fiscal note estimates no impact on state funds. It assumes that any cost incurred by the BME in implementing the provisions of this bill would be offset by an adjustment in the fees they collect.

A similar bill, HB 2209 by Farabee, was referred to the House Public Health Committee, where it was reported favorably, without amendment on April 4 and recommended for the Local, Consent, and Resolutions Calendar.