Policy Analysis Paper

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Every year, the Coalition for Nurses in Advanced Practice holds a Legislative Day and Seminar for all APRNs and APRN students. Their mission is to create a legal and regulatory climate in which APRNs can use their full potential to improve the health and well-being of all Texans and to educate APRNs and stakeholders about the legal limits of APRN practice (About CNAP 2012). This year the seminar was held February 13, 2012 at the University of Texas at Austin with the objectives of discussing the central reason grassroots action by APRNs is necessary, recognizing similarities and differences among APRN roles, practicing positive strategies to change Texas laws to allow APRNs to diagnose and prescribe without physician delegation and to educate legislators and staff related to APRN practice issues. Legislative Day was truly an enlightening and eye opening experience for me. I was hesitant at first because I had to take time from my busy work and life schedules to drive to Austin and attend a day of sessions and conference. However, I am very glad I did. I had no idea the extent of limitation Texas APRNs are subject to and how behind Texas is in prescriptive authority for APRNs compared to other states. Every RN, not just APRNs, should be aware of these limitations so we can make a difference. We, as practicing RNs and future APRNs, should be making a point to spread the word and get our voices heard. Also, as potential patients and clients of APRNs, we should be eager to expand our access to health care. The additional autonomy of an APN could mean a world of difference in access to health care for us and our patients. Until this class I had never even heard of CNAP. Now I am spreading the word and their (our) message to RNs I work with, especially fellow RNs in MSN programs who aren't enrolled at UTMB in Policy 5346 and therefore unaware of CNAPs existence. We must work together for progress.

The Legislative Day & Seminar sponsored by CNAP provided us with a slew of information regarding current practice and prescriptive authority of APRNs. Right now, Texas follows a delegated site-based prescriptive authority for APRNs. The process explaining an APRN’s privileges is extensive and complex, taking a diagram of multiple steps and measures to help get the idea but basically, an APRN cannot practice independently without the supervision of a licensed physician even in the area they have been trained and educated in. These limitations put upon APRNs not only affect their practice but access to healthcare for patients. At the seminar, three key points were stressed:

1. Texas is facing an unprecedented health care delivery crisis.

2. APRNs are a safe, cost-effective solution. APRNs already diagnose and prescribe, but can do more to solve the problem.

3. Texas should join 18 other states that allow APRNs to practice to the full extent of their education by getting rid of bureaucratic barriers in Texas law.

Getting a healthcare problem to the attention of government can be a tremendous first step in getting relief. The actual mechanism of defining a healthcare problem is a major political issue in which APRNs can participate, especially in a collective manner as an interest group (Milstead, 2008).

During our visit with the legislators, I had the privilege of speaking with Cari Christman-Ott, Chief of Staff to State Representative Larry Taylor who presides over district 24. Our group was led by UTMB faculty professor Mrs. Rosalina Morales. Mrs. Morales has a long standing relationship with Representative Taylor and is very experienced in meeting with legislators. Ms. Christman-Ott shared with us Representative Taylor's admiration of nurses and respect for the nursing profession as a whole. She also informed us that Rep. Taylor has a history of and is on record for his support for nurses and advocating for APRN run redi-clinics. These redi-clinics have been a huge advancement in access to health care but even with these, APRNs are limited and need an MD oversight. With this being my first legislative meeting, I did not contribute much to the meeting but rather took in as much as I could. After we all introduced ourselves, Mrs. Morales led the discussion by thanking Ms. Christman-Ott for her and Representative Taylor’s support and asking where he stood on House Bills 915 and 1266. Ms. Christman-Ott wasn’t immediately familiar with those particular bills but stated that she believed Representative Taylor was for it. Ms. Morales then went on to ask Ms. Christman-Ott what we as APRNs could do to get our voice heard and what she and Representative Taylor thought was hindering our progress for prescriptive authority. Ms. Christman-Ott said persistence is key. She also stated she felt a “turf war” was going on between physicians and APRNs. This was the only time I said anything during the meeting beyond introducing myself. I stated that it was ridiculous for physicians and APRNs to think of this as a “turf war” because ultimately it’s the “people of the turf” that matter. After a brief laugh from the group and the leaders, Ms. Christman-Ott went on to suggest setting up a meeting with Representative Taylor at his home office. This meeting proved to be informative and provided as a stepping stone for future meetings.

My group and I also had the privilege of meeting with Alison Brock, Chief of Staff to State Representative Sylvester Turner who presides over district 139/Harris County. This meeting proved to be more of learning experience. We didn’t really go into detail to discuss any particular house bill and there really wasn’t a set group leader. We all took turns speaking first by introducing ourselves then by stating our experience with previous legislative decisions. Needless to say I didn’t have much to add to the discussion but again, listened thoroughly. One member of the group was a CNM and discussed how she advocated for a recent change in Medicaid policy to stop all inductions of labor before 39 weeks. By the time my turn to introduce myself came around I was able to introduce myself and as a labor and delivery nurse, able to share that I noticed the recent change of not inducing labor before 39 weeks and that the policy change has affected my hospital’s practice. After those brief introductions, Ms. Brock shared with us Rep. Turner's support for APRNs and gave us tips on how to accomplish our goals of progress. She said we, "need to raise the energy with focused consistency", using the AARP as an example. Ms. Brock told us how every day a different member of AARP was at the door step of their legislator everyday asking what progress was made toward nursing home reform until actual progress was made. Of course the amount of CNAP members is nowhere near the amount of AARP members but I believe we can still make a difference. As nurses, at any level, I believe we have a certain level of strength that has enabled us to become the nurses we are today. Being a nurse is no easy task and definitely not a profession of the weak. If we focused that strength and energy, even a handful of us could make a difference.

I have to admit that I was and still am unaware of how exactly to make this change happen. It all seems like such a huge task that I wouldn't know where to begin. A suggestion for future meetings with policy makers would be to come prepared and fully informed. Have a copy of the bill(s) I am supporting on hand and state the urgency and importance of the proposed change. I would schedule a meeting with them at their home office where most of their time is spent and most of their work done. This would also make it easier to bring along colleagues who share the same goal because uniting with persistence is the only way of getting our voice heard. Also, we can use our nursing skills of effective communication. The listening skills that permit nurses to gather and process information from patients can be successfully applied in policy and politics (Mason, 2002).

References

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