Analysis of Coalition for Nurses in Advanced Practice

Legislative Day

Politics in Action Paper

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General Assembly

Many advanced practice nurses and students attended the Coalition for Nurses in Advanced Practice (CNAP) Legislative Day on March 1, 2010. Comment was made by several speakers regarding the large attendance. The day was very well organized with clear directions on where one needed to be. An informative folder was supplied to each attendee as well as a document stating which legislators voted for and against SB680 and HB 696 which would have granted APRN authority for diagnosis and prescribing.

The day began with a general assembly in the main conference center. Welcomes and introductions were made by Joan Ross, CNAP Chair. The initial speaker was Lynda Woolbert, CNAP Executive Director. She gave a very clear, thorough overview of the message that needed to be delivered to legislators. The core message is that there is a serious problem in Texas with health care provider shortage and advanced practice registered nurses (APRNs) can be part of the solution because they are safe qualified providers. Some of the problems contributing to the primary healthcare provider crisis were addressed:

- Medically underserved areas
- Percentage of United States physicians selecting primary care is decreasing
- Counties that have no physician; therefore no APRN for lack of delegation
- Outdated restrictions in Texas

The context of the message that should be presented to legislators contained these points:

- Put priority on the people who need basic primary care
- Meeting Texas’ needs requires both physicians and APRNs
- Change is needed to cure the crisis.
• Texas needs the right mix of healthcare providers.

The keynote speaker was The Honorable Garnet Coleman who represents House District 134 in Houston. He is the Chair, County Affairs Committee and a member of the Calendars and Public Health Committees. He discussed the three bills that were filed in the last session, only one of which passed. The bill that passed was filed by Representative Coleman and Representative Patrick and was related to retail clinics. Representative Coleman honestly explained the reason for his negative vote for autonomous practice, and pledged his support in the future session. He stated that he planned to sponsor a bill for autonomous practice in the next session.

The next speaker on the agenda was Matt Matthews, the CNAP attorney. He supplied very useful information on appropriate behavior and language when meeting with legislators at the Capitol.

At the close of the general session, the opportunity was given to donate to the Texas Nurse Practitioner (TNP) organization that supports CNAP. Forms were also supplied to facilitate joining the membership of TNP. After attending the legislative day, it was clear how much work is being done by so few with little financial support. The experience encouraged me to be more supportive of CNAP and TNP.

First Group Visit with Policy Analyst

For the remainder of the day, we were divided into groups based on whose constituents we were. Each group traveled to the Capitol and met with their respective legislative staff members. Prior to attendance at the CNAP legislative day, documents were provided via website that addressed instructions on how to prepare for personal visits with Legislators or staff and questions that may be asked. I found this information very helpful.
Appointments had already been made for our groups with the staff, so the transition to the visit at the Capitol was very smooth. Leaders were appointed to each group. One of the persons assigned to our group was unable to attend. The other appointed leader was Sue Johnston. She did an excellent job of representing us. Her presentations were well-organized, concise, and clear. Upon completion of her talking points, the rest of the group had opportunity to add their own points or to ask questions.

Since election day was the following day, the legislators were not present in the Capitol. The first person, with whom our group met, was Will McAdams, Policy Analyst for Senator Troy Fraser, Senate District #24.

Following introductions, Sue gave Mr. McAdams the opportunity to describe his knowledge of APRNs. He stated he was very familiar with the primary care crisis as his mother is a nurse in rural West Texas and has informed him of the issues. He also stated that they were very supportive of the bills that were presented in the last session regarding prescriptive authority. Sue went on to express our desire to be allowed to practice to the fullest extent of our training, ability and safety in order to alleviate the healthcare crisis. Some of her talking points included:

- The ability of APRNs to provide less costly care
- APRNs are more like to care for the underserved
- APRNs are educated, qualified, and already providing services
- APRNs are qualified to provide up to 90% of services provided by primary care physicians. They also know when to consult and how to practice within their scope.
- APRNs desire to deliver healthcare to more people who need it.
- APRN practice safety as demonstrated by performed studies
- 35 States and Washington, D.C. do not have site-based prescriptive authority
Following the presentation, Mr. McAdams volunteered the information that the Texas Medical Association scared the legislators. The threat of not receiving the continued financial and political support appears to be affecting the way they vote. He asked if there was someone who had committed to sponsor a bill in the next session and asked who the person was. Sue told him that someone had made that commitment, but does not wish his identity to be revealed at this point. We had been instructed to answer in this way during the general assembly.

The visit ended with Mr. McAdams expressing lack of optimism that an autonomous practice bill would be passed because of the political pressure involved. At the same time, he voiced once more, that he supported that, for which we were lobbying, and wished us success. Our group was quite large, gathered in an open foyer of the Capitol where hearing was difficult. Because of this fact, and the fact that Sue had presented our case so well, there were no additional comments from the group. Mr. McAdams ran out of business cards due to the size of the group, but I did manage to get a copy of one from a friend.

Group Visit with Legislative Aide

The next visit scheduled for our group was with the office of Ralph Sheffield, House District # 55. Mr. Sheffield had voted negatively on SB680 and HB696 which supported loosening restrictions on APRN practice. The staff member with whom we met was Scott Stewart, Legislative Aide. Mr. Stewart was very young, but very hospitable. He brought a chair for each of us into the office. Mr. Stewart stated that he had only been an aide for three months and apologized for not having business cards yet. Once again, Sue Johnson was our spokesperson and represented us well.

When Mr. Stewart was asked to share his experience with APRN practice, he stated that he really wasn’t familiar with the function of the APRN. He said that he knew a couple of people
who had started nursing school, but that was the extent of his knowledge. Sue explained the function of the APRN to include the qualifications, training, different scopes, and studies regarding safe practice. Mr. Stewart appeared very interested and took notes throughout the visit. One of the facts presented was that some APRNs were doctoral level. That seemed to level the playing field somewhat in his mind. He gave the impression that he thought a doctor is a doctor and therefore equally qualified. Sue pointed out that APRNs cannot do everything that a physician can do, but they are qualified to do 90% of what a primary care physician does. She continued to explain the concept of scopes of practice within our specialties, clarifying that APRNs referred to a physician for situations outside their scope. She gave the example that a Neonatal APRN would only see children less than two years of age, and would not see adults. She also expounded on some of the aspects of APRN education to include diagnosis and prescribing. There was discussion regarding the number of underserved counties in Texas, including 22 counties that had no physician or APRN. Sue gave the example of Coke County and explained their current access to care.

When Sue had completed her presentation, I asked if I might add something. My submission was that for the same state dollars, eight APRNs could be trained for the cost of one medical student, not to include residency. In four years, that would result in 32 years of collective care that was being provided, as opposed to four. Since this group was gathered in an enclosed area, there was more discussion between the group and Mr. Stewart, regarding practice and need for change. At the end of the visit, Mr. Stewart gave his email, mailing address, and phone number to the group. He invited us to return for further discussion.
Summary

Pursuant to the group meetings with staff, I did not leave with the impression that either of the people with whom we visited had much influence over policy or politics. Although Policy Analyst McAdams was more experienced, knowledgeable, and supportive of less restrictive practice, he was also experienced enough to recognize the head-to-head battle that occurs surrounding this issue. As much as we dislike it, money talks and the medical associations have much deeper pockets and better collaboration than APRNs. I believe the power of APRNs is changing, much in part to larger numbers and the endless work of CNAP in building a coalition.

I had empathy for Mr. Stewart, being very new to the office of politics. As much as I would like to be wrong about it, I left suspecting that Representative Sheffield had left the least valuable political player to deal with the group. In our particular group meeting, I do not feel that we were able to influence policies affecting advanced practice nurses. It was very useful experience and knowledge as to what actions need to be undertaken to obtain what we need. I plainly see how the CNAP people who are working and fighting for improvement in APRN practice are definitely making an impact. Much has been accomplished since I first became an APRN. I attribute these milestone advances to their hard work. Looking on, the advancement past a certain point seems hopeless. Because I have seen the changes that have been brought about in the past few years, I have hope.

Although, the persons with whom we spoke were supportive, it was plain to see from the different reactions among the groups that there was much opposition and the battle for autonomy could be long. I do believe that it will be won, however, out of necessity to solve the health care crisis. With the healthcare crisis and recent reforms; I truly believe that this is the window of time for much to be accomplished in the profession of advanced practice nursing.
My plans for the future are to set up visits with several of the legislators with whom I am acquainted to further discuss talking points regarding APRN practice. I also intend to keep abreast of CNAP activities and support them, with involvement and financially. I will attempt to set up a meeting with the President of the American Medical Association, who is a physician at the hospital for which I am employed. I have already begun speaking with physicians regarding supporting more autonomous practice for APRNs. What I am encountering is ironic. Most physicians are in favor of increased autonomy. They don’t care to be responsible for our actions. Financially, they would rather that APRNs be free to serve the underserved.

Evaluation

I thought the legislative day was superbly organized and of high quality. My only suggestion would be that it not be scheduled on the day before an election. The access to legislators was hampered by the timing. The legislative day was very valuable to me, in making me more familiar with the process of politics. It provided good instruction on how to interact as a professional with legislators.
Appendix

Persons visited:

Will McAdams  
Policy Analyst  
Senator Troy Fraser  
P.O Box 12068  
Austin, Texas 78711  
Email: will.mcadams@senate.state.tx.us  
Capitol Room IE.15  
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Scott Stewart  
Legislative Aide  
Representative Ralph Sheffield  
P.O Box 12068  
Austin, Texas 78711  
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Capitol Room EXT E1.422  
(512) 463-0630
March 03, 2010

Will McAdams  
P.O Box 12068  
Austin, Texas 78711

Mr. McAdams,

My name is Teresa Baker, and I was one of the advanced nurse practitioners who visited with you on March 1, 2010, at the Capitol. I wanted to thank you for the time that you took, particularly around election time, to speak with our group.

I appreciate your expressions of support for SB680 and HB696 which would have given advanced practiced registered nurses authority to diagnose and prescribe. Your continued support would be much appreciated, as I feel that allowing advanced practice registered nurses to practice to the fullest extent of their training will help solve the primary healthcare provider crisis.

Sincerely,

Teresa Baker, RN, MSN, NNP-BC
March 03, 2010

Scott Stewart
P.O Box 12068
Austin, Texas 78711

Mr. Stewart,

My name is Teresa Baker, and I was one of the advanced nurse practitioners who visited with you on March 1, 2010, at the Capitol. I wanted to thank you for the time that you took, particularly around election time, to speak with our group.

I appreciate your openness and willingness to hear our presentation. Thank you for your assurance that our concerns would be shared with Representative Sheffield.

Your support would be much appreciated, as I feel that allowing advanced practice registered nurses to practice to the fullest extent of their training will be part of the solution to the primary healthcare provider crisis.

Sincerely,

Teresa Baker, RN, MSN, NNP-BC