

# **Editorial: Nurse-practitioner law worth Legislature's debate**

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By just about any measure, Texas ranks abysmally low in access to primary health care. According to federal statistics, our state is 42nd in the number of doctors per 100,000 population. There are no primary care providers in 25 of the state's 254 counties, which forces residents in those largely rural areas to travel long distances just for basic visits.

At the same time, there are 12,000 advanced practice registered nurses, whose training certifies them to see patients, make basic diagnoses and write prescriptions. In most states, these nurse practitioners are permitted to exercise the full extent of their training and expertise. But not in Texas.

Even military bases in Texas allow nurse practitioners to perform these duties, which helps free up doctors to focus on more serious cases. But off base, those same nurses find their powers dramatically restricted.

One or more bills are expected to be filed for the coming legislative session to address the imbalance in health care access by reducing restrictions on nurse practitioners. Similar bills were introduced in the last session but never made it out of committee.

New pressures are coming that will add urgency to this issue. Because of recent changes in national health care insurance laws, millions of patients will be added to the state's coverage rolls even though there will be no corresponding increase in the number of doctors available to see them. In other states, nurse practitioners help ease this imbalance in ways that don't threaten the doctor's traditional health care role.

Some states allow nurse practitioners to open offices and see patients independently. Others allow them to practice in loose collaboration with doctors. In Texas, nurse practitioners are allowed to operate their own clinics and offices only if they have formally been delegated such duties by a doctor, usually by contractual arrangement. By law, the doctor must review at least 10 percent of the nurse's patient records and make an on-site visit once every 10 days.

If Texas deems the nurse so untrustworthy or the doctor's oversight so crucial, then why impose it randomly, only 10 percent of the time? We suspect this accommodation was reached to satisfy a powerful medical lobby. So rather than risk ceding turf to nurse practitioners, the medical associations' answer is to leave patients with no care at all.

And when nurse practitioners are allowed to open a practice, they remain subject to an absentee doctor. That doesn't seem to serve either practitioner's primary duty of addressing their patients' needs and giving them the best health care possible.

This issue is ripe for debate and at least deserves a full hearing in the Texas Legislature. • A 2000 study in the *Journal of the [American Medical Association](#)* concluded that patients who receive primary care from nurse practitioners fare just as well as those treated by doctors and report similar levels of satisfaction with their care.

- From 1998 to 2005, medical school surveys showed that the percentage of third-year residents intending to pursue careers in general internal medicine dropped from 54 percent to 20 percent.

- Many new doctors, saddled with high student loans, are choosing more lucrative specialties, according to the [American College of Physicians](#).

Source: The Associated Press