

Advanced Practice Registered Nurse (APRN) Compact, House Bill 4404, 88th Texas Legislature



Frequently Asked Questions

Several bills relating to compacts for different types of health care professionals have been considered and reported from the Texas House Committee on Public Health. How is this Advanced Practice Registered Nurse (APRN) Compact different?

The APRN Compact would authorize an APRN with its multi-state license to “assume responsibility and accountability for patient care independent of any supervisory or collaborative relationship.” The multistate license also would “include prescriptive authority for noncontrolled prescription drugs.” These provisions would supplant existing Texas law in the Medical Practice Act and Nursing Practice Act, which limit APRNs to practicing and prescribing under physician delegation and supervision.

This means Texas nurses and out-of-state nurses who obtain the multistate license will be able to independently practice and prescribe non-controlled substances in Texas.

Where does the APRN Compact come from?

The APRN compact was drafted by the National Council of State Boards of Nursing (NCSBN). In its summary of the APRN Compact key provisions, NCSBN specifically states, “[a]n APRN multistate license holder is authorized to practice independent of a supervisory or collaborative relationship with any healthcare provider,” and “[a]n APRN multistate license shall include prescriptive authority for non-controlled prescription drugs.”¹

NCSBN has proposed additional language (not in the compact as filed) about scope and controlled substances. Why does that language not address the Texas Medical Association’s concern about independent practice and prescribing?

NCSBN’s proposed language would have zero effect on the issue of independent practice and prescribing.

NCSBN has proposed language that would (1) not allow the commission established by the compact to alter scope of practice, and (2) require a prescriptive authority agreement for prescription of controlled substances.

Limiting the commission’s ability to alter scope of practice is an empty concession. TMA’s concern is not that the commission’s rulemaking would change scope laws, but that the express language of the APRN Compact changes scope laws. As discussed above, the compact language itself would already change Texas law on independent practice and prescribing.

Additionally, as set forth below, the APRN Compact’s definition of “state practice law,” which includes scope, expressly excludes a “state’s laws, rules, and regulations requiring supervision.” So, the offered language is, again, empty.

NCSBN Proposed Language	APRN Compact Language (HB 4404)
<p>Nothing in this compact shall be construed to grant authority to the commission established by this compact to alter the scope of practice for advanced practice registered nurses practicing in this state.</p> <p>Nothing in this compact shall be construed to mean that an APRN licensed in Texas or practicing in this state pursuant to a privilege to practice under this compact may prescribe controlled substances without entering into a prescriptive authority agreement as defined in Article 3 Subchapter B 157.051(14).</p>	<p>“State practice laws” means a party state’s laws, rules, and regulations that govern APRN practice, define the scope of advanced nursing practice ... except that prescriptive authority shall be treated in accordance with Article III. f and g of this Compact. “State practice laws” does not include ... [a] party state’s laws, rules, and regulations requiring supervision or collaboration with a healthcare professional, except for laws, rules, and regulations regarding prescribing controlled substances.²</p>

The offered language on prescriptive authority is equally hollow. As set forth above, in the APRN Compact, the supervision and delegation for prescribing controlled substances is already carved out of the supervision exception.

1 See APRN Compact. *APRN Compact Key Provisions* (available at www.aprncompact.com)

2 House Bill 4404, Art. II, subsection (u).

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Is it fair for TMA to bring up this issue after the APRN Compact has been drafted and the legislation filed?

NCSBN knew about this issue when drafting the compact. The current compact language is NCSBN's second attempt at an APRN Compact. NCSBN first attempted to expand scope while trumpeting licensure flexibility in 2015.³ By 2018, concerns about independent practice and prescribing under the 2015 APRN Compact were widely raised.⁴ NCSBN adopted the current APRN Compact language in August 2020.⁵ The concerns about independent practice and prescribing are not new to NCSBN.

If the language about independent practice and prescribing were removed from HB 4404, would that address TMA's concern?

The APRN Compact is a way to expand independent practice and prescribing. NCSBN admits that independent practice is among "The APRN Compact Fundamentals."⁶

Given NCSBN's acknowledgment that a key aspect of the APRN Compact is independent practice – and this has been true throughout the history of the APRN compact – any offer of amendments at this point seems disingenuous. This is particularly true given the nature of compacts. Like a contract between states, to be effective, compacts must be enacted with same provisions by each state.

The APRN Compact is a vehicle for independent practice and prescribing. That was true in the 2015 version and is still true for the 2020 version. NCSBN's hollow offer of language to address TMA's concerns further demonstrates this point. TMA will not help NCSBN recraft its trojan horse to bring scope expansion to Texas.

If Texas does not join the APRN Compact, will there be no licensure flexibility for nurses?

Texas already has the Nurse Licensure Compact, which was enacted in 2017 with [House Bill 2950](#).⁷ The Nurse Licensure Compact has been adopted by 37 states, including every state that borders Texas.⁸

Per the Texas Board of Nursing, "[t]he Nurse Licensure Compact is an agreement between states that allows a nurse to obtain an RN license in the nurse's primary state of residence and allows the nurse to practice as an RN in any other Compact state without obtaining an RN license in that state."⁹ An APRN with a "current, valid Compact RN license, [is] not required to obtain a Texas RN license before applying for APRN licensure in Texas."¹⁰ The process for approving an APRN application "may take up to 30 business days based on the volume of applications received."¹¹

3 See AANP, POSITIONS AND PAPERS. *The American Association of Nurse Practitioners (AANP) Opposes the Revised APRN Compact* (2020).

4 See, e.g., Truesdale, Lisa. *Conflict Brews Between Nurse Practitioners and AMA over APRN Compact*. HEALTHeCAREERS.com (Feb. 22, 2018); American Society of Anesthesiologists. *ASA Urges Revisions to APRN Compact* (May 18, 2018).

5 The differences between NCSBN's 2015 and 2020 compacts do not address the concerns about independent practice and prescribing. The changes are related to licensure requirements, the hours required to qualify for multistate licensure, and the number of states that must adopt the compact (going from 10 to 7).

6 In a 2022 presentation by Nicole Livanos, associate director, legislative affairs, NCSBN, the slide for the APRN Compact Fundamentals lists, "Practice: independent of a supervisory or collaborative relationship with a healthcare provider" among the consensus model elements. NCSBN: National Council of State Boards of Nursing. *The APRN Compact: Advancing Licensure Mobility* (2022) (available at www.NCSBN.org).

7 The [2017 compact](#) (https://www.bon.texas.gov/licensure_nurse_licensure_compact_eNLC.asp.html) repealed and replaced a prior [1999 compact](#) (https://www.bon.texas.gov/licensure_nurse_licensure_compact.asp.html).

8 See Nurse Licensure Compact. Commission Annual Report (FY 2022).

9 Texas Board of Nursing. *Frequently Asked Questions – Advanced Practice Registered Nurse* (accessed Apr. 2023)

10 Id.

11 Id.