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Amendment Floor Report for HB 2950- Tuesday, May 2, 2017

Author	Analysis	Recommendation
Darby 850204	This amendment prohibits the Board of Nursing from assessing costs for conducting a disciplinary licensure hearing and applying those costs to that individual. This ensures that individuals are not faced with an excessive financial burden in addition to whatever disciplinary action is taken against them by the Board.	<u>Favorable</u>
Darby 850205	This amendment requires formal hearings for contested licensure cases to be conducted by an administrative law judge employed by the State Office of Administrative Hearings. After findings are received from the administrative law judge the board will dispose of a case by issuing a final order based on the findings. The board cannot change, vacate, or modify the findings. The judge can make recommendations for an appropriate action or sanction, however the board has final authority to determine actions or sanctions.	<u>Favorable</u>
Klick 850206	This amendment stipulates that information regarding a complaint, investigations, or disciplinary action against a practitioner contained within the coordinated licensure information system (within provisions of the Nurse Licensure Compact) may not be provided to states that are not members of the compact. This amendment ensures that practitioner’s sensitive information is protected during complaint and investigative proceedings.	<u>Favorable</u>
Klick 850207	<p>This amendment would require the Board of Nursing to remove a disciplinary action from a practitioner’s record that is displayed on the Board’s internet website if the it meets the following criteria:</p> <ul style="list-style-type: none"> • The practitioner has applied to the board for removal of the action • This is their first disciplinary action • The offense was minor infraction and did not involve the harm of a patient • The offense not involve suspension, revocation, or probation of a nurse’s license • The disciplinary action does not conclude the nurse will harm a patient • The disciplinary action occurred 5-years prior of the application for removal <p>The information that is removed may not be shared with a state outside of the Nurse Licensure Compact or any other person. This amendment ensures that nurses are not overly punished for past disciplinary actions.</p>	<u>Favorable</u>

OK for Distribution – Rep Garnet Coleman

<p>Krause 850209</p>	<p>This amendment restricts the ability for the Board of Nursing to refuse licensure or create a penalty in instances where a practitioner refuses to perform or participate in a procedure due to a deeply held religious or moral belief, including refusal to withhold or withdraw life sustaining treatment. This amendment may be potentially detrimental for patients, as it reduces the autonomy they have over their own healthcare decisions. As with most other professions, nurses and related professionals should deliver the full spectrum of services needed by their patients regardless of their ideological or moral disagreement with the service.</p>	<p><u>Unfavorable</u></p>
<p>Krause 850210</p>	<p>This amendment restricts the Board of Nursing’s ability to implement any rule or policy that may limit a licensee from expressing or practicing one’s deeply held religious belief or may affect their membership within a religious organization. Furthermore, this allows the licensee to file an injunction should this the board be in violation of this rules. This amendment does not lay out specific rules and procedures that may be upheld with religious beliefs. Additionally, the First Amendment protections offered by the United States Constitution already protect the legitimate religious freedoms of licensees. This vague law could be potentially harmful to patients who may be denied necessary treatments on the basis of a practitioner’s personal belief.</p>	<p><u>Unfavorable</u></p>
<p>Krause 850220</p>	<p>This amendment would deny licensure and incite disciplinary action for licensees who intentionally assist in a “dismemberment abortion” unless the procedure is deemed medically necessary. Despite the amendment’s long and graphic definition of “dismemberment abortion”, medical professionals have repeatedly asserted that it is not an existing procedure and using this term is medically inaccurate. This amendment likely targets dilation and evacuation (D&E), which is the most common and safest type of abortion. This amendment is medically inaccurate, ideologically driven, and unenforceable due to its ambiguity.</p>	<p><u>Unfavorable</u></p>
<p>Stickland 850199</p>	<p>This amendment expands and clarifies responsibilities of advanced practice registered nurses (APRNs) to include:</p> <ul style="list-style-type: none"> • Ordering, performing, and interpreting diagnostic tests • Formulating primary and differential medical diagnoses and assessments • Prescribing therapeutic and corrective measures • Prescribing, ordering, procuring, administering, and dispensing drugs and devices, including blood and blood products, controlled substances, dangerous drugs and nonprescription drugs. This is to the extent authorized by the board in Section 301.358 or by a delegated physical under Section 157.058 or 157.059 • Providing referrals to health care agencies, health care providers, and community resources • Serving as the primary care provider of record • Other acts commensurate with advanced registered nursing education, licensure, and demonstrated competencies and experiences. <p>Texas is currently experiencing a critical shortage of primary care providers statewide, with 432 designated primary care health professional shortage areas. Allowing advanced registered nurses greater prescriptive authority is important to increasing access to necessary medications in these vulnerable communities with physician shortages. Additionally, APRNs are the only medical professionals subjected to requirements from both the Texas Medical Board and the Board of Nursing. This amendment removes sections of the Occupations Code that regulate APRNs under the Texas Medical Board, removing duplicitous provisions and leaving all remaining regulatory authority with the Texas Board of Nursing. This amendment does not, however, increase APRNs prescriptive authority.</p>	<p><u>Favorable</u></p>
<p>Stickland 850200</p>	<p>This amendment would require accredited nursing programs to include instruction on state laws regarding the definition of an unborn child and upholding the principle that life begins at conception. Nursing programs are tasked with educating medical professionals, not fulfilling the ideological will of the Legislature. There is no substantial scientific evidence that life begins at conception; the idea wholly ideological, and political ideology has no place in healthcare. There is no discernable reason for this politicized information to be taught in accredited nursing programs.</p>	<p><u>Unfavorable</u></p>



<p>Stickland 850201</p>	<p>This amendment mandates that the required written examination necessary to obtain licensure from the Texas Board of Nursing must include questions on state laws regarding the definition of an unborn child and the principle that life begins at conception. The licensing examination for nursing professionals is meant to examine their medical aptitude, not their knowledge of ideology and politics taking place within the Texas Legislature. It is certainly important that nurses are knowledgeable about laws that govern their profession; statute relating to the definition of an unborn child, however, does not have any immediate implications on a nurse’s ability to perform critical health functions. There is no substantial scientific evidence that life begins at conception; the idea wholly ideological, and political ideology has no place in healthcare.</p>	<p><u>Unfavorable</u></p>
<p>Stickland 850202</p>	<p>This amendment would require practitioners licensed by the Board of Nursing whose practice includes assisting with abortion procedures to complete 8-hours of continuing education annually; this continuing education is to be completed in addition to any other continuing education requirements the licensee may be subject to. This continuing education would include the following subjects: proper performance of abortion procedures, preventing, identifying, and addressing medical complications arising from abortions, identifying and reporting coerced abortions and evidence of human trafficking and ethics related to abortion procedures. This amendment would also require the board to adopt rules to identify license holders who would be subject to these additional continuing education requirements. It stipulates that licensees who knowingly assist in the performance of an abortion procedure without completing these requirements commits a Class A misdemeanor, punishable by up to 1 year in jail and a \$4,000 fine.</p> <p>Currently, only emergency room and geriatric nurses are required to complete specialized continuing education requirements; both categories are only required to complete 2 hours of specialized training, as opposed to this amendment’s 8-hour requirement. There is no demonstrated medical need for nurses who assist in abortions to complete additional continuing education requirements. Abortion is an extremely safe medical procedure; complications occur in less than one quarter of one percent of all procedures, a complication rate akin to that of a common colonoscopy. This amendment is ideologically motivated, and ideology has no place in the regulation of healthcare professionals.</p>	<p><u>Unfavorable</u></p>
<p>Stickland 850203</p>	<p>This amendment expands and clarifies responsibilities of advanced practice registered nurses (APRNs) to include:</p> <ul style="list-style-type: none"> • Ordering, performing, and interpreting diagnostic tests • Formulating primary and differential medical diagnoses and assessments • Prescribing therapeutic and corrective measures • Prescribing, ordering, procuring, administering, and dispensing drugs and devices, including blood and blood products, controlled substances, dangerous drugs and nonprescription drugs. This is to the extent authorized by the board in Section 301.358 or by a delegated physical under Section 157.058 or 157.059 • Providing referrals to health care agencies, health care providers, and community resources • Serving as the primary care provider of record • Other acts commensurate with advanced registered nursing education, licensure, and demonstrated competencies and experiences. <p>Texas is currently experiencing a critical shortage of primary care providers statewide, with 432 designated primary care health professional shortage areas. Allowing advanced registered nurses greater prescriptive authority is important to increasing access to necessary medications in these vulnerable communities with physician shortages. Additionally, APRNs are the only medical professionals subjected to requirements from both the Texas Medical Board and the Board of Nursing. This amendment removes sections of the Occupations Code that regulate APRNs under the Texas Medical Board, removing duplicitous provisions and leaving all remaining regulatory authority with the Texas Board of Nursing. This amendment does not, however, increase APRNs prescriptive authority.</p>	<p><u>Favorable</u></p>



Tinderholt 850208	This amendment would mandate the Board of Nursing to take disciplinary action against a licensee who assists in the performance of a gender reassignment surgery (described as a “sex change”) on a patient under the age of 13. It is not common medical practice for young children to receive gender reassignment surgery; with the consent of their parents, however, children should have access to whichever medical procedures they choose. This amendment would effectively prohibit individuals licensed by the Texas Board of Nursing from participating in safe, legal medical procedures. It is an ideologically driven, discriminatory provision targeting transgender youth and their families.	<u>Unfavorable</u>
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