CHAPTER 87

TAKING ACTION
A Rough Road in Texas: Advanced Practice Nurses Build a Strong Coalition

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"You will never change anything by talking to yourselves. Stop complaining to other APNs and start educating people who can help fix the problem."

—Kathy Hutto

ALL IS NOT ROSY IN TEXAS

All advanced practice nursing legislation introduced in Texas from 1979 to 1985 was defeated. Texas advanced practice nurses (APNs) finally got physician-delegated prescriptive authority in 1989. This passed only with stipulations that APNs work sites that serve certain medically underserved populations and because Texas would have lost federal funds if it hadn't passed (Texas Nurses Association, 2009).

Four women changed the political balance of power for Texas APNs. Elaine Brightwater, a certified nurse midwife (CNM); Carol Cody and Zo DeMarchi, both women's health nurse practitioners (WHNPs); and Ira Gunn, a certified registered nurse anesthetist (CRNA), advocated at the Texas State Capitol for their respective advanced practice nursing (APN) organizations. They recognized the need to hire a lobbyist to focus on APN issues and to have a policy group directly accountable to their organizations. The nurses knew legislation that was good for nurse practitioners (NPs) and clinical nurse specialists (CNSs) sometimes undermined the practices of CNMs and CRNAs, so this new group had to balance the needs and interests of the four APN roles.

THE COALITION FOR NURSES IN ADVANCED PRACTICE IS BORN

In 1991, the four APNs met with a few others to devise a plan to obtain funding and support from their organization's boards and members. They desired to form a coalition of APN organizations and hire a lobbyist. By November 1991, these goals were accomplished. By 1992, the Coalition for Nurses in Advanced Practice (the CNAP or the Coalition) had officers, and it was incorporated and designated as a 501(c)(6) organization. The CNAP was, and remains, a coalition of Texas APN organizations. The group's primary purpose is to advocate for APNs at the Texas legislature and with Texas regulatory agencies. The CNAP has no individual members and is accountable to its member organization's boards. Each board determines how much it contributes and names representatives to attend CNAP meetings.

THE COALITION'S OPERATING PROCEDURES

The CNAP operates on consensus. If a decision has the potential to harm any group of APNs, the Coalition does not pursue it without specific approval by the group that might be harmed. It is a "one for all and all for one" philosophy set forth in the operating principles adopted in February 1992 (CNAP, 1992). These principles have never been amended

BOX 87-1 The Coalition for Nurses in Advanced Practice: Objectives

1. Expand prescriptive authority.
2. Ensure clinical privileging with due process.
3. Increase third-party reimbursement.

and serve to keep the CNAP true to its roots. The structure is nimble and produces swift decisions when needed.

The consensus model is a key to the CNAP's continued existence and success. The leaders who established the CNAP knew that power must be balanced among the four APN groups. CNAP representatives need to have a good understanding of each other's practices to make wise policy decisions. To that end, the initial CNAP representatives educated the lobbyist and each other about each APN role's history, legal framework for practice, and resulting practice barriers, as well as the history and structure of each member organization.

THE COALITION'S OBJECTIVES

Kathy Hutto, the Coalition's principal lobbyist, led the transition from talk to action. She said, "It's been important to learn about your practices and the barriers you work around to take care of your patients. Now it's time to figure out what to do about it. You need to identify three goals to focus our efforts." Three broad objectives were defined that remain the core of the CNAP's legislative and regulatory work today (Box 87-1). The three-pronged approach serves APNs well. In years when the Coalition cannot make progress in one area, representatives focus on one or both of the others. Kathy Hutto gave CNAP representatives another valuable insight regarding taking action: "You will never change anything by talking to yourselves. Stop complaining to other APNs and start educating people who can help fix the problem."

ACTION LEADS TO ACCOMPLISHMENT

In 1992, the Texas Medicaid program reimbursed only four types of APNs. CNMs were reimbursed at 65% of the physician's fee, and CRNAs, FNPs, and PNPs were reimbursed at 70% of the physician's level. APNs wanted to expand Medicaid coverage to include all types of NPs and CNSs and increase the reimbursement rate to 100% for all categories of APNs. The Texas Medical Association opposed those changes. At the time, the Texas Department of Human Services Board approved the types of Medicaid providers and their reimbursement rates. Most of the Human Services Board members were not familiar with advanced nursing practice. APNs were selected to testify at a hearing on the matter, and Kathy Hutto, the lobbyist, helped them prepare testimony. Critical work occurred before the hearing. CNAP members educated board members, while Kathy Hutto and others met with Texas Medicaid staff. Supportive board members were asked to discuss the issue with other members and were encouraged to ask questions that reinforced information favorable to APNs. The CNAP left the Human Services Board hearing with a substantial win that day. All APN categories would be reimbursed at 85% of the physician's fee.

THE COALITION'S CHALLENGES

FUNDING

Any organization that retains lobbyists requires a healthy revenue stream. The CNAP does not have that. The Coalition values the participation of essential APN stakeholders over money, and minimum dues to join are only $500. Member organizations contribute in proportion to their membership and ability. The CNAP relies on contributions from individual APNs; those represent about half of the Coalition's income.

NEGOTIATING BOUNDARIES WITH ESTABLISHED ORGANIZATIONS

The CNAP negotiates relationships with a number of organizations. When it was established, it intruded on the Texas Nurses Association's "turf." A mediator helped the parties develop a good working relationship. The Coalition must actively maintain relationships with its member organizations. The CNAP bears the responsibility for delivering unique services and consistently articulating the value of its services to member organizations so they continue to recognize the Coalition's value.

TABLE 87-1 Number of Texas Advanced Practice Nurses and Physicians and Their Affiliated Lobbyists

	NUMBER IN TEXAS (2009)	
Provider Group	Providers	Lobbyists
APNs (All)	10,801 (unduplicated)[a]	8
CRNAs	2,298[a]	
CNMs	287[a]	
CNSs	1,293[a]	
NPs	6,923[a]	
Physicians	47,759[b]	49

Sources: [a]Numbers of APNs are from "Currently Licensed Texas RNs Recognized as Advanced Practice Nurses by Country and Recognition Group," by Texas Board of Nursing, September 1, 2009. Retrieved from *www.bon.state.tx.us/about/stats/09-apn.pdf.*
[b]Number of physicians is from "Physicians In and Out of State," by the Texas Medical Board, September 2009. Retrieved from *www.tmb.state.tx.us/agency/statistics/demo/docs/d2009/0909/inout.php.*
[c]Lobbyist data is from "Lobby Lists & Reports," by Texas Ethics Commission, 2009. Retrieved from *www.ethics.state.tx.us/dfs/loblists.htm.*

THE OPPOSITION

The biggest challenge the CNAP faces is also the reason it exists. The Texas Medical Association (TMA) has 43,000 members (Texas Medical Association, 2009). Through its county medical societies, TMA has a network of physicians that keep legislators informed about medicine's issues. In 2009, TMA had 27 lobbyists, and an additional 22 lobbyists represented other medical associations (Texas Ethics Commission, 2009). In contrast, CNAP member organizations had about 6000 individual members and 8 lobbyists (Table 87-1).

BUILDING INFLUENCE WITH LIMITED RESOURCES

When the CNAP was established, most Texas state policymakers had never heard of APNs. This has changed dramatically due to CNAP's efforts to include APNs in legislation and rule making where appropriate. CNAP's strategy to influence policy with limited resources used these guidelines:

DEFINE WHAT IS WANTED

Kathy Hutto's direction to define three goals exemplifies the principle of identifying and succinctly articulating the group's goals.

USE GRASSROOTS STRATEGIES FOR STATEWIDE SUCCESS

There is one way to overcome overwhelming odds in politics: effective constituents. APN constituents who create positive relationships with legislators, through work in campaigns and with regular contact, are at the top of the influence pyramid with that legislator. The work of educating and motivating APNs to develop relationships with legislators is ongoing. The CNAP asks APNs to give their fair share. They are asked to make seven contacts with their legislators in each 2-year election cycle.

HIRE THE RIGHT LOBBYIST

The CNAP's founders interviewed Kathy Hutto after getting recommendations from lobbyists, legislators, and their staff. Kathy represents a variety of businesses and associations and maintains a portfolio of 10 to 15 clients. The Coalition benefits from her legislative expertise and the power she generates by lobbying for other clients that are much larger and have more PAC money than the Coalition.

FIND AN AFFORDABLE WAY TO BE A VISIBLE PART OF A POLITICAL ACTION COMMITTEE

The CNAP never formed its own political action committee (PAC) because of complex ethics rules and reporting requirements. Instead, the Coalition became a sponsoring organization of the RN PAC. In return, for sharing administrative expenses and adding to the contributor base, the RN PAC gave APNs recognition by changing its name to the Texas RN/APN PAC.

FOCUS ON REGULATION AS MUCH AS LEGISLATION

During legislative sessions, in addition to advocating for APN legislation, the CNAP also tracks at least 300 bills and asks for amendments to include RNs or APNs whenever appropriate (usually 20 to 25 bills per session). On average, about 7 bills pass each session that contain amendments sought by CNAP lobbyists. The CNAP also monitors the *Texas Register,* the weekly publication that includes all proposed and adopted state agency rules. The Coalition comments on proposed rules to include APNs whenever appropriate. At least three or four times a year, state agencies amend rules based on the CNAP's comments. State agencies ask the Coalition to attend stakeholder

meetings, and APNs have the opportunity to shape the language in draft rules.

SUMMARY

The CNAP was born from frustration with the status quo and a vision for a better future for APNs and their patients. The Coalition was the first statewide advanced practice nursing coalition of its kind. Today, it remains the driving force for legislative and regulatory change for APNs in Texas. The CNAP exists because strong opposition creates a shared need for APN organizations to band together to achieve goals. The Coalition provides governmental expertise, concentrates power for all APN groups, and provides important services for member organizations. To stay viable, the CNAP always balances member's interests and clearly communicates the value it brings to individual APNs and APN organizations throughout Texas.

For a list of related websites, please refer to your Evolve Resources at http://evolve.elsevier.com/Mason/policypolitics/

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