

## Week 1 Discussion

Throughout this week's discussion post I will discuss practice agreements in my particular state of Texas including whether my state requires physician collaboration or supervision for nurse practitioners, how to get certified and licensed in Texas, and the application process for certification. In addition, I will include the primary licensure office resource website for Texas, how Texas defines the scope of practice of a nurse practitioner, what is included in the states practice agreement, and how to get a DEA license in Texas. I will also discuss how Texas describes a nurse practitioner's controlled-substance prescriptive authority and what nurse practitioner drug schedules are nurse practitioners authorized to prescribe, and what legislative and advocacy activities are my state nurse practitioner organization involved.

Currently, Texas requires nurse practitioner's (NPs) to practice under the supervision of a physician within a 75-mile radius, physicians cannot supervise more than four nurse practitioners at a time and must review at least 10% of the NP's patient charts randomly each month, NPs can only prescribe under a physician's supervision and under firm guidelines, and all prescriptions written by the NP must include the supervising physician's name, address, DEA number, and phone number (Wofford, 2022). Due to the firm guidelines, Texas NP's are fighting for full practice authority (FPA). To obtain licensure in Texas, first a graduate degree from an accredited program is required, then earn National Certification, and apply for APRN license. The application for licensure may be submitted online or printed and mailed to the board of nursing in Austin, Texas.

The primary nurse licensure office resource website in Texas is [www.bon.texas.gov](http://www.bon.texas.gov). According to the Texas state board of nursing, "the scope of practice of particular specialty areas shall be defined by national professional specialty organizations or advanced practice nursing organizations recognized by the Board [and] the advanced practice nurse may perform only those functions which are within that scope of practice and which are consistent with the Nursing Practice Act, Board rules, and other laws and regulations of the State of Texas" (Practice, 2022). In Texas, the authority to make a medical diagnosis and write prescriptions must be delegated by an MD or DO using written delegation procedures or other written authorization (Phillips, 2015). In addition, Texas protocols allows the APRN to practice professional judgment and are not required to outline specific steps the APRN must take, but they are required to obtain certain elements regarding prescriptive authority (Phillips, 2015). Hospitals may give privileges to APRNs but are not required to do so and those hospitals that do extend clinical privileges to APRNs must use a standard application form and afford due process rights in granting, modifying, or revoking those privileges (Phillips, 2015).

There are some limitations on NPs prescription authority when prescribing controlled substances. For example, NPs can prescribe schedules 3,4, or 5 controlled substances with a 90-day supply or prescription refills totaling 90- day supply, a physician must approve continuing the same controlled substance for the same patient beyond the initial 90-days and note the consultation in the patient's chart, and a physician consultation is required before prescribing any controlled substance for children under 2 years old without prior consultation with the physician (Prescribing, 2018). In addition, NPs can prescribe schedule 2 controlled substances, however, only when the NP is facility based and prescribing to patients admitted to a hospital emergency department, a hospital in-patient unit with an intended length of stay of