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| G:\TSAOHN\TSAOHN_logo.GIF | TSAOHN Government Affairs Update |
| Newsletter Date Q3/2019 | Volume 1, Number 1 |
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* The content is pooled from a variety of sources; should you find an issue with content please contact Kbready@sterilite.com for updates, changes of errors or questions
 | **TSAOHN**

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| Based on the results, you as a member, will need to decide what your status will be going forward within the organization. |

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| We are now asking our members to vote on their decision because your choices for membership may impact the State chapter. There may be a need for a bylaw change within the State chapter as well as a change in the structure of our State chapter. |

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| Please let this message serve as your 30-day notice of an impending vote on your choices of membership. The vote will be by electronic means and the ballot will be placed on our TSAOHN website on September 16, 2019, when voting begins. |

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| **Last day to vote will be September 30, 2019**, with results provided to our members by Oct. 7, 2019.  |

**TSAOHN - Elections**

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| It’s that time of year again. The leaves are beginning to change colors and we are anticipating a time of cooler weather and football. Let’s not forget that we are also hoping our Houston Astros will repeat and make the state of Texas happy again. |

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| Within our organization, we are looking for you, our members, to step forward and say, “I am willing to serve”. We need you to become a part of our state Board of Directors. There are six open positions on the board for this years’ election. |

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| The six positions are: |

* President-Elect
* Treasurer
* Secretary
* Election Advisor
* (2) Directors - Governmental Affairs/Bylaws/Policy and Procedures, Communications/Publicity, Conference/Vendors, and Awards/Recognition/Benevolence.

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| \* The Director positions are appointed by the President after the elections |

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| The process of notifying us of your willingness to serve is very simple. You may self-nominate or have someone else nominate you. |

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| Please review the positions and the qualifications for each position. Should you decide to run for a position, please complete the appropriate form and return before September 30th, 2019 - Instructions are on the forms. |

* [Form A - TSAOHN Nomination Acceptance and Bio](https://www.tsaohn.org?mailpoet_router&endpoint=track&action=click&data=WyI5MDMiLCI2MTI2MDY5YWJmNjZmNmFlOTMyOWZlZTFmZjZkZjBkYyIsIjM5IiwiYmY5YTAwNWYzNjhkIixmYWxzZV0)
* [Form B - TSAOHN Declination Letter](https://www.tsaohn.org?mailpoet_router&endpoint=track&action=click&data=WyI5MDMiLCI2MTI2MDY5YWJmNjZmNmFlOTMyOWZlZTFmZjZkZjBkYyIsIjM5IiwiODg5N2VkYjY3N2I0IixmYWxzZV0)

**AAOHN Update****Prepare for the Bylaws Vote**The AAOHN Board of Directors is proposing a bylaws change that would reduce the size of the Board from 13 to eight by electing five directors to the Board of Directors, as opposed to the 10 directors that currently sit on the board, among other changes providing consistency throughout AAOHN's bylaws. To review the proposed changes to the bylaws, the below resources are available to help you make an informed decision when voting opens on September 3.﻿* [Bylaws Rationale Document](http://r20.rs6.net/tn.jsp?f=001o4jfEIHjKVIexzNP1H291mxRttZk8ztJ2ZVNPf8r1NMenRkxQtipwfEOBTDFPu7xBVqlO2fM2aMzGxKSZ5fdxlY7RQek4y5PBo7DQXIPAxdcqwP12RaSXlcFoYONfLChcILzJ9KGJfDORJayNRMfnHSZvItELE7V5VhPZCDNz1uNSMcMv2XnceaWZU_kC8HgsHhPutQG5MhjwKQB-RMd-HBb9nMSeLhVrdPYow_YXig=&c=P7FjU8d4OgZ37l3Oafp5AAtQkvI8RRmwq52TbFcmFQf_ARSFSTDhXw==&ch=lcCFLUuZxMbgJm1rXJqExEFWTSdwAiYnUCThBjJGM7VFTIFz_C2FmA==)
* [Bylaw Revisions](http://r20.rs6.net/tn.jsp?f=001o4jfEIHjKVIexzNP1H291mxRttZk8ztJ2ZVNPf8r1NMenRkxQtipwfEOBTDFPu7xLoDYqQypjjE3ReOwFkMx9k_ZE8A9bDHkEn1auHnRtOMfieuu1evbvrTW2GS2tVIW6rxHXjAvZORl3tJnVApWDXwK6DA_JQb42uWllMYYsyQfbZ7wdXPxL5tNVhJMapmFRnk0AmTuCnA0kS6ziLPVwuVONX63ftuLYH8x6S8ZZaU=&c=P7FjU8d4OgZ37l3Oafp5AAtQkvI8RRmwq52TbFcmFQf_ARSFSTDhXw==&ch=lcCFLUuZxMbgJm1rXJqExEFWTSdwAiYnUCThBjJGM7VFTIFz_C2FmA==)
* [Reduced Board Size Document](http://r20.rs6.net/tn.jsp?f=001o4jfEIHjKVIexzNP1H291mxRttZk8ztJ2ZVNPf8r1NMenRkxQtipwfEOBTDFPu7xA0aqr88yBjIuNX2cE6jvh8_wsMGf4oOLjzRfdhKY5qUz7UoVtp-XlQVCbfKBjFk-VZXKrUmcXS9TJ0XveIX5HtQdBvTcg1E-OkXL5gfjPblM-SOXNMikEWTA1UB0xTuggl-EpUETIdN-NyrZOZvhpkCtzMbTBR9_ywgPENj6pjc=&c=P7FjU8d4OgZ37l3Oafp5AAtQkvI8RRmwq52TbFcmFQf_ARSFSTDhXw==&ch=lcCFLUuZxMbgJm1rXJqExEFWTSdwAiYnUCThBjJGM7VFTIFz_C2FmA==)

 Questions? Please reach out to AAOHN at info@aaohn.org**Save the Date for the 2020 National Conference**Mark your calendar for the 2020 National Conference, April 6-8, 2020, at the Grand Hyatt San Antonio in San Antonio, Texas. From networking to professional development workshops, concurrent sessions and inspiring keynotes, the 2020 National Conference will provide an experience like no other. Make sure to secure your spot when registration opens in early November. Note: This year’s pre-conference courses begin April 4-5 and the conference will conclude on April 8 at 5:30 pm so please plan accordingly.**DWC -Workers Compensation Update****DWC releases 2017 Injury Update**Slightly more than one of every four workplace injuries and illnesses reported by Texas private industry employers in 2017 resulted in one or more days away from work, according to estimates from the U.S. Department of Labor, Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses. The median number of days away from work for private industry employers was seven in 2017.According to the survey, 183,396nonfatal workplace injuries and illnesses were reported by Texas private industry employers in 2017, with 48,490 resulting in days away from work (DAFW). This resulted in an incident rate for DAFW cases of 5.7 per 1,000 full-time employees.The goods-producing industries reported 12,370 DAFW cases and an incident rate of 66.1 per 10,000 FTEs. Meanwhile, the service-providing industries reported a higher count of cases at 36,120 and a lower incident rate of 54.9. Median days away from work for the service-providing industries was six days, which was lower than the 13 days for the goods-producing industries.Some 37 percent (17,860) of the total DAFW cases involved sprains, strains and tears. Employees with between one and five years of service reported 18,170 DAFW. Employees with more than five years of service had the highest median DAFW at 12 days. However, they also had a drop in the number of reported DAFW cases for the entire private industry, from 15,220 in 2016 to 13,100 in 2017. To view the full report, you may [click here](https://www.tdi.texas.gov/wc/safety/sis/documents/casedemo17rlse.pdf).**86th Legislation Changes to Comp that May affect Your Operation**To:   Workers’ Compensation System Participants Re:   Legislation Enacted – 86th Legislature, Regular Session, 2019 This bulletin provides summaries of selected bills enacted by the 86th Legislature that affect workers’ compensation and may be relevant to individuals and entities regulated by the Texas Department of Insurance, Division of Workers’ Compensation (DWC). DWC is only providing summary information in this bulletin regarding particular provisions of the bills that may apply to the regulation of workers’ compensation. Please refer to the actual bills for the complete content of the legislation. Bills listed in this bulletin will link directly to the bill text. You may also access the bills, as well as other legislative information, at the Texas Legislature Online website at <https://capitol.texas.gov/>. While DWC encourages use of this bulletin to aid in your compliance efforts, individuals and entities regulated by DWC are responsible for ensuring compliance with *all* enacted legislation affecting the business they conduct.[House Bill 29](https://capitol.texas.gov/tlodocs/86R/billtext/pdf/HB00029F.pdf#navpanes=0)                      Physical Therapy Practice Without a Referral Allows certain physical therapists to treat patients without a referral for up to either 10 or 15 consecutive business days, depending on the physical therapists’ qualifications. A physical therapist may treat a patient for up to 10 consecutive business days without a referral if the therapist has a doctoral degree in physical therapy or has been licensed for at least one year and completed at least 30 hours of continuing competence activities in the area of differential diagnosis. Therapists must also be covered by professional liability insurance. A physical therapist with a doctoral degree who has also completed a residency or fellowship may treat for up to 15 consecutive business days.Note: Physical therapists are not included under the definitions of doctor or treating doctor in Labor Code §401.011. Labor Code §408.021(c) provides that workers’ compensation health care must be approved or recommended by an employee's treating doctor. Texas Insurance Code §1305.103 also states that a certified workers’ compensation health care network’s treating doctor must provide health care to the injured employee and make referrals to other network or approved out-of-network health care providers. Treatment by a physical therapist in the workers’ compensation system must be approved by the employee’s treating doctor. Effective September 1, 2019.[House Bill 387](https://capitol.texas.gov/tlodocs/86R/billtext/pdf/HB00387F.pdf#navpanes=0)                    Advanced Practice Registered Nurse Report Submission Allows a treating doctor to delegate to an advanced practice registered nurse the authority to complete and sign a DWC Form-073, *Work Status Report* regarding an injured employee’s ability to return to work.Effective September 1, 2019.[House Bill 1665](https://capitol.texas.gov/tlodocs/86R/billtext/pdf/HB01665F.pdf#navpanes=0)                  Obsolete Reporting RequirementEliminates the requirement for hiring contractors to file DWC Form-84, *Exception to Application of Joint Agreement to Affirm Independent Relationship for Certain Building and Construction Workers* with DWC. This form will continue to be sent to the hiring contractor’s insurance carrier and will be available to DWC, if requested.Effective for new notifications on or after May 23, 2019.[House Bill 2143](https://capitol.texas.gov/tlodocs/86R/billtext/pdf/HB02143F.pdf#navpanes=0)                  Post-Traumatic Stress Disorder Eligibility for First RespondersClarifies that post-traumatic stress disorder (PTSD) is a compensable injury for first responders if the disorder was caused by one or more events in the course and scope of employment, rather than a single event. Sets the date of injury for PTSD as the date the first responder knew or should have known that the disorder may be related to their employment.Effective for new injuries that occur on or after September 1, 2019.[House Bill 2503](https://capitol.texas.gov/tlodocs/86R/billtext/pdf/HB02503F.pdf#navpanes=0)                  First Responder Death BenefitsExpands eligibility of spouses who may receive death benefits for life, regardless of remarriage, to spouses of peace officers as described in Texas Code of Criminal Procedures Article 2.12 and intrastate fire mutual aid system team members or regional incident management team members.Effective for remarriages occurring on or after September 1, 2019.[Senate Bill 619](https://capitol.texas.gov/tlodocs/86R/billtext/pdf/SB00619F.pdf#navpanes=0)                   Sunset Advisory Commission Scheduling BillReschedules the DWC and the Office of Injured Employee Counsel (OIEC) review by the Sunset Advisory Commission from 2021 to 2023.Effective June 10, 2019.[Senate Bill 935](https://capitol.texas.gov/tlodocs/86R/billtext/pdf/SB00935F.pdf#navpanes=0)                   Federal Military Treatment FacilitiesClarifies that medical care provided in a federal military treatment facility (FMTF) is exempt from certain workers’ compensation-specific statutory requirements. Requires insurance carriers to pay the amount charged by these facilities under federal law.  Requires the commissioner to adopt rules regarding the billing and payment for medical care provided to injured employees and the resolution of medical disputes in situations where the injured employee has been balance billed. Rules must be adopted by December 1, 2019.Effective for health care services provided by an FMTF on or after January 1, 2020.[Senate Bill 1336](https://capitol.texas.gov/tlodocs/86R/billtext/pdf/SB01336F.pdf#navpanes=0)                 Obsolete Rate Relativities RequirementsEliminates TDI’s statutory obligation to develop workers’ compensation classification relativities.  Insurance companies may continue to use the loss costs filed by the National Council on Compensation Insurance or the insurance company’s own independent, company-specific relativities filed with TDI to set insurance rates.Effective September 1, 2019.[Senate Bill 1582](https://capitol.texas.gov/tlodocs/86R/billtext/pdf/SB01582F.pdf#navpanes=0)                 Peace Officer PresumptionsExtends the statutory presumption that certain occupational diseases are work-related to a peace officer as described in Texas Code of Criminal Procedures Article 2.12. Those presumptions include smallpox or other diseases that can be immunized, tuberculosis or other respiratory diseases, and heart attacks and strokes. The bill also entitles peace officers to preventative immunization for any disease that they may be exposed at work.Effective September 1, 2019.[Senate Bill 2551](https://capitol.texas.gov/tlodocs/86R/billtext/pdf/SB02551F.pdf#navpanes=0)                 Firefighter and Emergency Medical Technician Cancer PresumptionReplaces the presumption standard for cancer claims from a cancer known to be associated with firefighting or exposure to heat, smoke, radiation, or a known or suspected carcinogen as determined by the International Agency for Research on Cancer, with a list of 11 cancers. Those cancers are cancers that originate at the stomach, colon, rectum, skin, prostate, testis, or brain;  non-Hodgkin’s lymphoma;  multiple myeloma; malignant melanoma; and renal cell carcinoma.In addition, SB 2551: * Exempts insurance carriers from the 15-day pay or dispute requirement in Texas Labor Code §409.021(a) if certain conditions are met.
* Provides that the presumption for any of the occupational diseases described in Government Code Chapter 607 may be rebutted through a showing by a preponderance of the evidence that a risk factor or cause not associated with the firefighter or emergency medical technician’s work was a substantial factor in bringing about the disease, without which the disease would not have occurred.
* Adds factors that DWC must consider when determining whether to assess administrative penalties under Labor Code 409.021(a-3).
* Clarifies and confirms that political subdivisions do not have sovereign immunity from compliance, enforcement actions, and administrative penalties under Chapter 415 and adds liability for claimant’s attorney fees under Labor Code §408.221.
* Allows a political subdivision to create an account for the payment of lifetime income benefits or death benefits.
* Requires the commissioner to adopt rules as required by or necessary to implement this legislation not later than January 1, 2020.

Effective for new claims filed on or after June 10, 2019.  For more information contact Jeff Nelson, Director of External Relations at 512-804-4405 or Jeff.Nelson@tdi.texas.gov.

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| **Texas Board of Nursing Update****Changes in Licensure**The new enhanced licensure compact, or eNLC, is the licensure model that allows registered nurses (RNs) and licensed vocational nurses (LVNs) to have one multistate license, with the privilege to practice in the home state and in other eNLC states physically, electronically, and/or telephonically. It replaces the original nurse licensure compact (NLC) and adds extra safeguards that maintain public protection at the state level. The Old and the New: The Impact to Texas Nurses Although many states that were enrolled in the original NLC are also in the eNLC, this is not the case with one state from the original NLC. At this time, Rhode Island has not yet passed legislation to join the eNLC. The eNLC was implemented in Texas on January 19, 2018. On January 20, 2018, Texas nurses with an original NLC multistate license will be grandfathered into the eNLC and no further action is needed. New applicants residing in compact states must meet 11 uniform licensure requirements listed below. Those who do not meet the new licensure requirements may still be eligible for a single state license.Uniform Licensure Requirements for a Multistate License * Meets the requirements for licensure in the home state (state of residency);
* (a). Has graduated from a board-approved education program; or (b). Has graduated from an international education program (approved by the authorized accrediting body in the applicable country and verified by an independent credentials review agency);
* Has passed an English proficiency examination (applies to graduates of an international education program not taught in English or if English is not the individual’s native language);
* Has passed an NCLEX-RN® or NCLEX-PN® Examination or predecessor exam;
* Is eligible for or holds an active, unencumbered license (i.e., without active discipline);
* Has submitted to state and federal fingerprint-based criminal background checks;
* Has no state or federal felony convictions;
* Has no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis);
* Is not currently a participant in an alternative program;
* Is required to self-disclose current participation in an alternative program;
* Has a valid United States Social Security number.

The overall eNLC membership numbers have not diminished from the previous NLC. If anything, numbers are growing! Texas remains a compact state, affording Texas nurses the ability to respond to the challenges of modern health care, and provide borderless nursing services in other eNLC states.For complete information go to: [https://www.ncsbn.org/enhanced-nlc-implementation.htm.](https://www.ncsbn.org/compacts.htm)The Texas Board of Nursing offers resources to assist nurses with primary multistate licensure outside of Texas who choose to practice in Texas using compact privilege to understand the Texas Nursing Practice Act. The interactive online course Nursing Regulations for Safe Practice provides an overview of current Texas laws and rules to uphold safe nursing practice. Please visit our Continuing Education Course Catalogue for more information at: <http://www.bon.texas.gov/catalog/> **Employers Faced with Disaster** **Response**Hurricane season is now UPDATE REGARDING OUT-OF-STATE NURSES SEEKING TO PRACTICE IN DISASTER AREASSince the onset of the devastation brought to Texas by Hurricane Harvey, the heroic response of nurses in Texas and beyond has been outstanding. From 8/26/17 through 9/1/17, the Board has issued over 600 temporary licenses to out-of-state nurses. This does not account for many other nurses with compact licensure who have come to render aid. Thank you to all nurses who have come to help!IMPORTANT UPDATE: In accordance with Section 418.171 of Texas Government Code, any out-of-state nurse may practice in Texas for the purpose of rendering aid, provided the nurse holds a current license in good standing\* in his/her home state. Therefore, any out-of-state nurse with a license in good standing\* is not required to hold a Texas license in order to practice nursing in a disaster relief effort operation setting. Each employer planning to employ nurses practicing under this exception should notify the Texas Board of Nursing. Please include: nurse’s name, home state, licensure type and number, and the employing facility name and location. This can be submitted after the nurse is employed.Send notifications by Email to: Mark.Majek@bon.texas.gov OR Fax to: 512-305-7401If prior to this update you have submitted an application for a temporary license for disaster purposes, and your home state license is in good standing\*, you may begin practice to provide disaster related services in Texas. Your application will still be processed and your will be notified when it is completed.\*Good standing means there is not current disciplinary action on your state nursing license(s).The BON is not soliciting volunteers. Nurses wishing to volunteer may contact the following to inquire about volunteer needs:1.Texas Department of State Health Services Texas Disaster Volunteer Registry  [https://www.texasdisastervolunteerregistry.org/](%20https%3A/www.texasdisastervolunteerregistry.org/%20) 2.The American Red Cross, http://www.redcross.org/ Phone: (866)526-83003.Volunteer Houston, http://volunteerhouston.org Phone: (281)656-15334.Texas Gulf Coast Voluntary Organization Active in Disaster(VOAD) http://txgulfcoastvoad.org/A nurse with current disciplinary action on his/her state nursing license who wishes to practice nursing in a disaster relief effort operation setting in Texas should follow the procedure below:1. PROCEDURE TO APPLY FOR TEMPORARY LICENSURE FOR LVNs and RNs:◦Pull endorsement application from the Board website: Licensed Vocational Nurses:<http://www.bon.texas.gov/pdfs/forms_pdfs/endorsement_pdfs/LVNEnd_2018-01-12.pdf>Registered Nurses:<http://www.bon.texas.gov/pdfs/forms_pdfs/endorsement_pdfs/RNEnd_2018-01-12.pdf>2. PROCEDURE TO APPLY FOR INTERIM APPROVAL to PRACTICE as an ADVANCED PRACTICE REGISTERED NURSE (APRN):Pull application for interim approval for Advanced Practice Registered Nurses at: http://www.bon.texas.gov/pdfs/forms\_pdfs/APRN-RX Application.pdfAPRNs requesting prescriptive authority will be reviewed for interim approval to prescribe dangerous drugs only. 3. WRITE “HARVEY/[INSERT NAME OF EMPLOYING FACILITY or AGENCY]” IN CAPS AT TOP OF APPLICATION4. Complete the appropriate application form(s) and submit the completed PDF form(s) to the BON: Email to: Mark.Majek@bon.texas.gov  Fax to 512-305-7401 5. Application: fees are waived for this emergency process. Applications will be reviewed and if applicant has no current discipline or other eligibility issue, they will be issued a temporary license (LVN, RN) to practice or interim approval (APRN) for the purpose of responding to the declared emergency.6. This license/interim approval is valid until the BON waiver issued by the Office of the Governor is terminated or until the disaster declaration is lifted or expires. 7. A list of all approved temporary licenses/interim approvals issued for this purpose will be maintained by the BON.2020 - Board Meeting Agendas

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| Meeting Date  | Documents  |
| January 23-24 | Regular Meeting Agenda |
| April 23-24 | Regular Meeting Agenda |
| July 23-24 | Regular Meeting Agenda |
| October 22-23 | Regular Meeting Agenda |

2019 - Board Meeting Agendas

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| Meeting Date  | Documents  |
| January 24-25 | [Regular Meeting Agenda](http://www.bon.texas.gov/meetings_board_meetings_2019_January.asp) |
| April 25-26 | [Regular Meeting Agenda](http://www.bon.texas.gov/meetings_board_meetings_2019_April.asp) |
| July 25-26 | [Regular Meeting Agenda](http://www.bon.texas.gov/meetings_board_meetings_2019_July.asp) |
| October 24-25 | Regular Meeting Agenda |

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**Other News From Around Texas****Texas Observer Points to Workplace Deaths in State**More workers die on the job in Texas than in any other state — a distinction the state has held since 2009, according to the Texas Observer. The U.S. Bureau of Labor Statistics says there were 5,147 fatal work injuries recorded in the United States in 2017, down slightly from the 5,190 fatal injuries reported in 2016. There were 543 fatal injuries in Texas in 2017, and 545 in 2016. The next highest total is 346 workplace fatalities in California in each of 2017 and 2016.The report, “The ROI of Safety: How to Create a Long-Term Profitable Workplace Safety Program,” includes data from the Bureau of Labor Statistics, the National Safety Council, the Occupational Safety and Health Administration, and other sources to emphasize the importance of workplace safety in reducing employee injuries and costs to employers. It also includes advice for establishing workplace safety programs.The report also says $1 spent on safety can save at least $3 on expenses related to worker injuries and that 40% of injured employees have been on the job less than a year, which, the report says, is because new workers “lack the experience and information needed to properly protect themselves on their job.”The Bureau of Labor Statistics says there were approximately 2.8 million nonfatal workplace injuries and illnesses reported by private-industry employers in 2017. Those numbers are an improvement over the year previous, however, they still represent a significant cost to employers. The National Safety Council found that in 2017 the cost of work injuries totaled $161.5 billion. Those costs break down this way:       $52 billion in administrative expenses.       $50.7 billion in wage and productivity losses.       $34.3 billion in medical expenses.       $12.4 billion in employers’ uninsured costs.       $7.3 billion in fire losses.       $4.9 billion in damage to motor vehicles in work-related injuries.You may download the report by clicking [here](https://amtrustfinancial.com/getmedia/d6d1ecf6-1ad1-4e19-84ae-f0fd1991f761/ROI-Safety-Final-Report.pdf).**Tackling Prescription Monitoring deficiencies with more Analytics**During the 86th Texas Legislature, policymakers approved funding for the Texas State Board of Pharmacy to integrate NarxCare into the Texas Prescription Monitoring Program (PMP).NarxCare is a data analytics and visualization tool that supplies physicians and other health care providers with patient risk scores and interactive visualizations of drug prescriptions and usage patterns.Incorporated into the PMP in July, these features help prescribers and their delegates make evidence-based decisions when prescribing controlled substances.Prescribers accessing the PMP through the web portal or within electronic health records have access to narcotics, sedative, stimulant and overall overdose risk scores. Some of the metrics used in scoring are:* Number of physicians and providers seen
* Number of pharmacies visited
* Morphine milligram equivalent (MME) dispensed
* Amount of sedatives dispensed
* Number of instances in which physicians and/or providers overlap in prescriptions

NarxCare provides detailed data about a patient’s prescription history and levels of risk, making clinical decision-making easier and safer.For additional information on navigating challenging conversations, please visit [txpmp.org/resources](http://txpmp.org/resources) for a Prescriber Toolkit with guidance and talking points.Ultimately, the addition of NarxCare to the PMP is a significant step forward in statewide efforts to curb prescription drug misuse, diversion and overdose. For more detailed information about NarxCare, visit [pharmacy.texas.gov/pmp/Narxcare.asp](https://www.pharmacy.texas.gov/pmp/Narxcare.asp).**How do we get more involved in Texas issues? How do we anticipate what’s on the horizon?**Every odd-numbered year, the Texas Legislature convenes for a 140-day regular legislative session. The session is a storm of activity-most of the work accomplished during legislative sessions is brought about through the efforts of active research in the even or interim years. This work product results from The Speaker of the House and Lieutenant Governor tasking the committees of their respective chambers with studying a variety of issues of priority and public interest. Interim charges give a sneak peek into what issues are important to those respective committees. Advocacy groups and Professional organizations utilize that as opportunity to influence the hearts and minds of the committees, once the interim charges are issue. The committee then reports on consensus recommendations. It does get tricky though when two committees share a joint charge. Often times these documents get pretty lengthy, so in the effort of transparency and historical accuracy they are [archived](https://house.texas.gov/committees/reports/). The interim reports include an executive summary which summarizes the findings on an issue, ( the Cliff notes so to speak), however the full reports detail all relevant information received on the issue, statistics, challenges and recommendations. Sometimes nurses ask how they can get involved in an issue they care about. The first step is to know who else is working on that issue and what efforts are already underway. These [interim reports](https://house.texas.gov/committees/reports/) provide a window into who is involved with an issue because the report includes a summary of the hearing and who was invited to testify including any recognized state leaders on the issue, often the public is also invited to comment. All witnesses who testified are listed in the interim report, providing a starting place for connecting the dotsThe report and video archives can provide a valuable historical perspective on an issue. We expect interim charges to be issued in the next few months, while gaining momentum through 2020.Another way to participate is Nurse Day at the Capital, or link up with any trade associations, professional orgs, etc. to find out what their presence is like and to begin making connections. Those are the last few days while legislation is in session to get your voice heard. Letters to your congress people are also helpful, in helping the Speaker of the House determine what priorities to address**Why should you invest in the Texas Nurse PAC?**1. Texas Nurse PAC brings together nurses and legislators throughout the state to impact healthcare policies that ensure safety for Texas nurses and their patients. In the last election cycle, Texas Nurse PAC supported Representatives Donna Howard (D-Austin) and Stephanie Klick (R-Fort Worth), both of whom carried important legislation this past session to improve nursing and safeguard patient safety in Texas.2. Texas Nurse PAC supports state legislators of **ANY** political party that encourages inclusion of the nursing perspective in decisions that affect health care in Texas.3. An investment in the Texas Nurse PAC ensures that the interests of the nursing profession have a fighting chance against those of the influential Texas Medical Association lobby, which spent over $1 million in the last election cycle.  **Need more incentive?Check out the PAC Thank-You gifts for 2019.****ALL** Texas Nurse PAC investors are gratefully acknowledgedon the Texas Nurse PAC [**homepage**](https://www.votervoice.net/BroadcastLinks/Z9TCKzIlf8QPrsVzSXqJFQ)**.** **Jurisprudence and Geriatrics CE** This is an easy way for you maintain the Texas BON required training in Geriatrics or Jurisprudence for recertification/license renewal. It’s required every 3rd renewal, but who can keep track of that ☺ ? I do this every renewal cycle, regardless of requirement I know I’m covered, costing only 25 dollars so it’s a great value and there is actually some good info from very reputable sources. Don’t get caught, protect your license – hard to beat self-paced and 25 dollars, you’ll also be pleased by how easy the process is and no quiz it’s a self-assessment. Online or catalog printed your choice. |