

MEDICAID COVERAGE OF ADVANCE PRACTICE REGISTERED NURSES

ANA POSITION

Medicaid should cover all services that advanced practice registered nurses (APRNs) are authorized to perform under state law. It should also support the recognition of all APRNs as providers under the Children's Health Insurance Program (CHIP).

BACKGROUND

Advance practice registered nurses (APRNs) are registered nurses (RNs) who have attained advanced expertise in the clinical management of health problems. APRNs include nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse midwives (CNMs), and certified registered nurse anesthetists (CRNAs). Typically, an APRN holds a master's degree with advanced didactic and clinical preparation beyond that of the RN. Practice areas include, but are not limited to: family, gerontology, pediatrics, women's and adult health, neonatology, mental health, midwifery, and anesthesiology. Every state has passed laws recognizing and regulating APRN practice, most have prescriptive authority.

Federal law requires fee for service Medicaid to cover health care services provided by some APRNs (pediatric NPs, family NPs, and CNMs). Some states have also opted to cover the services of CRNAs and CNSs- primarily because these practitioners are willing to provide needed services in health care provider shortage areas. Decades of research has shown that the quality of care provided by APRNs is at least equivalent to that provided by physicians.

The Balanced Budget Act of 1997 (BBA, P.L. 105-33) encouraged states to move Medicaid patients into managed care and to use primary care case managers as gatekeepers to care in the fee for service program. The BBA97 granted the states the option to recognize pediatric NPs, family NPs, and CNMs as primary care case managers; while at the same time making it impossible for states to recognize other APRNs (e.g., geriatric NPs). In addition, the BBA97 provided only a very vague reference to the types of providers that must be included in managed care panels. Plans must only show that they provide access to "a sufficient number, mix, and geographic distribution of providers." In effect, the BBA97 removed the previous Medicaid coverage mandate and allowed APRNs to be excluded as Medicaid providers.

RATIONALE

Medicaid beneficiaries should have access to the full range of services provided by APRNs, including case management services. Each year many Americans go without the health care services that they require because physicians simply are not available to care for them. This problem plagues rural and urban areas alike. Medicaid beneficiaries are particularly vulnerable, since in recent years a number of health professionals have chosen not to care for them or have been unwilling to locate to the communities where many beneficiaries live. APRNs are an exception to this trend; they frequently accept patients that others will not treat and serve in provider shortage areas. The proper utilization of APRNs will increase access to health care and decrease expenses related to preventable acute care admissions and emergency room visits.