

MEDICAID COVERAGE OF ADVANCED PRACTICE NURSING

POSITION

Medicaid should cover all services that advanced practice registered nurses (APRNs) are legally authorized to perform under state law. The American Nurses Association (ANA) urges Members of Congress to cosponsor the Medicaid Advanced Practice Nurses and Physician Assistants Access Act and to support the recognition of all APRNs as eligible providers under the State Children's Health Insurance Program.

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, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists. Typically, an APRN holds a master's degree with advanced didactic and clinical preparation beyond that of the RN. Most APRNs have extensive practice experience as RNs prior to entering graduate school. Practice areas include, but are not limited to: family, gerontology, pediatrics, women's and adult health, neonatology, mental health, midwifery, and anesthesiology.

Federal law requires fee-for-service Medicaid to cover health care services provided by some APRNs (pediatric nurse practitioners, family nurse practitioners, and certified nurse midwives). Some states have also opted to cover the services of certified registered nurse anesthetists and clinical nurse specialists, primarily because these practitioners are willing to provide needed services in physician shortage areas. Multiple studies have shown that the quality of care provided by APRNs is equivalent or better than that provided by MDs.

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 BBA granted the states the option to recognize pediatric nurse practitioners, family nurse practitioners, and certified nurse midwives as primary care case managers, while at the same time allowing them to refuse to recognize these practitioners. In addition, the BBA 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 BBA inadvertently allowed APRNs to be excluded as Medicaid providers in primary care case management and managed care.

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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. ☺