



NURSE PRACTITIONERS CARE FOR PATIENTS WITH MEDICAID

“Relative to primary care physicians, APRNs are more likely to practice in underserved areas and care for large numbers of minority patients, Medicaid beneficiaries, and uninsured patients.”

– Federal Trade Commission, Mar. 2014ⁱ

VIRGINIA MEDICAID HIGHLIGHTS:

- Medicaid represents one of the largest expenses in Virginia’s state budget.ⁱⁱ
- Medicaid provides health insurance for 496,000 low-income children in Virginia. Children make up 60.3 percent of Virginia’s Medicaid population.ⁱⁱⁱ

Nurse Practitioners (NPs) are more likely to care for the people who need health care the most. Full Practice Authority will allow NPs to expand access to care for these patients.

- In states with licensure laws that more closely match the national standard of full practice authority, NPs see more Medicare patients.^{iv}
- Health care policy experts – including the Institute of Medicine, the AARP, the National Governors Association, the Josiah Macy Jr. Foundation, and more – overwhelmingly recommend full practice authority as a way to expand access to care for underserved populations.

The current system is two-tiered: those who have access to primary care, and those who don’t.

- Some who oppose full practice authority cite the vague threat of a two-tiered system. Not only has that concern been disproven definitively in the 22 states and Washington, D.C. that already grant full practice authority to NPs, it ignores the most important fact: many Medicaid patients already face a two-tiered system.
- Researchers compared states that have full practice authority to those that don’t. They found that Medicare and Medicaid patients experience 50% more unnecessary hospitalizations in states like Virginia without full practice authority compared to states that have it.^v

Rural residents are less likely to be covered by Medicaid benefits due to lack of employer coverage for health care and prescription drugs. The Medicare Payment Advisory Commission documented lower average Medicare costs and lower likelihood of using Medicare hospice benefits for rural beneficiaries in the last year of life.^{vi}

There is one health care system. The most important thing for everyone is regular access to primary care. Full practice authority allows NPs to expand access to care for patients who need health care the most.

ⁱ Federal Trade Commission, “Competition and the Regulation of Advanced Practice Nurses,” March 2014.

ⁱⁱ Virginia Medicaid Now and Under Health Reform, Estimating Medicaid Eligible and Enrolled Populations.

ⁱⁱⁱ Medicaid Facts, American Academy of Pediatrics, from https://www.aap.org/en-us/Documents/federaladvocacy_medicaidfactsheet_virginia.pdf.

^{iv} Health Affairs, “States With The Least Restrictive Regulations Experienced The Largest Increase In Patients Seen By Nurse Practitioners,” 2013.

^v Nursing Outlook, “Impact of nurse practitioners on health outcomes of Medicare and Medicaid patients,” July 2014.

^{vi} Stanford Medicine, Healthcare Disparities & Barriers to Healthcare, from <http://ruralhealth.stanford.edu/health-pros/factsheets/disparities-barriers.html>.

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