

How NPs and PAs Provide Quality Care to Medicaid Beneficiaries

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Low-income Americans' ability to access health care is headline news these days. Many low-income Americans receive care through the Medicare and Medicaid programs. A factor that contributes heavily to health care's cost and intensity (measured by number of claims and total care days) is various states' occupational licensing laws for nurse practitioners (NPs) and physician assistants (PAs).

The use of PAs was a relatively new concept in 1980, but by 2000, the number of PAs practicing in the United States had more than tripled. During the 1980s, NPs followed a similar growth trajectory (although it slowed in the 1990s). Both professions have experienced recent growth surges, with tremendous role evolution. NPs and PAs now deliver a considerable amount of primary care in the United States.

An article published ahead-of-print in the journal *Health Policy* looks at the roles occupied by NPs and PAs and their effect on the delivery of care to individuals who have low income. Its focus is Medicaid patients at the state level.

The authors examined a 14-year period under the supposition that Medicaid patients could benefit more than other groups from NPs' and PAs' role growth. Using state data from the Centers for Medicare and Medicaid Services, he also considers controlled substances spending and outpatient claims.

A strength of this study is inclusion of maps that show how roles have expanded over time by state.

Broadened scope of practice increased access to care without infringing on the quality of service delivered to Medicaid patients, and in states that broadened PAs' scope of practice specifically, costs associated with outpatient services fell.

Expanding PAs' scope of practice to allow controlled substance prescribing reduced the cost of outpatient claims per Medicaid recipient by more than 11%. Allowing PAs or NPs to prescribe controlled substances had no effects on care intensity, positioning them to provide uninterrupted care that would otherwise need to be provided by physicians.

The author notes that falling health care costs for Medicaid patients translates into taxpayer savings.

The author suggests that relaxing occupational licensing requirements by broadening the scope of practice for

health care providers may be a low-cost solution to improve health care for the poor.

He further suggests that policymakers in Kentucky, where PAs cannot prescribe controlled substances, reexamine their regulations. He urges all states that allow NPs and PAs to prescribe controlled substances with physician supervision to consider loosening this restriction, arguing that care costs should fall significantly in the aftermath.

Source: Timmons EJ. The effects of expanded nurse practitioner and physician assistant scope of practice on the cost of Medicaid patient care. Health Policy (2016), <http://dx.doi.org/10.1016/j.healthpol.2016.12>.