

SUBJECT: Authorizing advanced practice registered nurses as Medicaid providers

COMMITTEE: Public Health — favorable, without amendment

VOTE: 8 ayes — Price, Sheffield, Arévalo, Burkett, Guerra, Klick, Oliverson,  
Zedler

0 nays

3 absent — Coleman, Collier, Cortez

SENATE VOTE: On final passage, May 8 — 28-3, Buckingham, Campbell, Schwertner

WITNESSES: *On House companion bill, HB 1225:*

For — Blake Hutson, AARP Texas; Holly Jeffreys and Elishia Featherston, Texas Nurse Practitioners; (*Registered, but did not testify:* Renee Licorish, American Association of Nurse Practitioners; Hermina Ramos, American Nephrology Nurses Association-Alamo City Chapter; Gordon Mattimoe, Andrews County Immunization Coalition; Stephanie Southard, APRN; Emily Eastin, Kimberly Oas, Patricia Olenick, Helen Rodriguez, and Jan Sumner, APRN Alliance; Anne Dunkelberg, Center for Public Policy Priorities; Liz Garbutt, Children's Defense Fund; Lynda Woolbert, Coalition for Nurses in Advanced Practice; Eva Bell and Cristi Day, Coastal Bend Advanced Practice Nurses; Erin Biscone and Wendy Wilson, Consortium of Texas Certified Nurse-Midwives; Greg Hansch, NAMI Texas; Juliana Cruz, Nurse Practitioners; Andrew Cates, Nursing Legislative Agenda Coalition; Amanda Martin, Texas Association of Business; Mary Allen, Texas Association of Community Health Centers; Jamie Dudensing, Texas Association of Health Plans; Lee Johnson, Texas Council of Community Centers; Joshua Houston, Texas Impact; Dan Finch, Texas Medical Association; Ann Birka, Casey Haney, Sheri Innerarity, Tanya Marin, Yen Nguyen, Renee Poisson, and Linda Robinson, Texas Nurse Practitioners; Cindy Zolnierek, Texas Nurses Association; David Reynolds, Texas Osteopathic Medical Association; Alan Abraham and Carlos Higgins, Texas Silver Haired Legislature; and 35 individuals)

Against — (*Registered, but did not testify*: Norman Moore; Whitney Morgan)

On — (*Registered, but did not testify*: Debra Diaz-Lara, Texas Department of Insurance; Andy Vasquez and Emily Zalkovsky, Health and Human Services Commission)

**BACKGROUND:** Government Code, ch. 533 addresses the Medicaid managed care program. Sec. 533.005(13) states that a contract between a managed care organization and the Health and Human Services Commission (HHSC) for the organization to provide health care services to recipients must contain a requirement that, notwithstanding any other law, the organization:

- use advanced practice registered nurses and physician assistants in addition to physicians as primary care providers to increase the availability of primary care providers in the organization's provider network; and
- treat advanced practice registered nurses and physician assistants in the same manner as physicians with regard to selection and assignment as primary care providers, inclusion as primary care providers in the organization's provider network, and inclusion as primary care providers in any provider network directory maintained by the organization.

Health and Safety Code, ch. 62 addresses the Children's Health Insurance Program (CHIP). Sec. 62.1551 requires the HHSC executive commissioner to adopt rules to require a managed care organization or other entity to ensure that advanced practice registered nurses and physician assistants are available as primary care providers in the organization's or entity's provider network. The rules must require advanced practice registered nurses to be treated in the same manner as primary care physicians with regard to certain factors.

**DIGEST:** SB 654 would allow an advanced practice registered nurse to be included

as a primary care provider in the provider network for Medicaid managed care or the Children's Health Insurance Program (CHIP), regardless of whether the physician supervising the advanced practice registered nurse was in the provider network. The bill also would require the Health and Human Services Commission to ensure that advanced practice registered nurses could be selected by and assigned to Medicaid recipients as their primary care providers regardless of whether the physician supervising the advanced practice registered nurse was included in the commission's directory of Medicaid providers.

The bill would specify that its provisions could not be construed to authorize a managed care organization or other entity to supervise or control the practice of medicine as prohibited by the Medical Practice Act.

If, before implementing any provision of the bill, a state agency determined that a waiver or authorization from a federal agency was necessary to implement that provision, the affected agency would be required to request the waiver or authorization and could delay implementing that provision until the waiver or authorization was granted.

The bill would take effect September 1, 2017.

**SUPPORTERS  
SAY:**

SB 654 would increase access to medical care across Texas by making it easier for advanced practice registered nurses to be included in a health plan's provider network. There is a shortage of primary care providers in Texas, especially for Medicaid patients, and lack of clarity about whether an advanced practice registered nurse may join a health plan's network exacerbates this issue. Many other states have made the change the bill would make, and Texas lags behind on this issue.

SB 654 would clarify that Medicaid and CHIP health plans could include advanced practice registered nurses in their networks, regardless of whether a nurse's supervising physician was also in the network. Advanced practice registered nurses currently provide necessary medical care to underserved patients across Texas, but they may not be reimbursed for their services because the statute on Medicaid provider networks is

unclear as it relates to advanced practice registered nurses.

The supervising physicians for advanced practice registered nurses commonly do not work in the same city or county as the supervised nurse, and SB 654 would not change supervision requirements for APRNs nor affect the scope of practice for APRNs.

OPPONENTS  
SAY:

Authorizing advanced practice registered nurses to be primary care providers under a health plan in which their supervising physicians were not involved could allow Medicaid and CHIP patients to receive care from a nurse who was not subject to a sufficient level of oversight.

NOTES:

A companion bill, HB 1225 by Smithee, was reported favorably from the House Committee on Public Health on May 5.