ACCESS TO CARE HINDERED BY FAILURE TO RECOGNIZE APRNs AS PRIMARY CARE PROVIDERS (PCPs)

The Background:
- Current Texas law states an HMO or PPO may not refuse a request made by an in-network physician and an advanced practice registered nurse (APRN), authorized by the physician to provide care, to identify the APRN as a provider in the managed care organization’s (MCO’s) network. (§843.312 and §1301.052, Insurance Code)
- Texas ranks 47th of 50 states in supply of primary care physicians, and Medicaid and CHIP insurance rolls are growing while fewer and fewer physicians are willing to accept new Medicaid patients. Due to this lack of providers in Medicaid, SB 406, 83rd Regular Session, amended §533.005(a)(13), Government Code, to require contracts between HHSC and MCOs to contain a requirement that MCOs, “notwithstanding any other law, including Sections 843.312 and 1301.052, Insurance Code,” would use APRNs as PCPs in their provider networks.
- The bill’s intent was to allow APRNs to be a PCP for Medicaid managed care patients even if the physician who delegates prescriptive authority is not in that Medicaid plan.

The Problem:
- While Medicaid managed care plans allow APRNs to be PCPs if their delegating physician is in-network, and despite the changes found in SB 406, HHSC’s Uniform Managed Care Contract prevents plans from credentialing APRNs when the delegating physician is not an in-network provider.
- HHSC will not amend the Uniform Managed Care Contract. The agency believes SB 406 does not supersede the Insurance Code’s in-network requirements for APRNs’ supervising physicians.
- Although the changes in SB 406 were designed to allow APRNs to practice in more areas of the state and provide services to more patients, barriers still prevent APRNs from serving the Medicaid population and exacerbates the current primary care shortage in Texas.

The Solution:
- Amend §843.312 and §1301.052 of the Texas Insurance Code to authorize HMOs and PPOs to recognize APRNs as PCPs, whether the delegating physician is in-network or not. Allowing APRNs to contract directly with all health plans, including Medicaid and commercial insurance plans, will expand access to primary care especially in areas of the state where the number of providers are limited.