

The Utah Medical Education Council

# Utah's Advanced Practice Registered Nurse Workforce, 2013:

A Study on the Supply and Distribution of APRNs in Utah



**UTAH'S ADVANCED PRACTICE REGISTERED NURSE  
WORKFORCE, 2013:**

*A Study on the Supply and Distribution of APRNs in Utah*



**The Utah Medical Education Council**

**State of Utah**

[www.utahmec.org](http://www.utahmec.org)

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Sponsored by the Utah Medical Education Council, the Utah Nurse Practitioners Association and  
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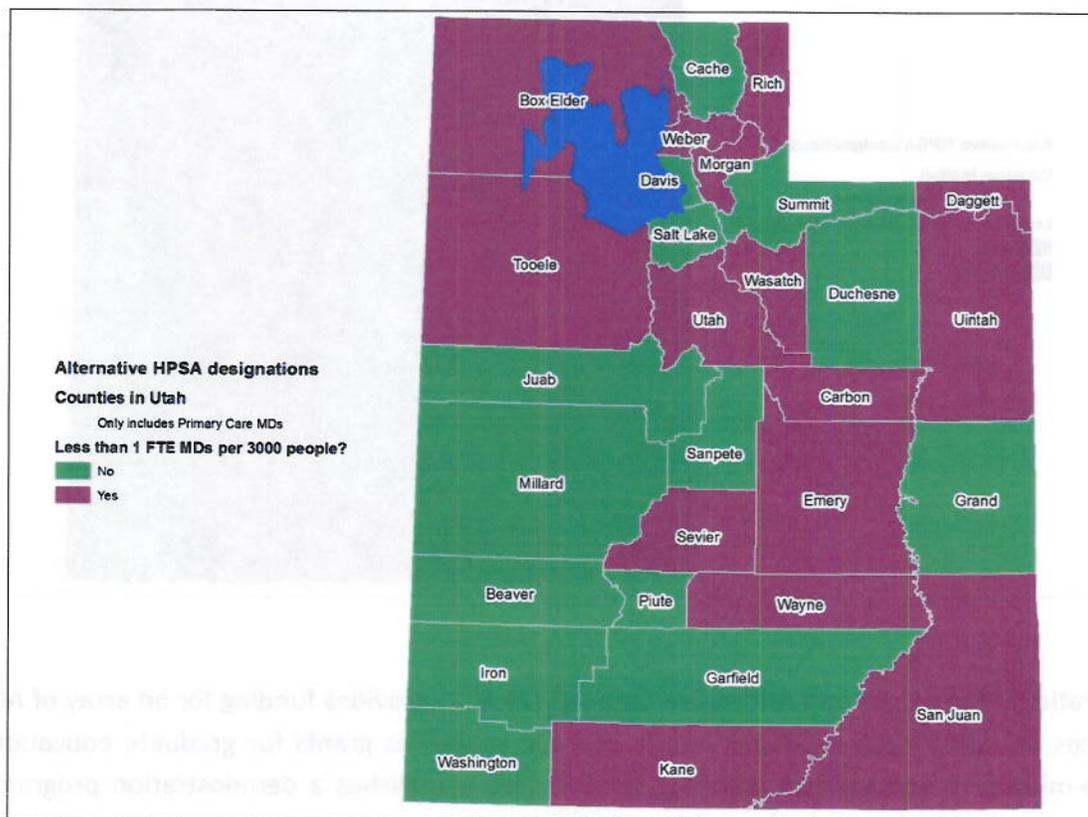
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## PRACTICING IN HEALTH PROVIDER SHORTAGE AREAS

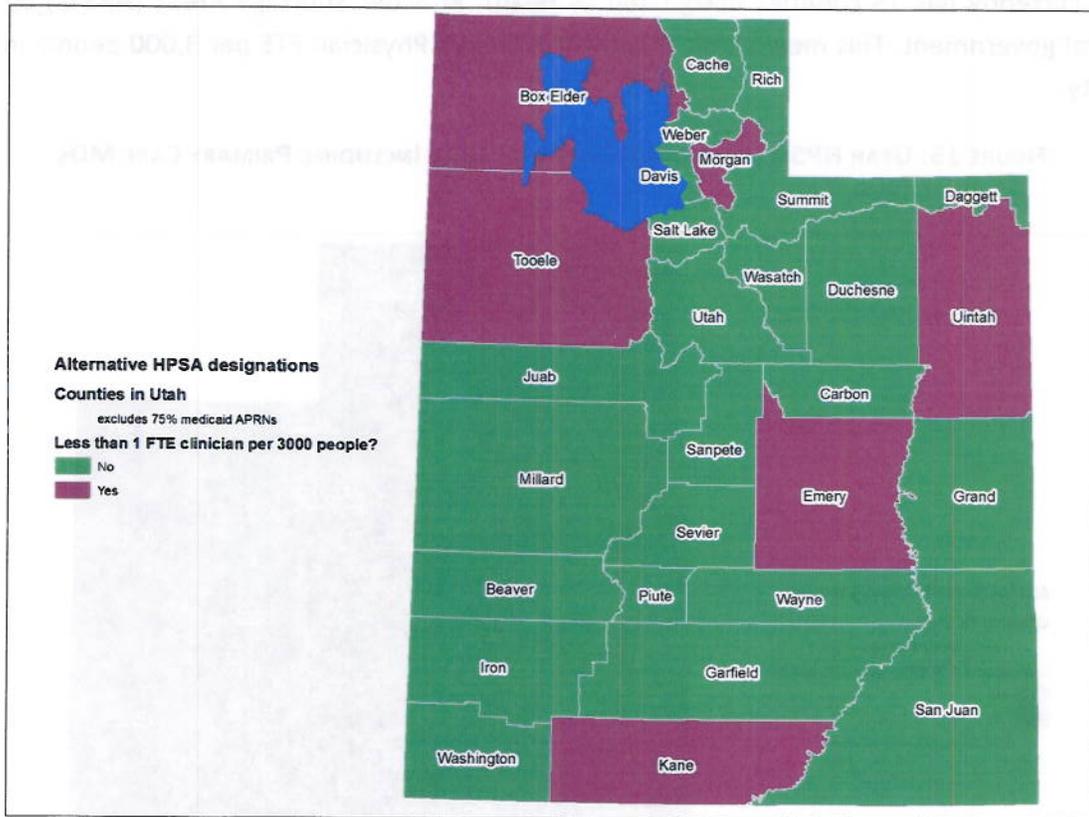
Utah currently has 15 counties designated as Health Provider Shortage Areas (HPSAs) by the federal government. This means that there is less than 1 Physician FTE per 3,000 people in the county.

**FIGURE 16: UTAH HPSA DESIGNATED COUNTIES- ONLY INCLUDING PRIMARY CARE MDs**



If HPSA calculations included PA and APRN clinicians who are practicing in these counties and that are reimbursed by Medicaid at a 100% rate, the number of counties having less than 1 clinician FTE per 3,000 people would fall to six. This is a 68% reduction in the number of counties that are considered as not having enough health providers to meet the needs of the population. PA and APRN clinicians are important and vital parts of these communities. Reform that encourages APRN providers to practice in geographic, demographic and institutional Health Provider Shortage Areas (HPSAs) can be a means to improve access to medical services for people living in those HPSAs.

**FIGURE 17: UTAH HPSA DESIGNATED COUNTIES- INCLUDING PAs, AND APRNs REIMBURSED AT 100%**



The Patient Protection and Affordable Care Act (PPACA) provides funding for an array of APRN services including nurse-managed health centers, as well as grants for graduate education in nurse-midwifery and geriatric nursing. The law also establishes a demonstration program to reimburse eligible hospitals through Medicare for their graduate education costs in training APRNs to provide primary and preventive care, transitional care, chronic care, and other services for Medicare patients. In January 2011, the law increased Medicare reimbursement for certified nurse-midwives from 65 percent of the rate paid to physicians to the full rate.

The Medicaid Advanced Practice Nurses and Physician Assistants Access Act of 2011 introduced new legislation in Congress to alter Medicare and Medicaid law to officially designate all APRN care on a par with services billed by other health providers. This legislation would recognize all nurse practitioners and certified nurse-midwives as primary-care case managers, and allow direct reimbursement to all nurse practitioners and clinical nurse specialists for their services. In addition, the measure would require Medicaid to include NPs, CNSs, CNMs, and CRNAs on all of the program’s managed care panels.