IMPACT OF THE RURAL HEALTH CLINICS SERVICES BILL: A PROJECTION

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ABSTRACT: A survey of directors of midlevel practitioner training programs was conducted to analyze the projected impact of the Rural Health Clinics Services Bill (PL95-210). Sixty-eight percent of the directors responded. The majority of the respondents agreed that the bill would have a positive impact on accessibility and continuity of care and would increase the number of practitioners in rural areas. The directors of nurse practitioner programs disagreed with the directors of physician assistant programs over the issue of physician supervision and midlevel practitioner responsibility for care. Almost half of the respondents believed that the legislated method of reimbursement was not optimal, and 58% felt that financial abuses of the bill may occur. The legal implications of the bill and its impact on cost of care are discussed.

Rural areas in this country continue to lag far behind the rest of the nation in equitable access to care.1-2 Although many factors, including lack of adequate OB care,3 poorer health status,4 and fewer preventive services, contribute to this, Andersen and Aday have identified the lack of a regular source of care as one of the most important variables influencing utilization.6 Despite an increase in the overall supply of physicians, there is still a shortage of primary care providers and an uneven distribution of physicians among geographic areas.7-9 There were 1,300 health manpower shortage areas in the United States in 1978, and over 2,000 non-SMSA counties meeting one or more of the criteria of need for health services under the Health Underserved Rural Areas Program.10

Unable to attract enough physicians to meet their needs, many rural communities are now turning to more non-traditional methods of health care delivery, employing nurse practitioners (NPs) and physician assistants (PAs)* often in “satellite clinics” without onsite physician supervision.11-16 Recognizing the need these midlevel practitioners have filled, Congress recently passed the Rural Health Clinics Services Act of 1977 (PL95-210, December 13, 1977), authorizing Medicaid and Medicare coverage for services provided by PAs and NPs at rural clinics.

This paper is an analysis of the bill’s projected impact, dealing with the problems that might be anticipated in implementing it. A survey of the directors of nurse practitioner and physician assistant training programs was

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* In this paper, NPs and PAs when grouped together will be referred to as “midlevel practitioners” MLPs).
undertaken in 1978 using a mailed questionnaire. The results of the survey are the subject of this report.

The purpose of the Rural Health Clinics Services Act is to extend Medicaid/Medicare reimbursement to services funded by qualified midlevel practitioners in certified rural clinics. It provides for a wide range of services, including home health care, physician supervisory time, and supplies furnished as part of the visit, reimbursing 100% of reasonable cost under Medicaid and 80% of reasonable cost under Medicare. The bill also provides for the development of different payment schemes such as prospective reimbursement to the clinics.¹⁷

To be eligible under the bill, a clinic must be primarily engaged in providing rural health services by either a physician or a midlevel practitioner and must meet certain basic requirements. In the case of a non-physician-directed clinic, there must be supervision of the midlevel practitioners by a physician at the minimum of once every two weeks. Rural health clinics can only be certified in states that do not specifically prohibit the delivery of health care by a NP or PA.¹⁷

METHODS

All training programs for midlevel practitioners in the United States as of January 1, 1978, were surveyed. A questionnaire and personal cover letter explaining the purposes of the study were sent to the directors of all programs. The questionnaire consisted of both open- and closed-ended questions eliciting a variety of views about the bill and its potential impact. A second mailing to all nonrespondents occurred two months after the first.

RESULTS

Characteristics of the Sample

A total of 169 training directors were surveyed: 42 for PA programs and 127 for NP programs. The MEDEX programs were grouped with the PA programs. The NP program included pediatric, adult and family nurse practitioner programs. The overall response rate was similar, with 32 (76%) of the PA program directors and 82 (65%) of the NP directors responding. Ninety-four of the respondents indicated that they had previously heard of the Rural Health Clinics Bill.

Relationship of M.D. to Midlevel Practitioner

The bill provides for coverage of MLPs working in a non-physician-directed satellite clinic. Therefore, the program directors were surveyed on the rate of physician consultation they expected their graduates to make in this