AIMED ALLIANCE

August 24, 2026

John Conolly
Medicaid Director
Department of Human Services

Via Electronic Correspondence

Re: Nurse Practitioner Scope of Practice

Dear Director Connolly:

Aimed Alliance is a non-profit health policy organization that seeks to protect and enhance the rights of health care consumers and providers. We are reaching out regarding the Minnesota Medicaid program's preferred drug list and its use of scope of practice limitations that are inconsistent with state law.

I. Minnesota Medicaid's Utilization Management Protocols Impose Scope of Practice Restrictions Inconsistent with State Law

The Minnesota Medicaid program uses a preferred drug list and requires Medicaid beneficiaries and health care providers to comply with a prior authorization process to access non-preferred drugs. Prior authorization policies require a health care provider to obtain approval from the insurer before the plan will cover the cost of a product or service. Many of Minnesota Medicaid's prior authorization policies also include step-therapy requirements. Step therapy requires patients to try and fail alternative medications before the health plan covers the originally prescribed treatment. Step therapy and prior authorization requirements should be based on peer-reviewed, evidence-based guidelines and consistent with state law. Without these important guardrails, these policies can cause consumers to experience delays and denials in accessing their necessary care, resulting in worsening symptoms and disease progression.

Currently, several of the Minnesota Medicaid utilization management policies require a specialist to prescribe certain prescription drugs.[1] These requirements apply to a wide variety of treatments, including those for:

- Cardiovascular disease;
- Dermatitis;
- Growth Hormone Disorders;
- Hyperparathyroidism;

[1] Minnesota Department of Human Services, *Pharmacy prior authorization criteria regimen review sheets,* https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/rx/pa-criteria/.

- Macular Degeneration;
- Narcolepsy;
- Ophthalmic Disorders;
- Protein Disorders;
- Psoriasis; and
- Spinal Muscular Atrophy

The type of health care providers that are allowed to prescribe certain treatments include dermatologists, neurologists, pulmonologists, hematologists, oncologists, endocrinologists, cardiologists, gastroenterologists, nephrologists, psychiatrists, and other specialties. Under these policies, Minnesota Medicaid will only cover these treatments if the specified physician prescribes the medication. These policies do not allow Advanced Registered Nurse Practitioners (ARNPs) to prescribe these medications, despite practicing in these specialties. As a result, these policies limit the scope of practice of nurse practitioners in a manner inconsistent with state law.

Minnesota Statute 148.235 recognizes that licensed ARNPs have full scope of practice authority and can prescribe medications without a physician agreement.[2] Unlike physicians who have a multitude of recognized specialties, ARNPs have fewer formal specialties.[3] This does not indicate or imply that ARNPs are unqualified or inactive in other specialties such as cardiology, neurology, gastroenterology; rather, the nurse practitioner profession simply uses different professional titles than physicians. This variation in specialty nomenclature should not impair ARNPs' full and independent practice authority as established under Minnesota law. Despite ARNPs having full scope of practice authority, under the current prior authorization policies, ARNPs are unable to exercise their full scope of practice rights as Minnesota Medicaid will only cover certain medications when prescribed by specialist physicians, whose titles do not translate to the nurse practitioner field. As such, these policies are inconsistent with the state's permitted scope of practice for ARNPs.

Importantly, not all utilization management policies employed by the Minnesota Medicaid program use this restrictive language. Several of the existing utilization management policies avoid exclusionary language by using the following qualification criteria: "prescribed by a specialist in [treatment area, e.g. cardiology]" or "prescribed by a specialist in the area of patient's diagnosis (e.g. specific area of practice)." This broader language ensures that the prescribing provider is not limited to professional titles but rather focuses on whether the individual has the necessary experience and treatment expertise to prescribe the requested treatment. Ultimately, this broader language ensures that the Minnesota Medicaid program

[2] *See also* MN Stat § 148.235 (2025).
[3] *See e.g.,* American Nurses Association, *Types of Nurse Practitioner Specialties,* https://www.nursingworld.org/content-hub/resources/nursing-resources/types-of-nurse-practitioner-specialties/ (discussing only six types of specialties).

maintains its qualification criteria without limiting nurse practitioners' scope of practice in a manner inconsistent with state law.

Therefore, to ensure ARNPs are able to prescribe necessary treatments for their patients, Aimed Alliance respectfully requests the Minnesota Medicaid program to revise its utilization management policies to ensure *qualified* nurse practitioners can continue to care for and treat their patients.

II. Conclusion

Aimed Alliance greatly appreciates your time and consideration of our concerns. We respectfully request a response to this letter by **September 7, 2026**. Please contact us at avantrees@aimedalliance.org if you have any questions or would like to schedule a meeting to further discuss our concerns and understanding of state law.

Sincerely,

Ashira Vantrees, Esq.
Director of Legal Strategy and Advocacy