



Ensuring Access to Primary Care for Women & Children Act

The American College of Nurse-Midwives (ACNM) strongly supports the ***“Ensuring Access to Primary Care for Women & Children Act,” (S. 737)*** introduced by Sen. Sherrod Brown (D-OH), Patty Murray (D-WA), and Martin Heinrich (D-NM) on March 12, 2015.

In 2014, the Medicaid program covered approximately 69 million individuals, including a significant number of pregnant women. This number has grown in the recent past due to expansion of the Medicaid program under the Affordable Care Act.

In 47 States and in the District of Columbia, Medicaid pays up to 67 percent less than Medicare for the same primary care services. Congress has recognized that low provider participation in Medicaid decreases access to health care. To address this problem, Congress acted to increase Medicaid payments for certain primary care services rendered by certain primary care physicians to be not less than the Medicare payment rates for 2013 and 2014.

As more Americans become insured and empowered participants in their own health care, demand for primary care services is expected to increase over the next few years. According to a study published earlier this year in the *New England Journal of Medicine*, higher Medicaid payment rates have significantly increased appointment availability for Medicaid enrollees.

Given that women comprise the majority of Medicaid enrollees, it is critical that primary care providers, including OB/GYN physicians, midwives, nurse practitioners and physician assistants receive sufficient reimbursement to participate in Medicaid.

Applying Medicare’s rates for these health professionals encourages greater participation in Medicaid, thereby increasing access to primary care, particularly in underserved areas.

S. 737 would require that Medicaid payment rates for certain primary care services rendered by specified primary care physicians, including OB/GYNs, as well as by CNMs, NPs, or PAs be not less than the amount reimbursed by Medicare. These increased payments would continue for two years from the point of passage of the legislation.

During 2013 and 2014 this increased payment had been available only to a small set of primary care physicians and only to those physicians who could attest that at least 60 percent of the Medicaid services they provided consisted of primary care services identified in the legislation. Thus, S. 737 would expand the availability of these increased payments to maximize the incentive for these providers to participate in the Medicaid program.

To cosponsor S. 737, please contact Ms. Abigail Duggan in Senator Brown’s office at Abigail_Duggan@brown.senate.gov. You may also contact Patrick Cooney at (202) 347-0034 x101 or via email at Patrick@federalgrp.com if you have questions regarding this issue.