



## **Ensuring Access to Primary Care for Women & Children Act (S. 737)**

### Why this Legislation is Needed

- In 47 States and in the District of Columbia, Medicaid pays up to 67 percent less than Medicare for the same primary care services. (Kaiser Family Foundation. See: <http://kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index/>).
- Lower reimbursement discourages provider participation in Medicaid.
- Congress recognized this problem and provided for increased Medicaid reimbursement for certain primary care services rendered by specified primary care physicians during 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, these higher Medicaid payment rates have significantly increased appointment availability for Medicaid enrollees. Specifically, the availability of primary care appointments in the studied Medicaid group increased by 7.7 percentage points, from 58.7% to 66.4%. The states with the largest increases in availability tended to be those with the largest increases in reimbursements, with an estimated increase of 1.25 percentage points in availability per 10% increase in Medicaid reimbursements (N Engl J Med 2015; 372:537-545, February 5, 2015).
- 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.

### What this Legislation Would Do

- The "Ensuring Access to Primary Care for Women & Children Act (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.
- The increased payments would be available through fee-for-service or managed Medicaid programs.
- 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.