

## Ensuring Access to Primary Care for Women & Children Act November 2014

This legislation, the Ensuring Access to Primary Care for Women & Children Act, will help ensure access to vital primary care services for this nation's most vulnerable citizens by extending current-law payment rates under Medicaid for certain primary care and immunization services to at least the level of Medicare through 2016. The Senate bill (S. 2694) was introduced in July by Sens. Sherrod Brown (D-OH) and Patty Murray (D-WA). The House version was introduced in November by Rep. Kathy Castor (D-FL).

### Why is this legislation needed?

- The current-law Medicaid primary care pay parity program will expire at the end of 2014 if Congress does not act. Eligible physicians who take care of Medicaid patients in almost all states will experience deep cuts in payment on January 1, 2015, endangering patient access. In some states, the cut will be 50-70 percent off of current Medicaid payments.
- As a result of low reimbursement rates that lag behind Medicare and other payers, the Medicaid program has long-struggled to attract participating physicians, making it difficult for low-income children, parents, qualifying adults, and elderly Medicaid enrollees to find a primary care doctor or a medical or pediatric subspecialist when they have specialized healthcare needs.
- Maintaining access to primary care and related medical and pediatric subspecialists, by ensuring comparable rates under Medicare and Medicaid for these services, is especially critical at a time when the population enrolled in Medicaid is surging. The Medicaid patient population is growing in all states, whether or not a given state has elected to expand eligibility for its Medicaid program or not. These new enrollees will need access to physicians.
- Ensuring that Medicaid pays at least the Medicare rates for designated primary care and related services will create strong incentives for eligible physicians to maintain or increase the number of Medicaid enrollees they treat, in both the Medicaid expansion and non-expansion states. Well-established research has shown that low Medicaid payment, which in many states has historically been well below the costs of delivering care, has been a major reason physicians are reluctant to participate in the program.
- A recent survey of a representative sample of members of the American College of Physicians, representing internal medicine physicians, found that almost half of those participating in the current Medicaid Primary Care Pay Parity Program would have to reduce the number of Medicaid patients they see, or drop out of the program altogether, if the program is allowed to expire at the end of this year.

### What are the key components of the legislation?

This legislation will extend and ensure continued federal funding of this program through 2016; it ensures that physicians practicing in the specialties of family medicine, pediatrics, and internal medicine as well as related internal medicine and pediatric subspecialists continue to receive Medicare-level reimbursement rates for providing primary care and immunization services to patients enrolled in Medicaid; it also includes physicians practicing obstetrics and gynecology as qualified specialists, subject to the eligibility requirement that at least 60 percent of their Medicaid billings consist of primary care services as defined under current law. For many women, a physician who specializes in obstetrics and gynecology may be the only physician they see regularly during their reproductive years and therefore their only point of entry into the health care system. Inclusion of physicians who specialize in obstetrics and gynecology, who provide principally primary care services as defined by the 60 percent billing threshold, will ensure better continuity of care for women.

### What are we asking Congress to do?

- ✓ Senate and House members should do everything they can to urge enactment of this legislation in the 113<sup>th</sup> Congress to continue the current law Medicaid payment parity rates for at least two more years so as not to further jeopardize access to primary care.