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HOUSE BILL 1637

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State of Washington

65th Legislature

2017 Regular Session

By Representatives Pettigrew, Harris, Stonier, Johnson, Cody, DeBolt, Jinkins, Caldier, Riccelli, Appleton, Senn, Kilduff, McBride, and Kagi

Read first time 01/25/17. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to ensuring access to primary care services for  
2 medicaid beneficiaries by applying the medicare payment rate floor to  
3 primary care services furnished under medicaid by providers of  
4 primary care services; adding a new section to chapter 74.09 RCW; and  
5 creating a new section.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 NEW SECTION. **Sec. 1.** The legislature finds as follows:

8 (1) Access to primary care services is essential to ensure  
9 quality of life and lower health care costs for Washingtonians.

10 (2) In particular, access for medicaid patients to primary care  
11 services is critical.

12 (3) Primary care for any population is critical to ensuring  
13 continuity of care, as well as to providing necessary preventive  
14 care, which improves overall health and can reduce health care costs  
15 and emergency room admissions.

16 (4) The availability of primary care is particularly important  
17 for medicaid beneficiaries, to establish a regular source of care and  
18 to provide services to a group that is more prone to chronic health  
19 conditions that can be appropriately managed by primary care  
20 physicians.

1 (5) Primary care physicians also perform the vital function of  
2 coordinating care, including specialty care.

3 (6) In Washington, medicaid provides coverage for over one  
4 million eight hundred thousand people, including forty-six percent of  
5 Washington's children. Without medicaid coverage, many enrollees  
6 would be uninsured or lack coverage for services they need.

7 (7) Historically, inadequate physician reimbursement rates have  
8 proven to be a barrier to access to care for the medicaid population.  
9 In Washington, medicaid pays sixty-six percent less than medicare for  
10 the same primary care services.

11 (8) A recent Washington state primary care medicaid survey found  
12 that more than three-quarters of primary care physicians in  
13 Washington that are not in large health care organizations would stop  
14 or limit their acceptance of new medicaid patients or stop or limit  
15 care for current medicaid patients if the fair medicaid payments at  
16 medicare rates were not maintained.

17 (9) According to a study published in 2015 in the New England  
18 Journal of Medicine, higher medicaid payment rates have significantly  
19 increased appointment availability for medicaid enrollees.

20 (10) It is critical that primary care providers receive  
21 sufficient reimbursement to participate in medicaid. Applying  
22 medicare rates encourages greater provider participation by primary  
23 care physicians in medicaid, thereby increasing access to primary  
24 care health services by medicaid beneficiaries, particularly in  
25 underserved areas.

26 NEW SECTION. **Sec. 2.** A new section is added to chapter 74.09  
27 RCW to read as follows:

28 Medicaid payment for primary care services furnished by a nurse  
29 practitioner, a physician with a primary specialty designation of  
30 family medicine, general internal medicine, or pediatric medicine or  
31 provided by subspecialists within these primary specialties as  
32 recognized in accordance with the American board of medical  
33 specialties, the American board of physician specialties, and the  
34 American osteopathic association, on a fee-for-service basis as well  
35 as through managed health care systems, must be at a rate not less  
36 than one hundred percent of the payment rate that applies to those  
37 services and providers under medicare.

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