
SUBSTITUTE SENATE BILL 5471

State of Washington

65th Legislature

2017 Regular Session

By Senate Health Care (originally sponsored by Senators Rivers, Cleveland, Bailey, Rolfes, Brown, Frockt, Keiser, and Carlyle)

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 assistant, a naturopathic physician, a
30 physician with a primary specialty designation of family medicine,
31 general internal medicine, or pediatric medicine or provided by
32 subspecialists within these primary specialties as recognized in
33 accordance with the American board of medical 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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